



Oklahoma State Department of Health
Creating a State of Health

Medical Facilities Service, Plan Review
Information Sheet: Plan Review Process

Applicable Rules and Authority (Oklahoma Administrative Code and Oklahoma Statute)

Oklahoma Administrative Code for Non-Long Term Care Facilities:

- OAC Title 310. Oklahoma State Department of Health Chapter 667. Hospital Standards: September 13, 2019
- OAC Title 310: Oklahoma State Department of Health Chapter 615. Ambulatory Surgical Centers: September 13, 2019

Oklahoma Administrative Code for Long Term Care Facilities:

- OAC Title 310. Oklahoma State Department of Health Chapter 663. Continuum Of Care And Assisted :October 01, 2017
- OAC Title 310. Oklahoma State Department of Health Chapter 605. Adult Day Care Centers July 07, 2014
- OAC Title 310. Oklahoma State Department of Health Chapter 680. Residential Care Homes: October 01, 2017
- OAC Title 310. Oklahoma State Department of Health Chapter 675. Nursing And Specialized Facilities, Chapter 11: October 01, 2017
- OAC Title 310. Oklahoma State Department of Health chapter 675. Nursing And Specialized Facilities October 01, 2017

Application Forms & Fees

- <https://www.ok.gov/health/Protective Health/Medical Facilities Service/Health Facilities Plan Review/Application Forms & Fees/index.html>

Applicable Rules and Authority Location

- <https://www.ok.gov/health/Protective Health/Medical Facilities Service/Health Facilities Plan Review/Authority/index.html>

General Considerations

- Any time a licensed facility seeks to license a previously unlicensed or newly constructed space, including complete or partial portions of existing buildings, the space shall meet the requirements for new construction. This includes all engineering disciplines.
- The facility owns the project, not the Architect or any other entity that may be representing the owner.
- Do not underestimate the scope of work and breadth of submittals or inspections. A small one room renovation may affect air handling and electrical systems resulting in required modification, inspection and commissioning of affected systems Life Safety systems shall comply with applicable sections of Chapter 43 and Chapter 18 of NFPA 101-2012.
- When there is a conflict of requirements or standards, the most restrictive applies.
- OSDH regulations do not allow use of flash drives for submittals to the department.

Waivers/Exceptions

- A waiver/exception may only be granted on FGI standards at the discretion of OSDH.
- A waiver is a temporary relief from a required standard.
- An exception is a permanent relief from a required standard.
- Submit the Hospital Exception or Temporary Waiver of FGI Guidelines Request form and fee.
- The request will be reviewed and a decision made by OSDH.

Consultations

- Is a consultation with the entire Plan Review team needed?
- Any concerns about unique and complicated projects may benefit from a consultation.
- Self-certification projects may benefit from a consultation which will allow for an informal review prior to construction.
- Paperwork shall be submitted before the need for a consultation can be determined, not all requests for consultation will be granted. A question that can be resolved by phone or email may not require a formal consultation.
- DO NOT submit a fee until a consultation has been granted.

Phasing of a Project – Considerations

- Each phase of construction requires inspection, final inspection certificates and testing documentation and approval before occupancy.
- A courtesy inspection is recommended to inspect wall construction, including wall priorities and compliance with required STC ratings.
- In a project with multiple phases, there is one true “final” inspection and all other inspections are considered courtesy inspection. The courtesy report for early phases will reflect a status of the designated construction phase only. An approved report is required prior to occupancy and use of each phase of construction.
- Provide updated phasing plans as construction evolves.
- Any temporary construction shall be shown on the phasing and life safety plans for review and approval by the department. Temporary construction shall comply with appropriate life safety and building codes.

