

# Architectural and Engineering Guidelines for Submission, Approval and Inspection of Occupancies Licensed by the Department of Health



TDOH

Tennessee Department of Health

Division of Health Licensure and Regulation

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Tennessee Department of Health  
Office of Health Care Facilities

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|---|-----------|
| <b>A. GENERAL REQUIREMENTS:</b> .....                                     | <b>3</b>  |
| <b>B. PLANS SUBMISSION AND REVIEW STEPS:</b> .....                        | <b>6</b>  |
| <b>C. PLANS REQUIREMENTS:</b> .....                                       | <b>7</b>  |
| <b>D. SAFETY CONSIDERATIONS IN DEMOLITION AND RENOVATION AREAS:</b> ..... | <b>9</b>  |
| <b>E. PORTABLE FIRE EXTINGUISHERS:</b> .....                              | <b>9</b>  |
| EXTINGUISHERS IN PATIENT AREAS: .....                                     | 10        |
| EXTINGUISHERS AT NURSES STATIONS: .....                                   | 10        |
| EXTINGUISHERS IN OTHER LOCATIONS: .....                                   | 10        |
| POSITIONING EXTINGUISHERS: .....  | 10        |
| <b>F. AUTOMATIC SPRINKLER SYSTEMS:</b> .....                              | <b>11</b> |
| <b>G. WALL CONSTRUCTION AND PENETRATIONS:</b> .....                       | <b>11</b> |
| <b>H. KITCHEN REQUIREMENTS:</b> .....                                     | <b>12</b> |
| MATERIALS/FINISHES: .....   | 12        |
| LIGHTING: .....   | 12        |
| INSECT AND RODENT PROTECTION: .....                                       | 12        |
| TOILET AND HANDWASHING FACILITIES: .....                                  | 12        |
| MOP SINK AREA: .....  | 12        |
| PLUMBING: .....   | 12        |
| <b>I. INTERPRETIVE GUIDELINES AND APPEAL OPTIONS:</b> .....               | <b>13</b> |
| <b>J. APPLICABLE CODES:</b> .....   | <b>16</b> |
| .....   | 18        |

## ***A. General Requirements:***

The following notes are intended to help expedite review of your project drawings as submitted to this department. Review is performed only for facilities which are required to be licensed by this department. These include:

- 1. Minimum Standards for Hospitals, 1200-08-01**
- 2. Minimum Standards for Prescribed Child Care Centers, 1200-08-02**
- 3. Minimum Standards for Nursing Homes, 1200-08-06**
- 4. Minimum Standards for Ambulatory Surgical Treatment Centers, 1200-08-10**
- 5. Minimum Standards for Homes for the Aged, 1200-08-11**
- 6. Minimum Standards for Residential Hospices, 1200-08-15**
- 7. Minimum Standards for Birthing Centers, 1200-08-24**
- 8. Minimum Standards for Assisted -Care Living Facilities , 1200-08-25**
- 9. Minimum Standards for HIV Supportive Living Facilities, 1200-08-28**
- 10. Minimum Standards for End Stage Renal Dialysis Clinic , 1200-08-32**
- 11. Minimum Standards for Outpatient Diagnostic Centers , 1200-08-35**
- 12. Minimum Standards for Adult Care Homes, 1200-08-36**

Plans and specifications shall be submitted to the department for review and approval when new construction, addition to an existing building, or substantial alterations to an existing building is planned by any facility required to be licensed by the department. However, instead of plans and specifications for the conversion only of an existing single family dwelling into a licensed residential health care facility with six (6) or fewer beds, schematics shall be submitted to the department for approval. Facilities licensed for the first time or changing their licensure category to provide a different service are considered new and must comply with all current and applicable regulations.

Before construction is started, approval of the plans and specifications must be obtained from the department with respect to compliance with the minimum standards and/or regulations. Plans and specifications must be prepared by an architect and/or engineer registered in the state of Tennessee and shall bear their signed and dated seal(s) on every drawing.

