

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division

6 CCR 1011-1

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES
(PROMULGATED BY THE STATE BOARD OF HEALTH)

CHAPTER IX
COMMUNITY CLINICS AND COMMUNITY CLINICS AND EMERGENCY CENTERS

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DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities Regulation Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES

CHAPTER IX - COMMUNITY CLINICS AND COMMUNITY CLINICS AND EMERGENCY CENTERS

6 CCR 1011-1 Chap 09

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Copies of these regulations may be obtained at cost by contacting:

Division Director

Colorado Department of Public Health and Environment

Health Facilities Division

4300 Cherry Creek Drive South

Denver, Colorado 80222-1530

Main switchboard: (303) 692-2800

These chapters of regulation incorporate by reference (as indicated within) material originally published elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material. Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health And Environment maintains copies of the incorporated texts in their entirety which shall be available for public inspection during regular business hours at:

Division Director

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Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference after July 1, 1994 may be examined in any state publications depository library. Copies of the incorporated materials have been sent to the state publications depository and distribution center, and are available for interlibrary loan.

Policy Statement : The following regulations are the minimum standards necessary, to operate a community clinic or a community clinic and emergency center. Facilities shall always operate by providing a level of care that meets the needs of the patients being served. This may necessitate standards that

exceed the minimum. Patient populations vary widely and the minimum standard may not be enough to meet the needs of patients being served and those needs must still be met.

Section 1. DEFINITIONS

- 1.1 Community Clinic or Community Clinic and Emergency Center. A “community clinic” or a “community clinic and emergency center” is defined as a comprehensive community-based medical facility which includes general or primary care services, preventive health services, diagnostic or therapeutic outpatient services, appropriate inpatient services, and/or emergent care services. The emergency center (emergency services available 24 hours) portion of the license shall be an optional component, and a community clinic may be licensed as a “community clinic” or as a “community clinic and emergency center.” A “community clinic” or a “community clinic and emergency center” includes accommodations for inpatient stays, unless otherwise exempted by statutory provisions or by a waiver of the requirement by the Department under section 10.1. A “community clinic” or a “community clinic and emergency center” may include general and primary care providers participating in the medically indigent program pursuant to article 15 of title 26. No waiver of inpatient accommodation requirements as required under section 10.1 of these regulations shall be necessary for medically indigent program providers who provide only primary care and other outpatient services during normal business hours. No waiver of inpatient accommodation requirements as required under section 10.1 Of the regulations shall be necessary for a community clinic or a community clinic and emergency center located within a licensed hospital, but not licensed as part of the hospital, and has an admission or transfer agreement with that hospital.
- 1.2 Emergency or Emergent Care. Emergency or emergent care is defined as treatment for a medical condition manifesting itself by acute symptoms of a sufficiently severe nature that are life, limb, or disability threats requiring immediate attention, where any delay in treatment could be reasonably expected to place the health of the individual in serious jeopardy, or seriously impair bodily functions, or cause serious dysfunction of any bodily organ or part.
- 1.3 Inpatient Care. For the purposes in Chapter IX of these regulations, “inpatient care” shall be defined as extended care or stay in the facility beyond the primary care or general services normally rendered which would include an overnight stay or a continuous period of care exceeding twenty-four (24) hours, but not to exceed 72 hours.
- 1.4 Primary Care. Primary care is defined as a practice that deals with the individual rather than an organ system or an abnormal physiology and provides an array of services covering the preventive, diagnostic, and therapeutic needs of patients, including referral and coordination of care to the services.
- 1.5 Exclusions. The term community clinic or a community clinic and emergency center does not include the following:
 - (a) A facility that is licensed as part of or a department of a general hospital and is not freestanding;
 - (b) A facility which is used as an office for the private practice of a physician(s) except when:
 - l) it holds itself out to the public or other health care providers as a community clinic or a community clinic and emergency center or as a similar facility with a similar name or variation thereof which creates confusion in the mind of the public, indicating that it is capable of providing the same care as required by these regulations and or in fact provides the same level of care as required by these regulations, and in the case of an emergency center, of providing 24-hour emergency care;

- 2) it is operated or used by a person or entity different than the physician(s).
- 3) patients are charged a fee for the use of the facility in addition to the physician(s) professional fee.

