

Facility:

ARU / Project Ref.:

Safety Officer:

Review Month/Year:

Reviewed By:

Date:

Medical Director:

Status Key: C / D / N/A

Crosswalk: HHSC/ARU = 26 TAC Chapter 509 / Architectural Review | Fire/LS = applicable fire, life-safety and NFPA requirements | TJC = Joint Commission Ambulatory EC/LS/EM/PI expectations

PAGE 1 - ARCHITECTURAL REVIEW, PHYSICAL PLANT, FIRE & LIFE SAFETY

#	Survey-Readiness Item	HHSC/ARU	Fire/LS	TJC	C	D	N/A	Corrective Action / Finding	Due
1	Current HHSC Architectural Review Unit (ARU) approval/occupancy documentation is available for the licensed facility.	X		X					
2	Approved architectural plans accurately reflect the current facility layout and clinical room functions.	X		X					
3	Renovations, additions, alterations, conversions, or changes of room function received required HHSC/ARU review before use.	X		X					
4	Construction authorization and required HHSC notifications were completed before applicable construction began.	X							
5	Current local Certificate of Occupancy and applicable municipal building approvals are available.	X	X						
6	Current annual local fire-safety inspection is available; cited deficiencies are closed or under documented correction.		X	X					
7	Facility maintains at least two remotely located exits as required; exit paths are unobstructed and functional.	X	X	X					
8	Exit signs and emergency lighting are functional, visible, and tested at required intervals.		X	X					
9	Fire and smoke barriers are intact; penetrations are appropriately fire-stopped.		X	X					
10	Fire-rated and smoke doors close/latch properly and are not wedged or obstructed.		X	X					
11	Fire alarm inspection, testing, maintenance, and deficiency documentation are current.		X	X					
12	Automatic sprinkler system inspection/testing and deficiency documentation are current where applicable.		X	X					
13	Portable fire extinguishers are accessible, inspected, properly mounted, and within service dates.		X	X					
14	Fire drills are completed one per shift per quarter and include critique/corrective action when deficiencies occur.		X	X					
15	Current fire/evacuation plan is available and evacuation diagrams are posted in appropriate public areas.		X	X					
16	Staff can describe fire response, evacuation responsibilities, and relocation of nonambulatory patients.		X	X					
17	Public/patient entrance is accessible, safe, adequately illuminated, and weather protected as applicable.	X		X					
18	Ambulance entrance and route support safe stretcher access and remain unobstructed.	X	X	X					
19	Required accessible parking, routes, entrances, toilets, and patient areas remain compliant and unobstructed.	X	X	X					
20	Lobby/waiting, reception, privacy, public toilet, drinking-water, and wheelchair-storage functions remain available as approved.	X		X					
21	Nurse/control station maintains required visibility/monitoring of treatment areas and entrances.	X		X					
22	Required hand-washing fixtures are accessible, functional, supplied, and unobstructed.	X		X					
23	Triage space, when provided, maintains approved function, privacy, hand hygiene, and safe patient flow.	X		X					
24	Emergency treatment room(s) maintain required minimum clear floor area, dimensions, equipment, work surfaces, and hand washing.	X		X					
25	Exam rooms maintain approved dimensions, clinical function, work surfaces, lighting, and hand-washing capability.	X		X					
26	Multiple-bed treatment areas maintain required bed-to-wall, bed-to-bed, and foot-of-bed clearances.	X	X	X					
27	Crash cart storage is convenient to patient-care areas and does not obstruct corridors or required egress.	X	X	X					
28	Stretcher, wheelchair, and mobile-equipment storage is outside required corridors and lines of traffic.	X	X	X					
29	Clinical supply storage is adequate and does not encroach on patient-care clearances, exits, electrical rooms, or fire systems.	X	X	X					
30	Clean and soiled workflows are physically separated or operationally controlled to reduce contamination risk.	X		X					
31	Walls, floors, ceilings, cabinetry, sealants, and other finishes are intact, cleanable, and free of significant water damage.	X		X					
32	HVAC systems are maintained; applicable ventilation, pressure relationships, filtration, temperature, and humidity requirements are monitored.	X		X					
33	Medical gas/vacuum outlets, alarms, zone valves, shutoffs, and required certifications/inspections are current and accessible.	X	X	X					

IMMEDIATE-ATTENTION FINDINGS

Critical Finding(s):

Immediate Action:

Owner:

Due:

