
HEALTH CARE FACILITY LICENSE AND/OR CERTIFICATION PLAN REVIEW CHECKLIST

The Office of the State Fire Marshal, Division of Code Enforcement and Building Safety, reviews plans of health care facilities for licensing and/or certification by the State of Louisiana. As such, plans and specifications for applicable facilities will be required to contain adequate information for review. The information outlined in this document represents the minimum criteria necessary for this office to determine compliance with the licensing requirements. Please note that this list is not comprehensive or all-inclusive and does not address all aspects of every facility. In order to ensure that the proposed projects can be expeditiously reviewed, applicable requirements should be addressed in the documents submitted for review. The requirements for licensed facilities are contained within the following references:

- **Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 edition;**
- **Louisiana Administrative Code (LAC) Title 48.**

Drawings and specifications shall also document compliance with the Louisiana Revised Statutes (LRS, see Fire Marshal's Act on our web site at www.dps.state.la.us/sfm), the Life Safety Code (NFPA 101) and all promulgated National Fire Codes, the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guideline (see ADA-ABA, under Codes/Rules/Laws on our web site), the Fair Housing Act, the Commercial Building Energy Conservation Code, (L.R.S. 40:1730.41 through 1730.48), the Louisiana State Uniform construction Code (L.R.S. 40:1730.21 through 1730.40), the Architects Licensing Law, (L.R.S. 37:155), the Engineers/Land Surveyors Licensing Law (L.R.S. 37:696(B) & LAC 46:LXI. 2701), and the Louisiana State Sanitary Code (LAC Title 51, as may be applicable, see also "PLUMBING INFORMATION" below). Refer to additional checklists available on our web site for required items.

The applicable general information contained in this checklist should be clearly identified on the drawings and/or specifications, or provided in the form of an attachment to the contract documents. An attachment is acceptable as long as it is part of the official construction documentation. Failure to provide this information may delay the review of the project or cause it to be rejected for lack of significant information. Additional information and/or drawings are never discouraged and may be necessary to describe complex or unique conditions contained in the project.

As an aid to streamline the architectural plan review process, we ask that you complete this checklist, and attach it to your Plan Review Application. Your help, up front, will facilitate a complete submittal package, shorten our review time, and help us to get your project reviewed and returned sooner. Please verify that each item below is:

- A. in your submittal,
- B. correct, and
- C. is coordinated within the submittal.

Provide a check mark adjacent to each item or print "N/A" for items not applicable to this submittal. Thank you for your help, in completing and coordinating the items in this checklist.

CONTENTS

- ___ LETTER OF INTENT, or complete and accurate PROJECT DESCRIPTION located in the review application
- ___ Facility Classification
- ___ Facilities NOT requiring plan review
- ___ Application, Checklist, Fees
- ___ Functional Program
- ___ Site Plan Information
- ___ Floor Plan Information
- ___ Schedules and Details
- ___ Exterior Elevation Information
- ___ Mechanical Information
- ___ Plumbing Information
- ___ Electrical Information

FACILITY CLASSIFICATION

(Check **ONLY One**) – (Each intended license requires separate application)