- 1.6 Plan Review – means the review by the Department, or its designee, of new construction, previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter IX. Plan review consists of the analysis of construction plans/documents and onsite inspections, where warranted. For the purposes of the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.
- 1.7 Qualifying Community Clinic - for the purposes of plan review, means a clinic with a total interior physical plant square footage of under 2,500 square feet where the services do not include treatment that renders patients incapable of self-preservation without the assistance of others during an emergency situation. (Qualifying community clinics do not include community clinics and emergency centers.)
- 1.8 Structural Element – for the purposes of plan review, means an element relating to load bearing or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and foundations.
- 1.9 Anesthetizing Location - means any area of a facility that has been designated to be used for the administration of nonflammable inhalation anesthetic agents in the course of examination or treatment, including the use of such agents for relative analgesia.
- 1.10 Relative Analgesia - means a state of sedation and partial block of pain perception produced in a patient by the inhalation of concentrations of nitrous oxide insufficient to produce loss of consciousness; i.e., conscious sedation.

Section 2. LICENSE

- 2.1 A community clinic or a community clinic and emergency center shall be licensed and meet all of the licensure requirements in chapter II and the requirements of this Chapter IX of the Colorado Department of Public Health and Environment's Standards for Hospitals and Health Facilities .
- 2.2 A community clinic or a community clinic and emergency center shall be in compliance with all other applicable state, local, and federal laws.

Section 3. ORGANIZATIONAL STRUCTURE

- 3.1 Governing Body . The community clinic or a community clinic and emergency center shall have a governing body which shall have responsibility for the oversight of the organization and the provider staff. The governing body shall meet as necessary. The governing body shall adopt the general bylaws or policies by which the community clinic or a community clinic and emergency center operates. These by-
- 3.2 Medical Director . The governing body of the community clinic or a community clinic and emergency center shall appoint a medical director for the facility. Such medical director shall be a physician, licensed under the laws of the state of Colorado, who is a member of the facility's staff.
- 3.3 Provider Staff . The community clinic or a community clinic and emergency center shall have an organized provider staff under the direction of the medical director that shall be responsible for the quality of medical care provided to patients in the facility.

- 3.4 Administrator . The governing body of the community clinic or a community clinic and emergency center shall appoint an administrator or a designated person who is principally responsible for directing the daily operation of the community clinic or a community clinic and emergency center. The administrator shall develop clear lines of authority and responsibility for the provider staff. The administrator, in conjunction with the provider staff, or a representative committee from the provider staff, shall develop policies and procedures for the operation of the facility. The policies and procedures shall be approved by the governing body and reviewed periodically and revised as needed.
- 3.5 Government Entities . A community clinic or a community clinic and emergency center wholly owned and operated by the state or any of its political subdivisions shall be governed, directed, administered, and staffed according to the statutory provisions establishing such facilities.
- 3.6 Corporate Health Care Entities or Health Care Networks . A community clinic or a community clinic and emergency center that is part of a larger, corporate health care system or health care network may fulfill the administrative record requirements, the policies and procedures requirements, and the medical records requirements of this Chapter IX through a central system common to the entire organization, providing that the intent of the requirements of this Chapter is met.

