



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Public Safety Services



H. BUTCH BROWNING
STATE FIRE MARSHAL

MEMORANDUM 2011-06

To: Louisiana Hospital Association
Louisiana Nursing Home Association
LA Licensed Architects
LA Licensed Engineers
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Felicia Cooper, Deputy Asst Secretary/Plan Review, OSFM
Chief Dan Wallis, Deputy Asst Fire Marshal Enforcement/Emergency Services, OSFM
Plan Review Staff, OSFM
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From: Don Zeringue, Chief Architect/Plan Review, OSFM

Approved by: Chief Butch Browning, State Fire Marshal *BB*

Date: September 15, 2011

RE: **Plan Review for DHH Health Care Facility Licensing Requirements**

An agreement has been established between this office, the Office of the State Fire Marshal (OSFM), and the Department of Health and Hospitals, Health Standards Section (DHH). This agreement establishes the OSFM as the reviewing agent for determining compliance with DHH licensing requirements for applicable facilities. In order to implement this transition, and to consolidate and streamline the process, the following procedures are being implemented until further notice:

- 1) Any facility requiring a plan review prior to licensure by DHH shall submit the following additional information TO THIS OFFICE:
 - a. Written request for licensing plan review;
 - b. Additional drawings, specifications, and functional requirements pertaining to licensure;
 - c. The information indicated in the attached "Health Care Facility License and/or Certification Plan Review Checklist";
 - d. The appropriate additional plan review fee as established by DHH.

This information is IN ADDITION to the OSFM plan review application and other information as required to indicate compliance with the life safety, fire protection, accessibility, and energy code laws, rules, and codes of this state. Note that an additional check made payable to "DHH" will be required.

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OFFICE OF THE STATE FIRE MARSHAL

8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806

(225) 925-4911 1-800-256-5452

- 2) Plan review for compliance with DHH licensing requirements may occur simultaneously along with the life safety, fire protection, accessibility, and energy code review in a single submittal. However, at this time, a separate letter will be issued to address the licensing review independently.
- 3) If a request for licensing review is not included with the initial submittal, if inadequate information is provided, or if the appropriate fee is not submitted, then a review for compliance with the life safety, fire protection, accessibility, and energy code will be completed and returned. The stamped and approved plans will be required to be resubmitted with the appropriate information PRIOR TO LICENSING. Note that any major deficiencies detected will require correction prior to licensing. Modifications to the design that affect the life safety, fire protection, or accessibility features of the facility may require additional corrections.
- 4) The preliminary plan review process established by this office will also be available for these review types. Review of the "schematic design" or "design development" phase may be requested prior to the subsequent required Architectural Plan Review. This review is offered for convenience due to the nature of the requirements, but will not substitute for the required submittal as outlined above.

This licensing review process will continue throughout the term of the agreement between this office and DHH. Once this term is complete, the process will be fully integrated with current review procedures in order to provide for one-stop plan review. Additional notice will be issued after this transition period to identify any revised procedures.

HEALTH CARE FACILITY LICENSE AND/OR CERTIFICATION PLAN REVIEW CHECKLIST

The Office of the State Fire Marshal, Division of Code Enforcement and Building Safety, shall review plans of health care facilities that are licensed and/or certified by the State of Louisiana. As such, plans and specifications for applicable facilities will be required to contain additional 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 Health Care Facilities, 2010 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 Accessibility Guideline (see ADA-AG, under Codes/Rules/Laws on our web site), ANSI A117.1, the Fair Housing Act, the Commercial Building Energy Conservation Code, (L.R.S. 40:1730.41 through 1730.48), 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 "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.

