

**R432. Health and Human Services, Family Health and Preparedness, Licensing.**

**R432-4. General Construction.**

**R432-4-1. Legal Authority.**

This rule is adopted pursuant to Title 26 Chapter 21 for General Hospitals; Specialty Hospitals; Ambulatory Surgical Facilities; Nursing Care Facilities; Inpatient Hospices; Birthing Centers; Abortion Clinics; End Stage Renal Disease Facilities; and Small Health Care Facilities.

**R432-4-2. Purpose.**

The purpose of this rule is to promote the health and welfare of individuals receiving services by establishing construction standards.

**R432-4-3. General Design.**

- (1) The licensee is responsible for assuring compliance with this section.
- (2) When testing and certification compliance can only be verified through written documentation, the licensee must maintain documentation in the facility for Department review.
- (3) Additional requirements for individual health care facility categories are included in the individual category construction rules sections of the Health Facility Licensure Rules, R432. If conflicts exist between R432-4 and individual category rules, the individual category rules govern.
- (4) If conflicts exist between applicable codes, the most restrictive code applies.
- (5) When other authorities having jurisdiction adopt more restrictive requirements than contained in these rules, the more restrictive requirements apply.
- (6) The licensee shall ensure the building complies with the functional requirements for the applicable licensure classification and shall ensure provisions are made for all facilities and equipment necessary to meet the care and safety needs of all clients served, when construction is completed.
- (7) When the terms "room" or "office" are used in this rule it describes a specific, separate, enclosed space for a service. When the term "area" is used, multiple services may be accommodated in one enclosed space.

**R432-4-4. Site Location.**

- (1) The site of the licensed health care facility shall be accessible to both community and service vehicles, including fire protection apparatus.
- (2) Facilities shall ensure that public utilities are available.

**R432-4-5. Site Design.**

- (1) Paved roads shall be provided within the property for access to all entrances, service docks and for fire equipment access to all exterior walls.
- (2) Paved walkways shall be provided for pedestrian traffic.
- (3) Paved walkways shall be provided from every required exit to a dedicated public way.
- (4) Hospitals with an organized emergency service shall have well marked emergency access to facilitate entry from public roads or streets serving the site. Vehicular or pedestrian traffic shall not conflict with access to the emergency service area. The emergency entrance shall be covered to ensure protection for patients during transfer from automobile or ambulance.

**R432-4-6. Parking.**

- (1) Parking shall be provided in accordance with local zoning ordinances.
- (2) The requirements of the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines, (ADA/ABA-AG) for handicapped parking access shall apply and parking spaces for the disabled shall be directly accessible to the facility without the need to go behind parked cars or cross vehicle traffic lanes.

**R432-4-7. Environmental Pollution Control.**

Public Law 91-190, National Environment Policy Act, requires the site and project be developed to minimize any adverse environmental effects on the neighborhood and community. Environmental clearances and permits shall be obtained from local jurisdictions and the Utah Department of Environmental Quality.

**R432-4-8. Standards Compliance.**

- (1) The following standards are adopted by reference:
  - (a) Illuminating Engineering Society of North America, IESNA, publication RP-29-06, Lighting for Hospitals and Health Care Facilities, 2006 edition;
  - (b) The following chapters of the National Fire Protection Association Life Safety Code, NFPA 101, as adopted by the Legislature in Title 15A-5-207, The State Construction and Fire Codes Act:
    - (i) Chapter 18, New Health Care Occupancies;
    - (ii) Chapter 20, New Ambulatory Health Care Occupancies.
  - (c) Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA-AG).

(2) The following codes and standards apply to health care facilities. The licensee shall obtain clearance from the authority having jurisdiction and submit documentation to the Department verifying compliance with these codes and standards as they apply to the category of health care facility being constructed:

- (a) Local zoning ordinances;
  - (b) International Building Code, as adopted by the Legislature in Title 15A-2-103, The State Construction and Fire Codes Act;
  - (c) International Mechanical Code, as adopted by the Legislature in Title 15A-2-103, The State Construction and Fire Codes Act;
  - (d) International Plumbing Code, as adopted by the Legislature in Title 15A-2-103, The State Construction and Fire Codes Act;
  - (e) International Fire Code, as adopted by the Legislature in Title 15A-2-103, The State Construction and Fire Codes Act;
  - (f) R313. Environmental Quality, Radiation Control;
  - (g) R309. Environmental Quality, Drinking Water and Sanitation;
  - (h) R315. Environmental Quality, Solid and Hazardous Waste;
  - (i) NFPA 70, National Electric Code, as adopted by the Legislature in Title 15A-2-103, The State Construction and Fire Codes Act;
  - (j) NFPA 99, Standards for Health Care Facilities, 2005 edition;
  - (k) NFPA 110, Emergency and Standby Power Systems, 2010 edition;
  - (l) American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals, 2009 edition.
- (3) The licensee shall obtain a Certificate of Occupancy from the local building official having jurisdiction.
  - (4) The licensee shall obtain a Certificate of Fire Clearance from the Fire Marshal having jurisdiction.
  - (5) The licensee must obtain clearance from the Department prior to utilization of newly constructed facilities and additions or remodels of existing facilities.

**R432-4-9. New Construction, Additions and Remodeling.**

- (1) New construction, additions and remodels to existing structures, shall comply with Department rules in effect on the date the schematic drawings are submitted to the Department.
- (2) If the remodeled area or addition in any building, wing, floor or service area of a building exceeds 50 percent of the total square foot area of the building, wing, floor or service area, then the entire building, wing, floor or service area shall be brought into compliance with adopted codes and rules governing new construction which are in effect on the date the schematic drawings are submitted to the Department.
- (3) During remodeling and new construction, the licensee must maintain the safety level which existed prior to the start of work.

**R432-4-10. Existing Building Licensure.**

- (1) Existing buildings, currently licensed, shall conform to Department construction rules in effect at the time of original facility licensure.
- (2) Existing buildings which are currently licensed, or which were previously licensed, but are changing classification; or for which the licensed has lapsed, shall comply with requirements for new construction.

**R432-4-11. Building Refurbishing.**

- (1) Paint, carpet, wall coverings, and other new materials installed as part of a refurbishing project shall comply with R432-4-8.
- (2) The licensee shall maintain documentation of compliance with codes, rules, and standards.

**R432-4-12. Mixed Occupancies.**

- (1) Health care occupancies must be separated from non-health care occupancies in accordance with requirements of the local jurisdiction and NFPA 101.
- (2) If separation of occupancies is not practical, the most restrictive occupancy requirements apply to the building.

**R432-4-13. Campus and Contract Facilities.**

All housing, treatment, and diagnostic areas and facilities utilized by a patient admitted to a licensed health care facility shall be constructed in accordance with the requirements of R432-4 if:

- (1) the area will be used by one or more patients who are physically or mentally incapable of taking independent life saving action in an emergency;
- (2) the prescribed or administered treatment renders the patient incapable of taking independent life saving action in an emergency; or
- (3) the patient is incapable of taking independent life saving action in an emergency due to physical or chemical restraints.

**R432-4-14. Plan Review.**

- (1) Prior to submitting documents for plans review, the facility licensee or designee shall schedule a conference with Department representatives, the licensee's architect, and the licensee or his designee to outline the required plans review process.
- (2) The licensee shall submit the following for Department review:
  - (a) a functional program,
  - (b) schematic drawings,
  - (c) design development drawings,
  - (d) working drawings,
  - (e) specifications.
- (3) The Department may initiate review when all required documents and fees are received.
- (4) Working drawings and specifications for new construction, additions, or remodeling must have the seal of a Utah licensed architect affixed, in compliance with Section 58-3a-602.
- (5) The licensee shall pay a plans review and construction inspection fee assessed by the Department in accordance with the fee schedule approved by the Legislature.
- (6) Plans approval by the Department shall not relieve the licensee of responsibility for full compliance with R432-4.
- (7) Plan approval expires 12 months after the date of the Department's approval letter, or the latest plan review response letter, if construction has not commenced.
- (8) After a 12 month lapse, the licensee must resubmit plans and a new plan review fee to the Department and obtain a new letter of approval before work proceeds.
- (9) The Department may issue a license or modify a license only after the Department has determined the facility complies with adopted construction rules and has obtained all clearances and certifications.