Section 4. STAFFING

- 4.1 Provider Staff . There shall be adequate provider staff to meet the preventive, diagnostic, and therapeutic needs of the patient population being served. The provider staff shall participate in the quality management program; and, in coordination with the administrator/participate in the enforcement of policies and procedures or rules and regulations of the facility. If the facility is operating as an emergency center, at least one of the provider staff on duty at all times shall be qualified in basic cardiac life support and advanced cardiac life support.
- 4.2 Personnel . The administrator shall develop and maintain personnel policies and procedures. Personnel employed by the community clinic or a community clinic and emergency center shall have qualifications as met by education, training, and experience necessary to meet the medical needs of the patients. Personnel shall be oriented and trained upon employment and kept abreast of new health care services developments and new technology through in-services and other educational programs.

Section 5. MEDICAL RECORDS

- 5.1 All community clinics or community clinic and emergency centers shall maintain a clinical medical record system as established by the facility's written patient care policies. A designated member of the staff shall be responsible for maintaining medical records and for ensuring that they are completely and accurately documented. Medical records shall be systematically organized and easily accessible. All necessary precautions shall be taken to protect the confidentiality of the information contained within.
- 5.2 An individual medical record for each patient that receives services from any community clinic or a community clinic and emergency center shall contain, but not necessarily be limited to, the following:
- (a) identification and social data, evidence of consent forms, relevant medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient per visit;
 - (b) reports of physical examinations, diagnostic and laboratory test results, reports of x-rays, scans, and other radiological imaging studies, and consultative findings;

- (c) all physician's orders, reports of treatments and medications, and other information necessary to monitor the patient's progress;
- (d) signatures of the physician or other health care professionals making entries into the medical record.

5.2 Medical records for adults (persons 18 years of age or over) shall be retained for no less than 10 years after the last patient usage. Medical records for minors must be retained for the period of minority plus 10 years after the last patient usage.

Section 6. SERVICE PROVISION

6.1 Care From Licensed Practitioner . The policies of the community clinic or community clinic and emergency center shall ensure that every patient is under the care of a physician or, if applicable, a physician assistant or advanced practice nurse with appropriate specialization and registered pursuant to 12-38-111.5.

6.2 Patient Care Policy . The facility shall have written patient care policies. The policies shall include but are not limited to the following:

- (a) a description of the services furnished directly and those furnished through agreements, arrangements with, or referrals to other facilities or other health care service providers;
- (b) protocols for the medical management of health problems, including the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for periodic review and evaluation of the services furnished by the facility;
 - (1) protocols shall include:
 - (A) a description of the scope of medical acts that may be undertaken by the physician assistant, or advanced practice nurse, or other provider staff under the supervision of a physician or other authorized licensed practitioner; and
 - (B) protocols to be followed for acts of medical diagnosis and treatment that may be undertaken without direct, over the shoulder physician supervision.
 - (2) Protocols are not intended to mandate the development of practice guidelines for physicians or other licensed provider staff practicing in the facility.

6.3 Outpatient Surgery . Outpatient surgical procedures commonly performed in a physician's office may be performed in any community clinic or a community clinic and emergency center if adequate staffing, equipment, and supplies are available.

Section 7. EMERGENCY SERVICES PROVISIONS

7.1 Services and Equipment . Emergency centers shall provide at a minimum the following services and equipment, both adult and pediatric as applicable:

- (a) an emergency call system;
- (b) oxygen;
- (c) ventilation assistance equipment, including airways, manual breathing bag;

- (d) continuous electrocardiogram monitoring with cardiac defibrillator;
- (e) intravenous therapy supplies;
- (f) laryngoscope and endotracheal tubes;
- (g) suction equipment;
- (h) indwelling urinary catheters; and
- (i) drugs and other emergency medical equipment and supplies, including basic obstetric supplies, necessary for the level of services to stabilize the patient as specified by the provider staff and by the specific needs of the community being served.

7.2 Triage Protocols . A community clinic or a community clinic and emergency center shall have in place emergency medical protocols to provide triage and stabilization procedures to be initiated by on-duty staff; and to provide air or ground transportation with pre-arranged destinations, including transfer agreements with a hospital(s).