A plans review will not be scheduled until the Plans Review Submittal Form and fee, the Certificate of Need (if required) and license fee (if required) are submitted. Meetings will be at the discretion of the department and made on a case by case basis. Reviews will be conducted on a first-in first-out basis.

Two (2) sets of plans, specifications, addenda, etc., must be submitted to the department in order to allow one set to be maintained on the job site for the life safety surveyor's reference. Transportation of the plans to the jobsite is the responsibility of the architect or engineer and may be picked up from our office or by providing us with an appropriate self-addressed mailing container pre-supplied with adequate postage. The other set will be maintained in the plans review section until a legible CD is received. Once the CD is received, the hard copy set of plans held by the plans review can be picked up by the architect, engineer or a facility representative.

Sprinkler shop drawings and calculations must be submitted for review and approved prior to installation. All sprinkler installations in Tennessee must be performed by a contractor currently licensed by the Tennessee Department of Commerce and Insurance to perform such installations, including all underground piping used solely for fire protection. Final approval of the project plans will not be granted until the sprinkler shop drawings are approved.

All construction documents submitted to the plans review section must be properly signed, sealed and dated by the design professional responsible for the content, must be in accordance with the requirements of the State Board of Architect and Engineering Examiners, contain the assigned project number and are considered to be public record.

Plans approval is also required for any change to the physical plant of a licensed facility which has an effect on any of the following: the function or use of an area; the facility's structural integrity; active or passive fire safety systems; exit corridors; or door assemblies. Renovations which do not meet the substantial renovation requirements as defined by the Board for Licensing Health Care Facilities (see Interpretive Guidelines below) may not have to submit plans; however, sufficient information must be submitted to the department for review, approval and inspection.

For all projects requiring a Certificate of Need (CON), the plans must be submitted with the CON number and dates (approval date and expiration date). Plans review on a project will be terminated on the CON expiration date if the project has not been approved and occupied by that date. Projects requiring a CON will not be scheduled for a meeting or review until the CON is obtained.

Failure to respond in writing within twelve (12) months to a citation of deficiencies by the plans review section will result in termination of the project's review. If the response is submitted after that date, it will be classified as a new project and must start at the beginning of the review process (including any official changes to the applicable code editions adopted by the Board).

If construction on a project is delayed for a period of twelve (12) months following the date of approval of final drawings, the project must be resubmitted, must go through the review process again and must meet the codes in effect at the time of resubmission.

After final approval of plans but prior to conducting the final inspection, the final approved plans on the CD must be properly labeled with the assigned project number and submitted to the plans review section.

In order to request a final inspection, the following must be submitted and received by the appropriate office at least four (4) weeks prior to the requested/scheduled final inspection date:

1. The final approved plans on CD-Rom, clearly labeled with the project name, county and assigned project number must be received in the plans review section; and
2. A letter to the appropriate regional office requesting the final inspection must be received in the regional office.

The Division's central and regional offices mailing addresses are as follows:

|                                 |   |
|---------------------------------|---|
| Central Office:                 | Office of Health Care Facilities<br>227 French Landing, Suite 501<br>Heritage Place Metro Center<br>Nashville, TN 37243     |
| Plans Review Section:           | Office of Health Care Facilities<br>Plans Review Section<br>710 Hart Lane, 1 <sup>st</sup> Floor<br>Nashville, TN 37243     |
| East Tennessee Regional Office: | Office of Health Care Facilities<br>East Tennessee Regional Office<br>5904 Lyons View Pike, Bldg. #1<br>Knoxville, TN 37919 |

Middle Tennessee Satellite Regional Office:

Office of Health Care Facilities  
Middle Tennessee Regional Office  
710 Andrew Johnson Tower, 4<sup>th</sup> Floor  
Nashville, TN 37243

West Tennessee Regional Office:

Office of Health Care Facilities  
West Tennessee Regional Office  
2975-C Highway 45 Bypass  
Jackson, TN 38305

### ***B. Plans Submission and Review Steps:***

Prior to any actions by the plans review section (meeting, review, approval, etc.), the Plans Review Submittal form and review fee, CON (if required), application (if required) and license fee (if required) must be received.