**R432-4-15. Functional Program.**

The functional program required in R432-4-14(2)(a) must include the following:

- (1) the purpose and proposed license category of the facility;
- (2) services offered, including a detailed description of each service;
- (3) ancillary services required to support each function or program;
- (4) departmental relationships;
- (5) services offered under contract by outside providers and the required in-house facilities to support these services;
- (6) services shared with other licensure categories or functions;
- (7) a description of anticipated in-patient workloads;
- (8) a description of anticipated out-patient workloads;
- (9) physical and mental condition of intended patients;
- (10) patient age range;
- (11) ambulatory condition of intended patients, such as non-ambulatory, mobile, or ambulatory;
- (12) type and use of general or local anesthetics;
- (13) use of physical or chemical restraints;
- (14) special requirements which could affect the building;
- (15) area requirements for each service offered, stated in net square feet;
- (16) seclusion treatment rooms, if provided, including staff monitoring procedures;
- (17) exhaust systems, medical gases, laboratory hoods, filters on air conditioning systems, and other special mechanical requirements;
- (18) special electrical requirements;
- (19) x-ray facilities, nurse call systems, communication systems, and other special systems;
- (20) a list of specialized equipment which could require special dedicated services or special structures.
- (21) a description of how essential core services will accommodate increased demand, if a building is designed for expansion;
- (22) inpatient services, treatment areas, or diagnostic facilities planned or anticipated to be housed in other buildings, the construction type of the other buildings, and provisions for protecting the patient during transport between buildings.
- (23) infection control risk assessment to determine the need for the number and types of isolation rooms over and above the minimum numbers required by the Guidelines.

**R432-4-16. Drawings.**

Drawings must show all equipment necessary for the operation of the facility.

- (1) Schematic drawings may be single line and shall contain the following information:
  - (a) list of applicable building codes;
  - (b) location of the building on the site and access to the building for public, emergency, and service vehicles;
  - (c) site drainage;
  - (d) any unusual site conditions, including easements which might affect the building or its appurtenances;
  - (e) relationships of departments to each other, to support facilities, and to common facilities;
  - (f) relationships of rooms and areas within departments;
  - (g) number of inpatient beds;

- (h) total building area or area of additions or remodeled portions.
- (2) Design development drawings, drawn to scale, shall contain the following information:
  - (a) room sizes;
  - (b) type of construction, using International Building Code classifications;
  - (c) site plan, showing relationship to streets and vehicle access;
  - (d) outline specification;
  - (e) location of fire walls, corridor protection, fire hydrants, and other fire protection equipment;
  - (f) location and size of all public utilities;
  - (g) types of mechanical, electrical and auxiliary systems; and
  - (h) provisions for the installation of equipment which requires dedicated building services, special structure or which require a major function of space.
- (3) Working drawings shall include all previous submitted drawings and specifications.
  - (a) The licensee shall provide one copy of completed working drawings and specifications to the Department.
  - (b) Within 30 days after receipt of the required documentation and plan review fee, the Department will provide to the licensee and the project architect a written report of modifications required to comply with construction standards.
  - (c) The licensee shall submit the revised plans for review and final Department approval.

**R432-4-17. Construction Inspections.**

- (1) The Department may conduct interim inspections during construction.
- (2) The licensee shall schedule with the Department a final construction inspection when the project is complete and all furnishings and equipment are in place, but prior to utilization.

**R432-4-18. Construction Without Plans Approval.**

- (1) If construction is commenced without prior Department plans approval, the Department may issue a license and approve occupancy only after as-built drawings have been approved by the Department and the Department has conducted a construction inspection.
- (2) The licensee must correct all noncompliant items and pay the full plans review fee and inspection fee in accordance with the established fee schedule prior to licensure and patient occupancy.

**R432-4-19. Existing Buildings Without Plans.**

- (1) If plans are not available for existing buildings, or for facilities requesting an initial license or license category change, the licensee may submit to the Department the following information:
  - (a) a functional program described in R432-4-15;
  - (b) a report identifying modifications to the building required to bring it into compliance with construction rules for the requested licensure category.
- (2) The Department shall review the material submitted and within 30 days after receipt of the required material, furnish to the licensee a letter of approval or rejection. The Department may provide, at its option, a report of modifications required to comply with construction standards.
- (3) The licensee shall request and schedule a Department follow up inspection upon completion of the modifications.
- (4) Prior to a final Department inspection, the licensee must pay an inspection fee in accordance with the fee schedule approved by the Legislature.
- (5) The Department may issue a license when the building is in compliance with all licensing rules.