Section 8. ANCILLARY SERVICES

8.1 Obstetrics . A community clinic or a community clinic and emergency center may provide for routine pre-natal care and for necessary emergency obstetrical services according to emergency triage protocols of the facility. However, the facility shall not provide services for the routine delivery of newborn infants and care of obstetrical patients and newborn infants unless the facility can meet the requirements for a birthing center in Chapter XXII of the regulations.

8.2 Laboratory Services . Laboratory services essential to the treatment and diagnosis of the patient (both primary care and emergency patients) shall be available. Laboratory services shall be provided directly or by contract. Services provided directly shall be provided pursuant to the "Clinical Laboratory Improvement Amendments of 1988," and the corresponding regulations (42 USC 263a and 42 CFR 493).

8.3 Radiological Services . Radiological services essential to the treatment and diagnosis of the patient shall be available. Radiological services shall be provided directly or by contract or plan. X-rays, films, scans, and other imaging records shall be maintained by the facility for a period of five years, if services are provided directly. Services provided directly shall be provided pursuant to the regulations of the Department of Public Health and Environment pertaining to radiation control (6 CCR 1007-1).

8.4 Pharmacy . Pharmaceutical methods, procedures, and controls which ensure the appropriation, acquisition, storage, dispensing, administration, and control of pharmaceuticals shall be developed in accordance with applicable state and federal laws regulating the practice of pharmacy.

Section 9. AVAILABILITY OF SERVICES

9.1 The Community Clinic . The community clinic shall maintain regular hours for services. The community clinic shall provide an emergency referral number and/or a procedure for the provision of medical services when the clinic is not open for regular service.

9.2 The Community Clinic and Emergency Center . The community clinic and emergency center shall maintain operations on a 24-hour basis, every day of the year. If a community clinic and emergency center chooses to temporarily interrupt operations or access to services for any part of the 24-hour period, a means of making services available within 30 minutes or sooner if

medically necessary shall be instituted. Any seasonal interruption in services, such as seasonal closures, shall be reported to the Department prior to such closure, and all signage that would indicate that services are available shall be removed. Protocols shall be developed by the medical director to establish appropriate response times for on-call staff for differing emergent situations that would present themselves at the facility. Clear directions at the front and/or emergency entrance to the facility that can be easily understood by persons approaching the emergency center shall be posted in a conspicuous location with an appropriate communications device, such as a "hot phone" or "tip and ring phone" , so that care can be summoned immediately and an appropriate response by the facility can be made.

Section 10. INPATIENT SERVICES

- 10.1 Limited Stay. A community clinic or a community clinic and emergency center may provide inpatient services to ill or injured persons where a determination has been made that transportation to a hospital or other appropriate facility when a higher level of care is not immediately necessary provided that the needs of such patients can be met by the facility during a short stay not to exceed 72 hours. "Meeting the needs of patients" shall include, appropriate licensed provider staff, patient care services, equipment and supplies, and physical plant. *[Eff. 06/30/2009]*
- (a) The Department may waive the requirement for inpatient services after a review of applicant materials for licensure provided that the facility demonstrates that it meets the definition of a facility under this Chapter IX of the regulations, with the exception of the inpatient component, and is not the private practice of an independent, licensed physician.
 - (b) The 72-hour limit on inpatient stays shall not apply to the Department of Corrections providing medical services pursuant to article I of title 17.
- 10.2 Patient Care Unit . A community clinic or a community clinic and emergency center providing inpatient care shall establish and maintain a patient care unit. Each patient shall have a visible means of identification placed securely on his or her person until discharge. Each patient room shall have adequate space to meet the needs of the patient. In general, the standard shall be 100 square feet for each single patient room or 80 square feet per bed for multiple bedrooms and include sufficient illumination to meet patient needs for treatment. Each patient shall have direct access to a call system which signals the provider staff on duty. The facility shall provide patient bathing facilities for patients staying overnight.
- 10.3 Admissions . Any community clinic or a community clinic and emergency center providing inpatient services shall develop admissions policies and procedures, which include but shall not be limited to appropriateness of admissions, and the necessary staffing to provide those services,
- (a) Necessary staffing includes the licensed staff with the ability to meet the needs of the patient and the regulatory requirements imposed by other state laws on the use of such licensed staff.
- 10.4 Nutrition . Dietary services shall be provided in the following manner:
- (a) Dietary or nutrition consultation shall be provided by a qualified person for routine dietary needs and on call consultation available for special dietary needs.
 - (b) All food shall be pre-packaged and require microwave heating only and disposable products for preparation and service shall be used unless the facility meets the requirements of the Rules and Regulations Governing the Sanitation of Food Service Establishments in the State of Colorado, Colorado Department of Health. 1990 or the intent of such regulations as applicable and appropriate.