1. Plans must be delivered or mailed to the Department of Health, 710 Hart Lane, 1st Floor, Nashville, TN 37243.
2. Upon initial submission, the plans will be assigned a project number. This project number must be referenced on all correspondence. Failure to reference the assigned project number on all subsequent correspondence and/or submittals may cause delays in the plans review process.
3. Phased construction plans must contain sufficient information to determine that the architect has the proper interpretations (life safety layout, egress routes and distances, construction type, fire walls, etc.) and to answer code interpretation questions prior to finalizing the design of the facility.
4. The plans review section will issue an approval for the project, deficiencies, or a combination of deficiencies and partial approval (i.e., foundation and /or shell approval). If deficiencies are cited, such deficiencies require correction by submittal of revised plans, addenda, field orders, or change orders before the plans can be approved for construction.
5. All plans for a project must agree on the layout, wall ratings, room dimensions, smoke compartments, etc. Any change order, addendum or other deviation from the approved plans must be submitted and approved prior to construction or change being made.
6. Projects which are not responded to in twelve months (for non-CON projects), or before the expiration date of the CON has been reached, will be closed. If the project is resubmitted after this time, the process will start as a new project (for CON projects, an extension or new CON is required from the Health Services and Development Agency). Resubmission of the plans will be the same as the initial submission in regard to the process.

7. After all deficiencies have been satisfactorily resolved, an approval letter will be issued by the section, and construction may begin. Conveyance of the hard set of plans to the job site for reference by the inspector is the responsibility of the architect/engineer.
8. Final inspection requests shall be directed to the appropriate Regional Office a minimum of four (4) weeks prior to the date of the requested inspection. Prior to the final inspection a CD disk of the final approved plans including specifications, addenda, field orders, change orders, sprinkler and hood and duct shop drawings, etc., must be submitted to the plans review section. The storage box containing the disk must be labeled with the project name, assigned project number and county. **Department of Health Final Inspection for Occupancy/Licensure will not be conducted until the plans on CD disk is received.**
9. Final inspections will be conducted by the regional fire safety personnel as scheduled. If deficiencies are discovered, re-inspection may not be rescheduled for at least thirty (30) days. *The building cannot be occupied until the department issues a written occupancy approval.*

### ***C. Plans Requirements:***

1. **Civil Engineering Plans** must delineate existing grade structure and improvements, all site utilities, parking spaces (including handicapped spaces), handicapped access to the facility, all area fire hydrants, access roads for emergency vehicles, property lines, other buildings or structures; tanks, etc. Details must be provided for all pits, curbs, depth of bury for piping, etc. Projects which require sprinklers are to show the location, elevation, all related piping and grades, and flow data of the test hydrant. The hydrant test must have been performed within the past six (6) months and the time, date and who performed the test must be included with the sprinkler plans.
2. **Architectural Plans** must include floor plans which are drawn to a minimum of 1/8" scale and large scale plans of typical rooms with net square footage and cubic footage. Architectural plans must show, include, identify and provide details on all walls and their ratings, all doors, windows, casework and millwork, fixed equipment and plumbing fixtures, the function of each space, how ratings are obtained, how penetrations are to be sealed, schedules on doors, hardware, finishes, etc., all handicapped accessible spaces and the provision of all required handicapped spaces in accordance with the Americans with Disabilities Act and the North Carolina Accessibility Code.
3. **Life Safety Plans** must provide a single sheet floor plan showing fire/smoke compartments (including size), fire ratings of all walls, travel distances, exit markings, and, calculation of required exit units, etc.
4. **Mechanical Plans** must show/provide color coding of supply, return and exhaust systems, pressure relationships between all areas, design criteria for all HVAC units, including the percent of outside air (OSA) to be supplied at a minimum and the required OSA changes required for each space, the systems connections to the fire alarm including all shutdowns, cubic footage of room areas and the calculations of the air flow changes for total air changes and for outside air changes.