**R432-4-20. Construction Phasing.**

Projects involving remodeling or additions to existing buildings shall be scheduled and phased to minimize disruption to the occupants of facilities and to protect the occupants against construction traffic, dust, and dirt from the construction site.

**R432-4-21. Outpatient Unit Features.**

- (1) If a building entrance is used to reach outpatient services, the entrance must be at grade level, clearly marked, and located to minimize the need for outpatients to traverse other program areas. The outpatient surgery discharge location must provide protection from the weather by canopies that extend from the building to permit sheltered transfer to an automobile.
- (2) Lobbies of multi-occupancy buildings may be shared if the design prohibits unrelated traffic within or through units or suites of the licensed health care facility.

**R432-4-22. Standards for Accessibility.**

- (1) At least one drinking fountain, toilet, and handwashing facility shall be available on each floor for persons with disabilities.
- (2) Each room required to be accessible to persons utilizing wheelchairs shall comply with ADA/ABA-AG.

**R432-4-23. General Construction.**

(1) Guidelines for Design and Construction of Health Care Facilities 2010 edition, Part 1 and Part 6, are adopted and incorporated by reference except as modified in this section. Other sections of the Guidelines apply to specific facility types as identified elsewhere in this rule or in construction rules specific to individual license categories.

(2) If a modification is cited for the Guidelines, the modification supersedes conflicting requirements of the Guidelines.

(3) Yard equipment and supply storage areas shall be located so that equipment may be moved directly to the exterior without passing through building rooms or corridors.

(4) Waste Processing Systems. Facilities shall provide sanitary storage and treatment areas for the disposal of all categories of waste, including hazardous and infectious wastes using techniques acceptable to the Utah Department of Environmental Quality, and the local health department having jurisdiction.

(5) Windows, in rooms intended for 24-hour occupancy, shall open to the building exterior or to a court which is open to the sky.

(a) Windows shall be equipped with insect screens.

(b) Operation of windows shall be restricted to a maximum opening of six inches to prevent escape or suicide.

(c) Window opening shall be restricted regardless of the method of operation or the use of tools or keys.

(6) Trash chutes, laundry chutes, dumb waiters, elevator shafts, and other similar systems shall not pump contaminated air into clean areas.

(7) All public and patient toilet and bath areas must have grab bars. Grab bar sizes and configurations shall comply with ADA/ABA-AG.

(8) Each patient handwashing fixture shall have a mirror. Patient toilet and bath rooms that are required to be accessible to persons utilizing wheel chairs shall have mirrors installed in accordance with ADA/ABA-AG.

(9) If showers or tubs contain soap dishes or shelves, they shall be recessed.

(10) Cubicle curtains and draperies shall be affixed to permanently mounted tracks or rods. Portable curtains or visual barriers are not permitted.

(11) Floors and bases of kitchens, toilet rooms, bath rooms, janitor's closets and soiled workrooms shall be homogenous and shall be coved. Other areas subject to frequent wet cleaning shall have coved bases that are tight fitting to the floor.

(12) Acoustical treatment for sound control shall be provided in areas where sound control is needed, including corridors in patient areas, nurse stations, dayrooms, recreation rooms, dining areas, and waiting areas.

(13) Carpet.

Carpet in institutional occupancy patient areas, except public lobbies and offices, shall be treated to meet the following microbial resistance ratings as tested in accordance with test methods of the American Association of Textiles, Chemists, and Colorists (AATCC):

(a) Rating: minimum 90% bacterial reduction, test method: AATCC 100.

(b) Rating: maximum 20% fungal growth, test method: AATCC 174-99.

(c) Rating: Exhibits no zone of inhibition, test method: AATCC 174-99.

(d) Closed cell resilient backed carpet may be used in lieu of anti-microbial carpet.

(e) Carpet and padding shall be stretched taut and be free of loose edges to prevent tripping.

(14) Signs shall be provided as follows:

(a) General and circulation direction signs in corridors;

(b) Identification on or by the side of each door; and

(c) Emergency evacuation directional signs.

(15) Elevators.

Elevators intended for patient transport shall accommodate a gurney with attendant and have minimum inside cab dimensions of 5'8" wide by 8'5" deep and a minimum clear door width of 3'8".

(16) All rooms and occupied areas in the facility shall have provisions for ventilation. Natural window ventilation may be used for ventilation of nonsensitive areas and patient rooms when weather conditions permit, but mechanical ventilation shall be provided during periods of temperature extremes.