- (c) A person shall be assigned the responsibility for food preparation and service and shall have no other assigned duties during such assignment.
- (d) The food service area shall be an area separate from the employee lounge or other areas used by facility personnel or the public.
- (e) Food shall, at all times, be prepared, stored, and served properly so as to prevent the development and spread of food borne disease.
- (f) Catering and alternative methods of meal provision shall be allowed if patient needs and the intent of this part of the regulations are met.
- (g) There shall be food service available to serve adequate meals to patients "required to stay" in any community clinic or a community clinic and emergency center for more than six hours, if necessary or consistent with medical treatment or evaluation needed. Being "required to stay" is defined as a condition which requires the patient to stay in the facility for extended treatment or until transportation to another facility can be arranged. It does not apply to outpatient visits that may require extensive waiting before receiving services if the patient is able to leave after services are rendered or is able to reschedule a visit if service cannot be provided in a timely manner.

10.5 Discharge Planning . For those community clinics or community clinic and emergency centers that offer inpatient care, documentation of discharge and follow-up shall be included in the patient record to ensure the provision of post-discharge care.

Section 11. INFECTION CONTROL

11.1 All community clinics or community clinic and emergency centers shall develop a plan for infection control that is adequate to avoid the sources of and prevent the transmission of infections and communicable diseases. The facility shall develop a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel. Sterilization procedures shall be developed and implemented in necessary service areas.

Section 12. LIABILITY

12.1 Community clinics or community clinic and emergency centers shall submit evidence to the Colorado Department of Public Health and Environment that they maintain at least \$300,000 professional liability insurance per incident and \$900,000 annual aggregate per year in order to demonstrate compliance with the Health Care Availability Act of 1988.

Section 13. PHYSICAL PLANT AND ENVIRONMENT [Eff. 06/30/2009]

13.1 Pest Control. Policies shall be developed and procedures implemented for the effective control of insects, rodents, and other pests.

13.2 Waste Disposal. All wastes shall be disposed in compliance with local, state and federal laws.

13.3 Preventive Maintenance. A preventive maintenance program to ensure that all essential mechanical, electrical and patient care equipment is maintained in safe operating condition shall be provided. Emergency systems, and all essential equipment and supplies shall be inspected and maintained on a frequent or as needed basis.

13.4 Housekeeping. Housekeeping services to ensure that the premises are clean and orderly at all times shall be provided and maintained. Appropriate janitorial storage shall be maintained.