5. **Electrical Plans** must provide/show: a one line diagram of normal and alternate power systems showing service entrance, switchboards, transfer switches, distribution and panel boards, and a description of loads, color coding of systems connected to emergency power; all fire alarm zones, red outlets for outlets on emergency power, a fire alarm system diagram and a description of operation of all devices. Outlets in critical care areas of hospitals must be marked as to the panel and circuit from which it is fed. Ground fault interrupter outlets are to be installed in all wet areas, i.e., physical therapy, laundry, kitchen, central baths, janitor's closets, etc.
6. **Plumbing Plans** must provide/show a layout of all medical gas lines with all control valves and alarms as defined in NFPA 99, where applicable. No piping shall run above food preparation or storage areas per the U.S. Food and Drug Administration, Food Code.
7. **Sprinkler Plans** must provide a general layout of the sprinkler system including head locations, riser location, flow test data, underground location, test hydrant location, and hydraulic calculations, etc.
8. **Outline Form** must be included as a cover sheet and provide/show an index of the construction data, type of construction (both NFPA and IBC types and occupancies), codes editions used, U.L. assemblies used to obtain the required ratings, areas of construction; delineation between new and existing areas noting "fire walls", allowable area per IBC, etc., allowable area calculations and appropriate drawings to show clearances and when a CON is required, the CON number and date of expiration.
9. **Legends** must be included for each discipline (mechanical, electrical, plumbing, architectural, etc.) clearly delineating all symbols and assemblies used.
10. **Building Height and Area** will be established by the adopted building code and occupancy classification determined by NFPA 101.

#### ***D. Safety Considerations in Demolition and Renovation Areas:***

Demolition and renovation of areas within an existing facility must be carried out in a manner which considers all factors affecting patients, staff and public safety and must not expose patients to hazardous conditions.

Patient safety during construction/renovation of a facility is of highest priority, and is the responsibility of the facility. It may be necessary that nursing wings, beds or even certain areas of the facility be temporarily closed to patients and staff until such time that the area can be rendered safe again for use. During renovation, a greater degree of awareness of potential fire and safety hazards must be maintained by the facility staff and construction personnel. Temporary adjustments must be made in the fire evacuation plans and housekeeping procedures until the facility is restored to a condition of normalcy (i.e., all life and safety systems and safeguards are operational or complete). Close coordination

with the regional office and local fire officials is necessary prior to and during renovation to obtain professional safety input and to identify the need to implement patient safety requirements.

Fire and Life Safety Systems requiring a temporary shut-down must be returned to operation as quickly as possible. Alternate safety provisions must be planned for and implemented during any shut-down. Prior to temporary shut-down of the fire alarm, smoke detection and/or sprinkler systems, the facility must contact and coordinate the shut-down with local fire officials and the regional office.

During any construction or renovation, occupied portions of the facility must be kept clean and safe. Appropriate barriers must be placed to separate the operational portion of the facility from area(s) under construction to prevent dust, debris, traffic, etc. from affecting the facility's operation. During construction or renovation, operation of the facility must be contained to rooms or areas properly separated from the construction and appropriate egress(es) must be maintained. Exit/egress arrangements are also to be coordinated with our regional office and the local building official. The facility must have written policies and procedures regarding safety during construction or renovation.

### ***E. Portable Fire Extinguishers:***

As various types of fire extinguishers are not equally effective on all types of fires, consideration must be given to the class of fire which may occur, the activity in the area of probable use, and contents of the building when selecting extinguishers.

Fires are classified into three basic types, and fire extinguishers are labeled to indicate the type or types of fires they are suitable to extinguish. Class A fires are fires of ordinary combustible material such as wood, cloth, paper, rubber, and many plastics. Class B fires are fires of flammable liquids, gases, greases and anesthetics. Class C fires are fires that involve energized electrical equipment such as motors, electrical panels, wiring, etc.