- | | |
|--|---|
| <input type="checkbox"/> General (Acute Care) Hospital | <input type="checkbox"/> Rural Health Clinic |
| <input type="checkbox"/> Psychiatric Hospital | <input type="checkbox"/> Pediatric Day Health Care |
| <input type="checkbox"/> Psychiatric UNIT | <input type="checkbox"/> Inpatient Hospice Facility |
| <input type="checkbox"/> Rehabilitation Hospital | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Rehabilitation UNIT | <input type="checkbox"/> Personal Care Home (Level 1) |
| <input type="checkbox"/> Critical Access Hospital | <input type="checkbox"/> Shelter Care Facility (Level 2) |
| <input type="checkbox"/> Crisis Receiving Center, Level 1 | <input type="checkbox"/> Assisted Living (Level 3) |
| <input type="checkbox"/> Crisis Receiving Center, Level 2 | <input type="checkbox"/> Adult Residential Care Provider (Level 4) |
| <input type="checkbox"/> Skilled Nursing Facility (SNF) | <input type="checkbox"/> Adult Day Health Care |
| <input type="checkbox"/> Ambulatory Surgical Center | <input type="checkbox"/> Intermediate Care Facility for the Developmentally Disabled (ICF/DD) |
| <input type="checkbox"/> Abortion Clinic | <input type="checkbox"/> Center-Based Respite Care |
| <input type="checkbox"/> (BHSP) - Behavioral Health Service Provider | <input type="checkbox"/> HCBS Adult Day Care Module |
| <input type="checkbox"/> Outpatient Services (BHSP) | <input type="checkbox"/> PRTF - Psychiatric Residential Treatment Facility |
| <input type="checkbox"/> Inpatient (Residential) Services (BHSP) | <input type="checkbox"/> TGH - Therapeutic Group Homes |
| <input type="checkbox"/> ESRD (Dialysis Center) | |

THE FOLLOWING HEALTHCARE RELATED ENTITIES **DO NOT REQUIRE PLAN REVIEW BY OSFM FOR LICENSURE**

- Physician offices that do NOT perform invasive procedures and are NOT operating under hospital license
- Fertility clinics
- Sleep centers - except those requesting to be licensed as beds in a hospital (contact LDH for clarification)
- Urgent care clinics that are NOT operating under hospital license
- Free standing cancer centers and cancer centers within a hospital that provide only outpatient cancer services, unless operating under hospital license
- Outpatient imaging centers that are NOT operating under hospital license, as long as linear acceleration or proton beam therapy is NOT provided
- Outpatient Infusion Centers (NOTE: hospital infusion units serving inpatients will require plan review)
- Mobile units, such as MRI, etc.
 - Please note that mobile units are not approved by DHH for use by hospitals. Any hospital contemplating the use of a mobile unit needs to contact Health Standards prior to using them.
 - Modular/Re-locatable Buildings and Mobile Units (if authorized by Health Standards Section) to be licensed for hospital services will require a DHH plan review.
- Home and/or Community Services programs business office
- Pain management clinics that are NOT operating under hospital license
- Outpatient surgical procedure centers that are NOT operating under hospital license and are NOT pursuing license as an ambulatory surgical center
- Offsite campuses of hospitals that offer outpatient services solely, and such services do not involve the provision of invasive procedures, such as surgical services or heart catheterizations.

REVIEW APPLICATION, CHECKLIST, FEE & DOCUMENTATION

- Completed ONLINE Plan Review Application with "DHH Licensed Facility Review" indicated as the system review type. **PLEASE EXPECT ADDITIONAL PROCESSING TIME FOR PAPER SUBMITTALS.**
- Functional Program (see next section below)
- This completed checklist
- Plan Review Fees:
 - Online payment, check or money order (no cash accepted) for the licensing plan review fee, payable to the "Department of Public Safety". Calculate the required review fee from the Fee Calculation schedule, (see Memorandum 2012-02 – minimum \$35 and maximum \$310)
- One set of drawings (and specifications) stamped by the architect or civil engineer (Professional of Record, (POR)) preparing the documents when applicable. Drawings shall be legible prints or photocopies, live ink or pencil applied by hand is not acceptable. **Provide .pdf drawings on CD (compact disk), flash drive (memory stick), or other acceptable electronic file transfer media with all paper submittals.**
- Include all existing documentation, if applicable (inspection report(s), equivalency determination letter(s), prior review letter(s), etc.).

FUNCTIONAL PROGRAM [FGI 1.2-2]

The functional program is to be developed by the administration of the facility with the aid of the designer. It shall be provided with each submittal to this office for services and facilities operating under HOSPITAL license, and shall be signed by a representative of the facility. This document establishes the foundation of the design/plan review and describes the fundamental operations of the facility. The functional program shall be used for the development of the project design and construction documents. The facility shall retain this document to facilitate future alterations, additions, and program changes.