- 13.5 Laundry and Linens. Laundry and linen services shall be provided by in-house staff or by contract. Separate clean and soiled linen areas shall be provided and maintained.
- 13.6 The community clinic or and the community clinic and emergency center shall be constructed and maintained to ensure access to all patients and to ensure the safety of patients.
- 13.7 Building Requirements. The community clinic or the community clinic and emergency center shall demonstrate compliance with the building and fire safety requirements of local governments and other state agencies.
- 13.8 Compliance with the Life Safety Code. Applicable facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.
- (a) Facilities licensed on or before March 11, 2003 shall meet Chapter 21, Existing Ambulatory Health Care Occupancies, NFPA 101. However, a qualifying community clinic shall meet Chapter 39, Existing Business occupancies, NFPA 101.
 - (b) Facilities licensed on or after March 12, 2003 or portions of facilities that undergo remodeling on or after March 12, 2003 shall meet Chapter 20, New Ambulatory Health Care Occupancies, NFPA 101. In addition, if the remodel represents a modification of more than 50 percent of the total interior of the physical plant, the entire facility shall be renovated to meet Chapter 20, NFPA 101. However, a qualifying community clinic shall meet Chapter 38, New Business occupancies, NFPA 101. In addition, if the remodel represents a modification of more than 50 percent of the total interior of the physical plant, the entire facility shall be renovated to meet Chapter 38, NFPA 101.
 - (c) Notwithstanding NFPA 101 Life Safety Code (2000) provisions to the contrary:
 - (1) When differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent shall apply.
 - (2) Any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.
 - (d) This paragraph applies to community clinics and not to community clinics and emergency centers.
 - (1) Notwithstanding 6 CCR 1011-1, Chapter II, Section 2.3.5 (A), only community clinics that contain an anesthetizing location shall be required to have an intact, two-hour fire rated separation wall, floor or ceiling assembly between the facility and all adjacent occupancies under the following circumstances:
 - (i) For each applicant seeking an initial license on or after January 1, 2011, except for an applicant that has submitted building plans to the Department and obtained a building permit prior to January 1, 2011 from the local authority having jurisdiction.
 - (ii) For each licensee that submits building plans to the Department or obtains a building permit on or after January 1, 2011 for relocations in whole or in part to another physical structure.
 - (iii) For each licensee that submits building plans to the Department or obtains a building permit on or after January 1, 2011 to add previously un-

inspected or unlicensed square footage to an existing license. For the purposes of compliance with this section, the two-hour fire rated separation shall be around either the entire perimeter of the added square footage or the entire perimeter of the facility.

(iv) For each licensee that creates a new anesthetizing location on or after January 1, 2011, within an existing community clinic.

(2) The alternatives authorized under 6 CCR 1011-1, Chapter II, Section 2.3.5 (B) are applicable to community clinics subject to Section 13.8 (d) (1).

13.9 Plan Review and Plan Review Fees. This Section 13.9 applies to community clinics and community clinics and emergency centers with the exception of facilities operated in prisons under the auspices of the Department of Corrections.

Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of patients on its campus, each building is subject to the applicable base fee plus square footage costs, or in the case of a qualifying community clinic, to the set fee. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.

(a) Initial Licensure, Additions, Relocations

1) Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:

(i) Applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.

(ii) Additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.

(iii) Relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.

2) Initial licensure, addition, and relocation plan review fees:

(i) Base fee of \$2,250, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.02	This cost is applicable to the additional square footage over 25,000 sq ft.

(ii) Notwithstanding paragraph 13.9, (a) (2) (i) above, the fee for a qualifying community clinics is: \$1,250.

(b) Remodeling

- 1) Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:
- (i) Alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.
 - (ii) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.
 - (iii) Conversion of existing space into rooms with inpatient or observation beds.
 - (iv) Changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.
 - (v) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.
 - (vi) Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.
 - (vii) Installation, removal or renovation of any kitchen hood suppression system.
 - (viii) Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.

2) Remodeling plan review fees:

- (i) Base fee of \$1,750, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.07	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.02	This cost is applicable to the additional square footage over 20,000 sq ft.

- (ii) Notwithstanding paragraph 13.10, (b) (2) (i) above, the fee for a qualifying community clinic is: \$750.

13.10 The "Guidelines for Design and Construction of Health Care Facilities" (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA

Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.

Editor's Notes

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 and rule history are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the History link that appears above the text in 6 CCR 1011-1. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chap IV or 6 CCR 1011-1 Chap XVIII.

History

Sections 1, 10, 13 eff. 06/30/2009.