#### *Extinguishers in Patient Areas:*

In patient areas, patient corridors and lounges a 2-A 2 ½ gallon pressurized water extinguisher is to be used as Type ABC dry chemical extinguishers are not as effective in deep-seated mattress fires. Also, as patients often experience breathing difficulties due to heart disease, asthma or emphysema, or taking medications and sedatives that dull the senses and/or impede normal responses, such patients should not be further depleted of oxygen.

#### *Extinguishers at Nurses Stations:*

A 2-A-10BC class dry chemical, multi-purpose extinguisher is to be placed at each nurses' station including ICU, CCU, emergency and recovery suites as these extinguishers are also effective on Class A and B fires and since nurses stations contain various hazards including electrical and electronic equipment.

### *Extinguishers in Other Locations:*

Class K fire extinguishers shall be provided for hazards where there is a potential for fires involving combustible cooking media (vegetable or animal oils and fats). Maximum travel distance shall not exceed 30 ft from the hazard to the extinguishers.

### *Positioning Extinguishers:*

Extinguishers must be conspicuously located, installed, sized, and maintained according to NFPA 10. Extinguishers must be located in accordance with the maximum travel distance does not exceed the requirements specified by NFPA 10.

Extinguishers having a weight of less than forty pounds (40 lbs.) must be installed so that the handle of the extinguisher is not more than five feet (5 ft.) above the floor. Extinguishers having a weight of more than forty pounds (40 lbs.) must be installed so that the top of the extinguisher is not over three and one half feet (3.5 ft.) above the floor. There must be a clearance of at least four inches (4 in.) between the bottom of the extinguisher and the floor.

All extinguishers must be placed in such a manner that the operating instructions face outward, and the location of extinguishers must be conspicuously marked to give easy legibility at a distance of twenty-five feet (25 ft.).

Recessed cabinets for extinguishers shall be specified in accordance with NFPA 10. Fire extinguishers installed in recessed cabinets, the cabinet doors should only close with a “catch” or “latch” mechanism. Locked or break-glass type cabinets are not acceptable.

## ***F. Automatic Sprinkler Systems:***

All automatic fire extinguisher systems must be installed by a sprinkler contractor currently licensed in Tennessee to perform such installations, including all underground piping used solely for fire protection. The sprinkler contractor must obtain an approval from the plans review section prior to installation. Maintenance of the system must also be accomplished by a licensed contractor. Systems are to be designed in accordance with the appropriate NFPA codes for the type of system provided.

Kitchen dry chemical systems shall be “BC” types with Hydrostatic tests conducted at a minimum of every twelve (12) years. Activation of the system must shut off all power to the oven, range, fryer, etc., and must activate the fire alarm system and shut down all supply and return air, with the exception of the kitchen vent hood and any smoke removal systems. Kitchen systems must be designed in accordance with NFPA 96 and IMC Chapter 5. The air balance in the kitchen is to be positive in the food preparation area, and negative in the dishwashing area and areas leading to the corridor. Air is to flow from clean to soiled in order to prevent contaminating food and clean items.

## ***G. Wall Construction and Penetrations:***

All walls or partitions required to have a fire rating and all corridor walls shall be appropriately constructed of noncombustible materials, however, protected construction is allowed where wood framing is in compliance. This includes: one (1) hour walls; one (1) hour fire/smoke walls; two (2) hour walls; two (2) hour fire/smoke walls and, three (3) hour walls.

All rated walls must be continuous from floor slab to roof or floor slab above and must be sealed “tight” with a tested assembly for the wall rating. Floor penetrations must also be protected by a tested assembly. The contractor is to keep copies of these tested assemblies on site in order for the inspector to ascertain that the penetration was properly sealed.

Non-rated, smoke-tight walls are to be sealed tight to prevent the passage of smoke from one side to the other. This must only be done on one side of the wall, as long as the integrity of the smoke barrier is preserved for the length of the wall. If the sealed side of the wall changes along the run of the wall, the smoke tight membrane must be run through the cross-section of the wall. Dry-wall compound may not be used to seal penetrations due to the fact that expansion and contraction or other movement of the items penetrating the wall will result in cracks over a period of time. Acoustical caulking may be applied in smoke tight wall penetrations.