Purpose:

___ Provide a description of those services necessary for the complete operation of the facility

Environment:

- ___ Define the "delivery of care" model (Examples include patient-focused care, family-centered care, and community-centered care)
- ___ Describe the "systems design" for the intended delivery of care. Services provided and aggregation of services should be clearly defined. Address the use of information technology, medical technology, cross training of staff, etc.
- ___ Describe how the proposed layout and design will enhance operational efficiency and the satisfaction of patients/residents, their families, and staff
- ___ The layout and design of the physical environment shall support the intended "delivery of care" model and shall address the following:
- ___ Light and Views; (Natural light, nature views, access to outdoors, etc. for patients, staff and visitors)
 - ___ Clarity of access; (Entry points, signage, architectural features, etc.)
 - ___ Control of environment; (temperature, lighting, sound/noise, etc.)
 - ___ Privacy and confidentiality; (Separate public/staff/patient circulation)
 - ___ Safety and security
 - ___ Finishes
 - ___ Cultural responsiveness
 - ___ Water features

Functional Requirements:

- ___ Indicate the projected operational use and demand for services
- ___ Identify relevant circulation patterns for staff, patients, visitors, deliveries, etc.
- ___ Explain the operational relationship between various departments
- ___ List the needs of the patients/residents, their families, and staff
- ___ Identify the communication and information operational needs
- ___ List the space and equipment needs. Provide a matrix to show the following:
- ___ Size and function of each space and design feature. Include:
 - ___ Projected occupant load of staff, patients/residents, visitors, vendors, etc.
 - ___ Types and numbers of procedures for treatment areas
 - ___ Required adjacencies
 - ___ Space for dedicated storage
 - ___ Furnishings, fixtures, and equipment requirements. Include:
 - ___ Building service equipment descriptions
 - ___ Fixed and movable equipment
 - ___ Furnishing and fixture descriptions
 - ___ Space for dedicated storage
 - ___ Circulation patterns. Include:
 - ___ Patterns for staff patients/residents, visitors, vendors, etc.
 - ___ Patterns for equipment and clean/soiled materials
 - ___ Note patterns that are specifically a function of infection control requirements

Planning Considerations:

- ___ Identify short and long-term planning considerations for the following:
- ___ Indicate future growth projections
 - ___ Impact considerations on existing adjacent structures
 - ___ Impact on existing operations and departments
 - ___ Flexibility
 - ___ Technology and equipment

Nomenclature:

- ___ Identify the names of each room, space, and department using the same names identified in the FGI. Names shall be consistent with the submitted floor plans.

SITE PLAN INFORMATION:

- ___ Provide a site plan drawn to a scale indicated on the plan and in accordance with an accurate boundary line survey. Plan should indicate as a minimum:
 - ___ Distances of the proposed building from the property lines (when the building stands alone on the property);
 - ___ Distances from "Assumed property lines" (where the building stands with other buildings on the same site.) [IBC Section 503.1.2];
 - ___ Identify adjacent buildings and structures and indicate their distances from the subject building. Indicate any potentially hazardous uses (Storage, Industrial occupancies);
 - ___ Adjacent roads, drives, alleys, easements or other public ways;
 - ___ Parking areas, including parking layouts, features of accessibility, fence and gate locations;
 - ___ Design flood elevation, proposed finished floor elevations of the lowest floor and of the lowest finished floor if different, proposed finished grade elevations;
 - ___ Flood zone established for the specific site;
 - ___ Location of utilities, (water, gas sewer, electrical, sprinkler water, etc.);
 - ___ Indicate topographic features of the site;
 - ___ Document the elevation of the lowest occupied floor of the structure with respect to grade.