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FACILITY CLASSIFICATION

(Check One)

- General Hospital
- Psychiatric Hospital
- Rehabilitation Hospital
- Ambulatory Surgical Center
- Sub classification of Facility:
 - Primary Care Outpatient
 - Small Primary Care Outpatient
 - Freestanding Outpatient Diagnostic & Treatment
 - Freestanding Urgent Care
 - Cancer Treatment
 - Outpatient Surgical
 - Office Surgical
 - Gastrointestinal Endoscopy
- Abortion Clinic
- Abuse/Addiction Treatment Facility
- Sub classification of Facility:
 - Opioid Addiction Treatment
 - Children/Adolescent Program
 - Treatment/Detoxification
 - Outpatient Counseling
 - Intensive Outpatient Treatment
- Twenty-Four Hour facilities
- Primary Residential Treatment
- Inpatient Detoxification
- Inpatient Primary Treatment
- Community-Based Program
- Therapeutic Community (Large Term Residential)
- ESRD (Dialysis Center)
- Rural Health Clinic
- Pediatric Day Health Care
- Hospice Facility
- Nursing Home
- Personal Care Home (Level 1)
- Shelter Care Facility (Level 2)
- Assisted Living (Level 3)
- Adult Residential Care Provider (Level 4)
- Adult Day Health Care
- Intermediate Care Facility for the Developmentally Disabled (ICF/DD)
- Respite Care
- Adult Day Care

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

- Physician offices
- Fertility clinics
- Sleep centers- except those requesting to be licensed as beds in a hospital
- Urgent care clinics
- Free standing cancer centers and cancer centers located within a hospital that provide only outpatient cancer services
- Outpatient imaging centers
- Outpatient Infusion centers – NOTE: hospital infusion units serving inpatients will require plan review
- Adult day care centers – NOTE: Adult Day Health Care Centers DO require plan review
- Mobile units such as MRI, etc
- Mental health clinics
- Pain management clinics
- Any outpatient surgical procedure center not requesting to be licensed as an ambulatory surgical center or part of a licensed hospital
- 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 Plan Review Application form, ([Click here for application](#))
- Written request (letter of intent), on the facilities letterhead, requesting plan review for licensing
- Functional Program (see below)
- This completed checklist
- Plan Review Fees:
 - Check or money order (no cash accepted) for plan review fee, payable to "DPS". Calculate the required review fee from the Fee Calculation schedule, ([Click here for OSFM fee schedule](#))
 - Separate and additional Check or money order for Licensing Plan Review, payable to "DHH". The fee is \$5.00 per sheet of the plans plus a \$10.00 handling fee. The minimum total fee is \$35.00 and the maximum total fee is \$310.00. ([click here for DHH Licensing plan review fee schedule](#))

- ___ One set of drawings (and specifications, if separate) 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;
- ___ 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 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)
- ___ Provide a list of job titles and the number of positions required for staffing
- ___ 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

- ___ Identify the groups and stakeholders involved with the planning and implementation of this program and design; (Include the administration, consultants, design team, clinicians, specialists, support staff, patient advocates, etc.)

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]

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. Refer to the chart below to determine if submission to the DHH - Office of Public Health is required.

Plans for proposed construction, renovation, or use of the following buildings and establishments shall be submitted to the state health officer for review and approval before construction. (LAC Title 51 Part 1, Section 119)