## ***H. Kitchen Requirements:***

### *Materials/Finishes:*

Washable finishes/materials must be provided in all areas in the kitchen for walls, floors and ceilings. Floors are to be sealed, junctures covered and must be graded to drain. GFIC outlets are to be used in all wet locations.

### *Lighting:*

At least twenty (20) footcandles of light must be provided on all working surfaces. At least ten (10) footcandles of light must be provided on all other areas measured at thirty (30) inches above the finished floor.

### *Insect and Rodent Protection:*

Outer openings must be screened or other adequate controls must to be provided. Outer doors and service windows are to be equipped with self-closers or approved air curtains.

### *Toilet and Handwashing Facilities:*

Toilets must be conveniently located and have a self closing door or alcove entrance. Toilet rooms must be vented by exhaust fans which run continuously. Sinks must have wrist blades or other such devices to allow operation without hands and soap dispensers and towels must be provided. A handwashing sink is to be provided in the food preparation areas. Employee lockers and lounges must be supplied, but must not be located in the kitchen area.

### *Mop Sink Area:*

A mop sink closet shall be provided with hot and cold water connections.

### *Plumbing:*

Back siphonage protection must be provided for the dishwasher, potato peeler, disposals, steam tables, scraping troughs, dipper wells, waste pulper, submerged inlets, etc. Indirect drains must be provided for the dishwasher, steam table, potato peeler, ice bins/machines, etc. The walk in cooler/freezer must have an interior drain equipped with a backwater valve. Condensate drains and other piping which may cause contamination of food preparation and storage must not be run overhead in the kitchen area. Kitchen condensate drains must be equipped with appropriate backflow protection. Water registering 140°F. shall be provided for general usage. The water source for the dishwashing area and three compartment sink must have means of supplying 171°F. water to the rinse area. While the use of chemicals for sanitizing dishes allows for use of lesser temperature, this does not eliminate the need to have 171°F. water available at all times.

### ***I. Interpretive Guidelines:***

The following guidelines have been developed to provide interpretations of the department's regulations, alleviate confusion, reduce the number of construction violations encountered, and prevent the need for costly corrections and/or construction delays:

1. "Substantial renovation" are projects that renovate more than ten percent (10%) of any smoke compartment. Areas renovated less than 10% must meet the following criteria to be exempt from submitting plans:
  - a) all work is executed in accordance with currently adopted codes;
  - b) only one (1) renovation project is being initiated during the year's period;
  - c) no licensure deficiencies were cited on the facility's last survey;
  - d) the project involves no combustible or medical gas and is not classified as Hazardous areas;
  - e) there is no change or alteration to the existing life safety classification;
  - f) there is no change or alteration to the construction type or life safety of the facility; and
  - g) the project does not alter any of the following systems:
    - I. Fire Alarm System;
    - II. Fire Suppression System;
    - III. Mechanical System; or the

#### IV. Electrical System.

All projects must be submitted to the Department of Health for consideration. Upon review of the data, the Director of Plans Review may require additional information or formal submittal from a licensed architect or engineer.

2. When a fire alarm system is required, all fire warning and detection devices must be connected to that fire alarm system. This includes duct detectors, kitchen exhaust extinguishing systems, alternate fire suppression systems, etc. The initiation of any device must set off the fire alarm system and shut down the air handling units.
3. The sound of the fire alarm or smoke detectors must be heard throughout the facility, and appropriate audible/visual alarm devices must be employed in sufficient number and type to accomplish this. In residential facilities the alarm sounded by the smoke detector must be clearly heard throughout the entire "unit" or facility, not just the sleeping rooms.
4. "Fully sprinklered" includes all spaces including closets, electrical rooms, elevator shafts, elevator equipment rooms, MRI rooms, freezers, etc.
5. "Fan shutdown" must include all fans involved in recirculating air within the compartment of alarm origination and other fans as necessary to prevent the movement of smoke into other areas.
6. Smoke and fire dampers must be installed according to the manufacturer's instructions with particular attention to their sealing and the use of mounting screws around breakaway clips and angles. Fire dampers must be installed within the plane of the rated assembly.
7. "Immediate and without delay" means within thirty (30) seconds. The sprinkler system is to activate the fire alarm within thirty (30) seconds of opening the inspector's test pipe.
8. All control valves, including the control valves in the underground main feed, must be electrically supervised.
9. An acceptable 1-hour ceiling for a structure of wood truss construction is two layers of 5/8 inch type "X" gypsum board attached to the bottom rafter or truss. If a 2-hour ceiling is required, then the design may be the same as a 2-hour wall turned on its side, in specific cases.
10. On dry pipe systems, the water is to begin to flow within one (1) minute at the most remote inspector's test outlet. This means full water flow, not air and water mixed.