FLOOR PLAN INFORMATION:

- ___ Provide floor plan(s) drawn to a scale indicated on the plan and dimensioned. Plan(s) should indicate as a minimum:
 - ___ Room names and/or uses. Use the same names identified in the FGI. Names shall be consistent with the submitted Functional Program.
 - ___ Door and Window locations;
 - ___ Indicate occupant loads for each room in Assembly (A1, A2, A3, A4, and A5) occupancies;
 - ___ Indicate stair, corridor, aisle, and doorway widths in all occupancies.

SCHEDULES and DETAILS:

- ___ Provide sufficient information to identify features indicated in the construction documents:
 - ___ Schedules to indicate door / frame and window opening sizes configurations, types, materials, fire resistance ratings and door operating hardware;
 - ___ Identify the interior finishes used in each room of the project:
 - ___ Walls and Ceilings
 - ___ Floors

EXTERIOR ELEVATION INFORMATION:

- ___ Provide elevations of each side of the building. Plans should indicate as a minimum:
 - ___ Vertical distance from grade to the average height of the highest roof surface;
 - ___ Opening locations;

MECHANICAL INFORMATION:

- ___ Provide mechanical drawings to indicate as a minimum:
 - ___ Equipment types and locations;
 - ___ Ductwork and piping sizes, CFM, and locations;
 - ___ Mechanical ventilation air balance design calculations;
 - ___ Return, supply, exhaust and outdoor air supply in accordance with IMC 403.1, 403.2, 403.2.1, 403.3 and Table 403.3 requirements;
 - ___ Electrical and/or fuel gas requirements of proposed equipment;
 - ___ Identify the devices used to protect duct penetrations and air transfer openings in assemblies required to be protected

PLUMBING INFORMATION:

- ___ Plans should indicate as a minimum:
 - ___ Fixture types and locations;
 - ___ Usable Floor Space (LSPC 407.1.3);
 - ___ Water supply and distribution, Specify source of water supply;
 - ___ Identify piping materials, fittings, and valves;
 - ___ Backflow protection of potable water;
 - ___ Sanitary drainage and cleanouts;
 - ___ Specify method of sewage disposal;
 - ___ Grease trap/interceptor type, size and location (where applicable);
 - ___ Vent sizes and locations;

- ___ Plumbing riser and dimensioned Plumbing Layout Diagram(s);
- ___ Storm/Roof Drainage;
- ___ Water heating equipment size and type;
- ___ Non-conventional plumbing designs (LSPC 1202.1 / Appendix L of LSPC, if applicable);
- ___ Identify the materials and methods of construction used to protect through penetrations and membrane penetrations of horizontal assemblies and fire-resistance-rated wall assemblies [IBC Section 712]

NOTE: In accordance with the Public Health-Sanitary Code, (LAC Title 51), Part I, Section 119, certain activities require submission of plans to the **STATE HEALTH OFFICER**, who must approve the plans and issue a permit prior to the initiation of the activity. Contact a sanitarian or an engineer at the **DHH - OFFICE OF PUBLIC HEALTH** or the appropriate **Department of Public Health regional office** to determine if submission of an additional set of plans to that department is required and to inquire where plans and specifications are to be submitted.

ELECTRICAL INFORMATION *Please expect additional processing time for paper submittals.*

- ___ Plans should indicate as a minimum:
 - ___ Receptacle and Lighting locations with circuits identified and symbol legends;
 - ___ GFCI locations;
 - ___ Exit Signage and Emergency Lighting locations
 - ___ Equipment and Fixture schedules;
 - ___ Service Entrance Feeder riser diagrams;
 - ___ Indicate Meter type and location;
 - ___ Transformer Ground fault calculations;
 - ___ Panelboard ratings & locations;
 - ___ Balanced panel load schedules in amps and KVA;
 - ___ Size and ratings of all overcurrent protection devices;
 - ___ Specify all conductor sizes in accordance with NEC 215.5, 215.2, 220.3 and annex G 80.21(a)(b)(c) requirements;
 - ___ Essential Electrical System design information (generator);
 - ___ Identify the materials and methods of construction used to protect through penetrations and membrane penetrations of horizontal assemblies and fire-resistance-rated wall assemblies.