Manufacturing, Processing, Packing and Holding of Food, Drugs and Cosmetics (Part VI)	Food or Drug Manufacturers., Distributors, Wholesalers, or Warehouses; Food Salvaging Operations, Bottled Drinking Water Processor/Packagers (109.B) Bakeries and Manufacturing Confectioneries (505.A.1) Soft Drink Manufacturing (1105.A) Cold Storage and Ice Plants (1303.A)
Milk, Milk Products, and Manufactured Milk Products (Part VII)	All dairies from which milk or milk products are offered for sale (301.A) All milk and milk products plants from which milk or milk products are offered for sale (501.A)
Frozen Desserts (Part VIII)	Plants for the production of frozen desserts (127.A) Depots for Mobile Frozen Dessert Units (141)
Marine and Fresh Water Animal Food Products (Part IX)	Establishments for the cleaning, shucking, picking, peeling, or packing of any marine or fresh-water animal food product (313.A)
Game Bird and Small Animal Slaughter and Processing (Part X)	Every slaughter house and meat packing plant (113.B)
Animals and Animal Diseases; Rendering of Animals (Part XI)	Rendering plant (301.B)
Water Supplies (Part XII)	Public water systems/supplies (105.B)
Sewage Disposal (Part XIII)	Community sewerage system, or make a modification of an existing system which changes the system's capacity, effluent quality, point of discharge, hydraulic or contaminant loadings, or operation of the component units of the system (501.A) Individual sewerage system of any kind (701.A)
Travel Trailers and Mobile/Manufactured Homes (Part XIV – Appendices B & C)	Travel trailer parks (LSPC – B104) Mobile/Manufactured home parks (LSPC – C104)
Hotels, Lodging Houses, Boarding Houses (Part XV)	Hotel, lodging house or boarding house (105.A)
Campsites (Part XVI)	Campsite (301.A)
Public Buildings, Schools, and Other Institutions (Part XVII)	Facilities for any state agency, or any institutional buildings. Institutions include, but are not limited to schools, kindergartens, nursery schools, trade schools, colleges, universities, hospitals, nursing homes, jails, and mortuaries. (103.A)
Jails, Prisons and Other Institutions of Detention or Incarceration (Part XVIII)	Jails, prisons or other institutions of detention or incarceration (101.A)

Hospitals, Ambulatory Surgical Centers, Renal Dialysis Centers (Part XIX)	Hospital, ambulatory surgical center, or renal dialysis center (103.A)
Nursing Homes (Part XX)	Nursing home (103.A)
Day Care Centers and Residential Facilities (Part XXI)	Child and adult day care centers (103.A) Residential Facilities include, but are not limited to group homes, community homes, maternity homes, juvenile detention centers, emergency shelters, halfway homes and schools for the mentally retarded.
Retail Food Establishments (Part XXIII)	Food establishment or retail food store/market (307.A) Itinerant food establishments or itinerant retail food stores/markets (4131.A) Mobile Food Establishments/Depot (4509.A & 4523.B)
Swimming Pools and Natural or Semi-Artificial Swimming or Bathing Places (Part XXIV)	Swimming pool, water park or water slide public or private, including, but not limited to, those owned by clubs, private schools, apartment houses, and condominiums. (103.A.b)
Burial, Transportation, Disinterment or Other Disposition of Dead Human Bodies (Part XXVI)	Funeral establishments (105.A)

If the proposed project meets one or more of the descriptions above, contact a sanitarian or an engineer at the appropriate Department of Public Health regional office listed below to inquire where plans and specifications are to be submitted. In some cases, plans and specs will be reviewed by OPH sanitarians or engineers who are housed at offices other than those listed below.

1 Metro Region I 1450 Poydras Street, Suite 1273 New Orleans, LA 70112 (504) 599-0100 fax (504) 599-0101	2 Capitol Region II 7173A Florida Blvd Baton Rouge, LA 70806 (225) 925-7230 fax (225) 925-3832	3 Teche Region III 1434 Tiger Dr Thibodaux, LA 70301 (985) 449-5007 x 345 fax (985) 449-5011
4 Acadian Region IV 825 Kaliste Saloom Bldg. 3, Suite 100 Lafayette, LA 70508 (337) 262-5311 fax (337) 262-5638	5 Southwest Region V 707 A East Prien Lake Road Lake Charles, LA 70601 (337) 475-3200 fax (337) 475-3222	6 Central Region VI 5604-B Coliseum Blvd Alexandria, LA 71303 (318) 487-5262 fax (318) 487-5338
7 Northwest Region VII 1525 Fairfield Ave, Room 566 Shreveport, LA 71101 (318) 676-7470 fax (318) 676-5170	8 Northeast Region VIII 1650 Desiard Street 2nd Floor Monroe, LA 71201 (318) 361-7201 fax (318) 362-3163	9 Southeast Region IX 21454 Koop Dr., Suite 1C Mandeville, LA 70471 (985) 871-1300 fax (985) 871-1335

ELECTRICAL INFORMATION

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.
- ___ Identify the materials and methods of construction used to protect through penetrations and membrane penetrations of horizontal assemblies and fire-resistance-rated wall assemblies