11. Canopies and porches of combustible construction are to be sprinklered above and below the ceiling. The heads located below the ceiling may be omitted if there is no storage, and all areas including the ceiling consist of noncombustible material.
12. The minimum separation distance of a non-fire rated structure, such as a trailer, and an institutional occupancy facility is thirty (30) feet.
13. In facilities where patients or residents must travel from one building to another for any type of treatment, care or other service, the patient/resident must be afforded a degree of protection consistent with that expected in the building environment.

### ***Appeal Options:***

An informal Codes Dispute Interpretation Panel consisting of three (3) members will hear any codes dispute and render a decision. One (1) member is from the Tennessee Department of Commerce and Insurance and two (1) member from the Division of Health Care Facilities and the third member from the American Institute of Architects or ACEC-TN. The member appointed from the Division of Health Care Facilities will not be the plans reviewer. At each meeting of the Panel, the facility's representative(s) and the plans reviewer will each be allowed to present their respective viewpoint(s), and notes or minutes of the meetings will be maintained. When a facility/proposed facility disputes a Departmental codes interpretation or requirement and desires the Panel to review that interpretation or requirement the facility's representative must submit a written request to the Director of the Board for Licensing Health Care Facilities to have Panel review the dispute, whereupon, the facility will be scheduled for and notified of the Panel's next meeting date, time and location.

The Codes Dispute Interpretation Panel may meet up to two times per month, or less as needed, to review code disputes at a place and time designated in writing by the Department. A decision is rendered at the meeting which is to be followed-up by written confirmation of the decision and any applicable appeal rights.

If the dispute is an interpretation of the code, the Panel's interpretation will be presented to the Director of the Board for Licensing Health Care Facilities for final approval. If the dispute is a code requirement, the panel's decision will be reported to the Board at the next regularly scheduled meeting. If the Panel decides in favor of the facility's request, the item will be placed on the consent calendar for the Board's ratification, with no representation by the facility being required. If the Panel decides against the facility's request, the facility may then, at its own risk, present its request for the waiver or waivers at the next regularly scheduled Board meeting.

**J. Applicable Codes:**



**DEPARTMENT OF HEALTH  
DIVISION OF HEALTH CARE FACILITIES  
APPLICABLE CODES**

**Project Name** \_\_\_\_\_ **Assigned Project #** \_\_\_\_\_

**County** \_\_\_\_\_ **Certificate of Need #** \_\_\_\_\_

**Regulations, Codes and Standards with which this project shall comply when reviewed by the Division of Health Care Facilities:**

- 1. 2006 International Building Code.**
- 2. 2006 International Plumbing Code.**
- 3. 2006 International Mechanical Code.**
- 4. 2006 International Gas Code.**
- 5. 2006 NFPA 1, excluding NFPA 5000.**
- 6. 2006 NFPA 101 Life Safety Code.**
- 7. 2005 National Electrical Code.**
- 8. 2002 North Carolina Accessibility Code with 2004 Amendments.**
- 9. 2010 Americans with Disabilities Act (ADA).**
- 10. 2010 AIA Guidelines for Design and Construction of Health Care Facilities.**
- 11. 2007 ASHRAE Handbook of Fundamentals.**

*Note: Please check with local building/fire officials to determine if any local building codes may be relevant to your project.*