(a) Bottoms of ventilation openings shall be located at least three inches, above the floor.

(b) Supply and return systems shall be in ducts. Common returns using corridors or attic spaces as plenums are prohibited.

(i) Plenum returns for HVAC systems serving only nonpatient care areas shall be permitted.

(c) Evaporative cooling where the airstream is exposed to a wet coil, a mat, or an open reservoir, are prohibited except for laundry processing areas and kitchen hoods that provide 100% exhaust air.

(17) In facilities other than general hospitals, specialty hospitals, and nursing care facilities, hot water recirculation is not required if the linear distance along the supply pipe from the water heater to the fixture does not exceed 50 feet.

(18) Bed pan washing devices may be deleted from inpatient toilet rooms where a soiled utility room is within the unit which includes bed pan washing capability.

(19) Building sewers shall discharge into a community sewer system. If a system is not available, the facility shall treat its sewage in accordance with local requirements and Utah Department of Environmental Quality requirements.

(20) Dishwashers and other kitchen food storage and cooking appliances shall be National Sanitation Foundation, NSF, approved and shall have the NSF seal affixed.

(21) Electrical materials shall be listed as complying with standards of Underwriters Laboratories, Inc. or other equivalent nationally recognized standards.

(a) Approaches to buildings and all spaces within the buildings occupied by people, machinery, or equipment shall have fixtures for lighting in accordance with requirements shown in Tables 3A and 3B of Recommended Practice 29-06, Lighting for Hospitals and Health Care Facilities, by the Illuminating Engineering Society of North America.

(b) Parking lots shall have fixtures for lighting to provide light levels as recommended in IESNA Lighting for Parking Facilities (RP-20-1998).

(c) Receptacles and receptacle cover plates on the electrical emergency system shall be red.

(d) The activating device for nurse call stations shall be of a contrasting color to the adjacent floor and wall surfaces to make it easily visible in an emergency.

(e) Fuel storage capacity of the emergency generator shall permit continuous operation of the facility for 48 hours.

(f) Building electrical services connected to the emergency electrical source must comply with the specific rules for each licensure category.

#### **R432-4-24. General Construction, Patient Service Facilities.**

The Guidelines for Design and Construction of Health Care Facilities 2010 edition, (Guidelines), are incorporated and adopted by reference and shall be met except as modified in this section. Where a modification is cited, the modification supersedes conflicting requirements of the Guidelines.

(1) General Hospitals shall comply with Guidelines sections 2.1 and 2.2.

(a) The following paragraphs of the appendix of the Guidelines are also adopted by reference as requirements.

(i) A2.2-2.2.6.1 Nurse station locations shall permit visual observation of traffic into the unit.

(ii) A2.2-3.1.3.6(4) Emergency Department pediatric rooms must provide soundproofing with a STC rating for walls and ceiling assemblies of not less than 50.

(iii) A2.2-3.1.3.6(9) Exterior portable decontamination units in accordance with this paragraph shall be acceptable to meet the requirement for emergency department decontamination and may be provided in lieu of decontamination rooms within the building. Portable units shall have the capability for heating shower water and for heating ventilation air.

(iv) A2.2-3.1.8 A patient hygiene shower with direct access to a sink and toilet shall be provided in the emergency department.

(v) A2.2-3.1.8.1 A bereavement room in the emergency department shall be provided.

(vi) A2.2-3.3.3.3 Separate pediatric and adult post anesthesia care rooms shall be provided.

(vii) A2.2-3.12 Hyperbaric Suites shall meet the requirements of this section.

(2) Critical Access Hospitals shall comply with Guidelines sections 2.1 and 2.3.

(3) Freestanding satellites and in-house outpatient programs shall comply with Guidelines sections 3.1, 3.2, 3.3, 3.7 and 3.9.

(4) Abortion Clinics shall comply with Guidelines sections 3.1 and 3.2.

(5) Acute care hospital beds that swing to nursing home care and payment shall also comply with R432-5.

(6) Hospitals must have at least one nursing unit of at least six beds containing patient rooms, patient care spaces, and service areas.

(a) When more than one nursing unit shares spaces and service areas, as permitted in this rule, the service areas shall be contiguous to each nursing unit served.

(b) Identifiable spaces shall be provided for each of the required services.