FGI references, Code, and Regulations requirements

- If the referenced code is mandated by a local or state jurisdiction that code applies e.g. ICC A117.1.
- If the referenced code is mandated by a CMS that code applies e.g. NFPA 101
- If the referenced code is a Chapter within FGI e.g. ASRAE 170 the applicable version applies.
- CMS requirement may differ from state licensure requirements. Where referenced codes conflict, use the most restrictive.
- 2010 Americans with Disabilities Act (ADA)
- All other requirements shall meet the references within the appropriate OAC chapter

Plan Review Contact Information

- Phone Number: 405-271-6785
- E-mail address: planreview@health.ok.gov
- Website: <http://mfs.health.ok.gov>

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Information Sheet: Plan Submittal

General

- Each stage is reviewed based on documents received. If a complete set is submitted at stage 1, the complete set will be reviewed. A stage 1 submittal is not required but going directly to a stage 2 submittal enhances the owner's risk.
- The functional program shall reflect the detail provided in the submitted documents and drawings.
- Reports are issued directly to the facility.

Stage 1

- Common Findings of Non-Compliance.
 - Incomplete submittal. Submit all items listed on the submittal form and Preparation of plans and specifications section of each applicable rule. Address lack of any required documents.
 - The functional program should address the FGI section on functional program as well as any additional sections of the FGI related to the scope of the project.
 - Functional Program and the construction documents conflict.
 - Functional program is missing or contains inaccurate information including:
 - 1.2-2.1.3 Nomenclature in the Functional Program.
 - 1.2-2.2.8 Architectural Space Requirements.
 - 1.2-3 Safety Risk Assessment (SRA).
 - The primary purpose of a functional program is to communicate the functional planning assumptions and decisions of the owner to the project designers; the functional program is not part of the construction documents and is not a legally binding document. However, authority's having jurisdiction (AHJs) may choose to review the functional program to understand the purpose and goals of a project, and the owner may choose to flag aspects of the project that require review for alternate means of compliance.
 - Rooms and spaces are not labelled or classified in detail provided by FGI (e.g. Restricted, non-restricted, and semi-restricted).
 - Functional program is missing subsections of otherwise referenced portions of FGI.
 - Life safety code drawings do not contain the required code calculations and tables (NFPA must be included).
 - Address all related codes including those in the body of the Applicable Rules and Authority.
 - Suggestions and other considerations.
 - Provide only the drawings and functional program required for the stage being submitted.
 - Provide in depth description of use, even if the functional program is not required. This reduces miscommunication and helps the reviewer understand the scope.
 - Provide a partition plan. Partitions type legend or plan graphical legend shall identify appropriate life safety and sound transmission data.
 - Inspect existing building before buying or renting space to determine the feasibility of the project to meet current requirements.
 - Provide existing or as-built drawings for existing facilities when a change of licensure or occupancy is anticipated.
 - Use compliance checklists such as those provided at www.mass.gov/plan-review-resources-for-health-care-facilities.

Stage 2

- Common Findings of Non-Compliance.
 - Partition types with incorrect or missing fire and STC ratings.
 - Building System Categories not provided per Chapter 4 of NFPA 99. Categories are not provided for each discipline.

- Table 7.1 of ASHRAE170 not shown on in table form on drawings.
- FGI building systems section not addressed.
- Submittal responses do not provide an answer or documentation to indicate how the requirement is met.
- Existing walls, ceilings, millwork, fixtures, MEP systems, fire sprinkler, etc. within the project scope are not documented as to how they meet current requirements.
- Fire and smoke barriers are not continuous.
- Acronyms and abbreviations are not defined in the legend.
- Functional programs are not updated in response to reports or as design/construction progresses.

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Information Sheet: Inspections

General

- Facility should call OSDH Medical Facility Services (MFS) 2-3 weeks before the preferred date of inspection.
- Reports are issued directly to the facility.

Self-Certification Considerations

- Courtesy inspections are recommended.
- A project submittal will not be fully reviewed until an inspection (courtesy or final) is scheduled.

Courtesy Inspections

- The best time to schedule the first courtesy inspection is when the rated walls are framed BUT prior to floor to deck installation of gypsum board. This allows inspectors to view the layout and verify the appropriate wall priorities based on fire rating.
- Wall priority compliance and STC ratings cannot be determined when framing has been completed and there is not a photo log. Consequently a forensic analysis is required which often requires cutting holes in constructed walls.
- Inspectors will also go on the roof to ensure compliance with exhaust vents and air-handling unit's heights/spacing, if construction has progressed to this point.
- During the courtesy inspection, the facility may ask the inspector questions related to if/when additional inspections should be scheduled and any other related concerns.
- While the inspector is onsite, you may want to ask or discuss the following:
 - The point when/if another inspection should occur.
 - How to approach unique situations and still meet compliance.