(c) Facility services shall be accessible from common areas without compromising patient privacy.

(7) Patient room area is identified in each individual construction rule for the licensure category rule.

(a) The closets in each patient room shall be a minimum of 22 inches deep by at least 22 inches wide and high enough to hang full length garments and to accommodate two storage shelves.

(b) Pediatric units must have at least one tub room with a bathtub, toilet and sink convenient to the unit. The tub room may be omitted if all patient rooms contain a tub in the toilet room.

(8) The facility must provide linen services as follows:

(a) Processing laundry may be done within the facility, in a separate building on or off site, or in a commercial or shared laundry.

(b) If laundry is processed by an outside commercial laundry, the following shall be provided:

(i) a separate room for receiving and holding soiled linen until ready for transport;

(ii) a central, clean linen storage and issuing room(s) to accommodate linen storage for four days operation or two normal deliveries, whichever is greater; and

(iii) handwashing facilities in each area where unbagged, soiled linen is handled.

(c) If the facility processes its own laundry, within the facility or in a separate building, the following shall be provided:

(i) a receiving, holding, and sorting room for control and distribution of soiled linen;

(ii) a washing room with handwashing facilities and commercial equipment that can process a seven day accumulation of laundry within a regularly scheduled work week;

(iii) a drying room with dryers adequate for the quantity and type of laundry being processed; and

- (iv) a clean linen storage room with space and shelving adequate to store one half of all linens and personal clothing being processed.
- (d) Soiled linen chutes shall discharge directly into the receiving room or in a room separated from the washing room, drying room and clean linen storage.
- (e) Prewash facilities may be provided in the receiving, holding and sorting rooms.
- (f) If laundry is processed by the facility, either a two or three room configuration may be used as follows:
  - (i) A two room configuration shall consist of the following:
    - (A) a room housing soiled linen receiving, sorting, holding, and prewash facilities; washers; and handwashing facilities; and
    - (B) a room housing dryers; clean linen folding, sorting, and storage facilities; and handwashing facilities.
  - (ii) A three room configuration shall consist of:
    - (A) a soiled linen receiving, sorting, holding room with prewash and handwashing facilities;
    - (B) a combination washer and dryer room arranged so linen flows from the soiled receiving area to the washers, to the dryers, and then to clean storage; and
    - (C) a clean storage room with folding, sorting, storage and handwashing facilities.
  - (iii) Physical separation shall be maintained between rooms by means of self closing doors.
  - (iv) Air movements shall be from the clean area to the soiled area. Air from the soiled area shall be exhausted directly to the outside.
- (g) Handwashing sinks shall be provided and located within the laundry areas to maintain the functional separation of the clean and soiled processes.
- (h) Rooms shall be arranged to prevent the transport of soiled laundry through clean areas and the transport of clean laundry through soiled areas.
  - (i) Convenient access to employee lockers and lounges shall be provided.
  - (j) Storage for laundry supplies shall be provided.
  - (k) A cart storage area for separate parking of clean and soiled linen carts shall be provided out of normal traffic paths.

**R432-4-25. Excluded Sections and Paragraphs of the Guidelines.**

The following sections and paragraphs of the Guidelines do not apply:

- (1) Section 2.2-5.2 Linen Services.
- (2) Section 1.2-5 Patient Handling and Movement Assessment.
- (3) Section 1.2-6.2 Sustainable Design.
- (4) Paragraph 2.2-2.16.2.5(2) special structural requirements for sinks in bariatric rooms.
- (5) Paragraph 3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance.
- (6) Paragraph 3.1-7.2.2.3(1)(b) The requirement for 3'-8" wide doors shall apply only to doors along gurney travel routes, not to wheelchair accessible routes.
- (7) Paragraph 3.1-8.2.6.1 (2) requiring on site boiler fuel supply at outpatient facilities for emergency use.

**R432-4-26. Penalties.**

The Department may assess a civil money penalty of up to \$10,000 and deny approval for patient utilization of new or remodeled areas if a health care provider does not submit architectural drawings to the Bureau of Licensing. The Department may assess a civil money penalty of up to \$10,000 if the licensee fails to follow Department-approved architectural plans. The Department may assess a civil money penalty of up to \$1,000 per day for each day a new or renovated area is occupied prior to licensing agency approval.

**KEY: health care facilities**

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