Final Inspections

- At the time of scheduling, provide any updates to architectural plans and MEP systems, which pertain to the OSDH review process. Electronic is preferred.
- Include a list of changes with sheet number and description.
- Update any phasing documents.
- Updated drawings should have the changes bubbled/highlighted.
- Avoid scheduling a final inspection within 7 business days of important dates such as occupancy and grand opening. Neither an inspector's availability nor "approval" is guaranteed.
- Final inspection certificates and testing documents must be made available.
 - The required documents are listed at the end of each OSDH report.
 - A table of contents with the complete list of reports shall be provided.
- Prepare the facility for inspection to speed the process.
- Have proper height ladders available.
- Have access available for hard lid ceilings.
- Ensure that inspectors can check all through wall plumbing, including under sinks.
- Ensure access above hard ceilings.

- Typical tasks at a final inspection. Scope will vary with complexity.
 - Receptacle count is appropriate
 - Roof Inspection:
 - 25 ft. clearance.
 - 10 ft. exhaust height at required vents.
 - Above Ceiling Inspection of all fire / smoke barriers and smoke partitions.
 - Rated walls including under sink and behind toilets.
 - Verify STC ratings
 - Verify locations of stenciling and demarcation lines.
 - Test smoke dampers.
 - Exit signage location.
 - Door Labels and panic hardware.
 - Med Gas.
 - Med gas labels.
 - Med gas outlets.
 - Zone Valves.
 - Area alarm(s).
 - Electrical receptacle count is sufficient and labeled.
 - Panelboards are labelled.
 - Sprinkler piping and hangers.
 - Smoke detector to grille distances.
 - Test Nurse Call System.
 - Confirm ADA Compliance.
 - Test emergency power.
 - Rated doors close during power loss.
 - Emergency generators start.

Common Findings of Non-Compliance during Site Inspection

- Wall priority compliance cannot be determined when framing has been completed and there is not a photo log of intersections of dissimilar wall priorities.
- Fire and smoke barriers are not continuous.
- Fire, smoke barriers, smoke partitions and STC walls which are not sealed.
- Incorrect caulking, e.g. through wall plumbing under sinks.
- Stenciling on rated walls does not match the plan layout.
- Non-compliance with ADA standards.
- Wall priority compliance and STC ratings cannot be visually determined.
- Height and distance requirements for RTU air handling and exhaust.
- Underestimating the scope of work and breadth of inspections e.g. existing walls not changed to fire rated assembly.

What occurs after the final inspection?

- Inspection reports are finalized within 48 business hours of inspection.
- All supporting documentation or evidence of correction must be submitted within this time in order to results in an approved inspection.
- Some problems may be addressed with photos or videos, but this must be discussed with the inspector on site before s/he concludes the inspection.
- If the facility is found in compliance the inspection report will reflect the approved status. The approval letter is shared with the appropriate licensing division e.g. Health Resources Development Services (HRDS).
- If the inspection fails, the facility must schedule and pay for an additional inspection.

Suggestions and other considerations

- When a partition covers a fire rated wall, label the intervening wall with the term "XY wall beyond".
- Smoke partitions should be sealed consistently along the same wall/plane/side of a corridor. Including the sealing around penetrations and decks.
 - This practice can reduce construction costs and ensures continuity and integrity of the smoke partition.
- Emphasize the importance of wall priorities with the consultants, construction crew, contractors and owner.
 - Possible options:
 - Table or schedule of wall priorities on the drawings.
 - Dedicated plan.
 - Coordinate between consultants, construction crew, contractors and owner.
 - Mark and/or color code wall or framing.
 - Most importantly this ensures the proper construction and continuity of walls.
- Keep a photo log of all wall priority intersections in which the inspector will not have visual access
 - Include the date and location of photo on a floor plan.
- Construct partitions with priorities first.

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