PAGE 2 - UTILITIES, ENVIRONMENT OF CARE, EMERGENCY MANAGEMENT & QAPI

#	Survey-Readiness Item	HHSC/ARU	Fire/LS	TJC	C	D	N/A	Corrective Action / Finding	Due
34	Compressed gas cylinders are secured, segregated/stored appropriately, and protected from damage.	X	X	X					
35	Emergency power system supports essential clinical and building functions and is maintained in operable condition.	X	X	X					
36	Generator inspections, preventive maintenance, transfer-switch testing, load testing, and fuel management records are current.		X	X					
37	Electrical panels are accessible; no unsafe extension-cord, daisy-chain, damaged receptacle, or permanent temporary-wiring conditions are present.		X	X					
38	Utility systems including power, HVAC, water, medical gas, vacuum, and communications have preventive maintenance and contingency plans.	X		X					
39	Water-management risks, leaks, water intrusion, stagnation, mold/moisture, and waterborne-pathogen concerns are assessed and corrected.			X					
40	Mechanical and electrical rooms have required service clearances and are not used for inappropriate storage.	X	X	X					
41	Medical equipment has adequate space, power, ventilation, access, and preventive maintenance support.	X		X					
42	Security controls address public/ambulance entrances, staff-only areas, medication areas, parking, exterior lighting, and identified workplace-violence risks.			X					
43	Safety Officer designation is current and responsibilities include incident evaluation, corrective action, orientation, and continuing safety education.	X		X					
44	Routine Environment of Care/safety rounds identify, risk-rank, assign, and close physical-environment deficiencies.			X					
45	Hazardous materials, chemicals, biohazard waste, sharps, and cleaning products are stored and managed safely.	X	X	X					
46	Construction or renovation in occupied areas includes controls for dust, noise, barriers, infection prevention, egress, utilities, and patient safety.	X	X	X					
47	Above-ceiling work is followed by verification of fire stopping, barrier integrity, cabling, dampers, and ceiling restoration.		X	X					
48	Room use has not been changed informally; any conversion is evaluated for ARU, HVAC, handwashing, medical gas, electrical, fire, and accessibility implications.	X		X					
49	Accurate architectural, life-safety, utility, medical-gas, and fire-system drawings are maintained and available.	X	X	X					
50	Leased-building agreements provide access to landlord fire, utility, maintenance, and inspection documentation needed for compliance.		X	X					
51	Elevator inspection certificates and maintenance records are current where elevators serve patient-access areas.	X	X	X					
52	Emergency Operations Plan addresses power, water, HVAC, medical gas, fire, severe weather, security, evacuation, and shelter-in-place.	X	X	X					
53	Hazard Vulnerability Analysis includes relevant building and infrastructure risks and informs mitigation priorities.			X					
54	Emergency utility failure procedures define escalation, backup operations, patient-safety decisions, and recovery.	X	X	X					
55	Environmental incidents such as outages, leaks, fire, medical-gas failure, security events, or building-related injuries are reported and investigated.	X		X					
56	Monthly building/Environment of Care performance data are reported to the facility Quality/QAPI Committee.			X					
57	Annual Environment of Care program evaluation is completed as applicable and identifies new risks, objectives, and improvement priorities.			X					
58	Prior HHSC/ARU, fire authority, Joint Commission, or internal building deficiencies have documented corrective action and closure evidence.	X	X	X					
59	Corrective actions are re-inspected or re-measured to verify effectiveness and sustained compliance.	X	X	X					
60	Building/Environment of Care QAPI projects have measurable goals, owners, due dates, outcome measures, and leadership oversight.			X					

MONTHLY BUILDING / ENVIRONMENT OF CARE DASHBOARD

Indicator	Current	Goal	Prior	Trend / Action
HHSC/ARU approvals current		100%		
Annual fire inspection current		100%		
Fire drills completed		100%		
Open fire/life-safety deficiencies		0 unresolved		
Blocked egress findings		0		
Fire door/barrier deficiencies		0 unresolved		
Generator/ATS testing completion		100%		
Medical gas inspection compliance		100%		
HVAC/utility PM completion		100%		
Water intrusion events		0 unresolved		
Environment of Care round closure		100%		
Security incidents		Trend review		
Utility interruptions		Trend review		
Construction-related deficiencies		0 unresolved		
Overdue corrective actions		0		
Prior survey findings closed		100%		

CORRECTIVE ACTION & EFFECTIVENESS TRACKER

Finding	Immediate	Root Cause	Corrective Action	Owner	Due	Effectiveness	Status
BUILDING / ENVIRONMENT OF CARE LEADERSHIP REVIEW HIGH - What went well? LOW - What did not meet expectations? BLOCKER - What is preventing compliance or improvement? DECISION NEEDED - What requires RSO / Medical Director / Administrator action? SURVEY-READINESS STATUS Survey Ready Minor Corrective Actions Corrective Action Required Immediate Leadership Review SIGN-OFF Safety Officer Facility Administrator Medical Director Quality / Compliance							

CLOSING STANDARD: FINDING -> RISK-RANK -> IMMEDIATE CORRECTION -> CORRECTIVE ACTION -> VERIFICATION -> MONITOR -> CLOSED

References: Texas HHSC Architectural Review Unit: 26 TAC Chapter 509 including §§509.121-123 and Subchapter G §§509.141-148; applicable local firebuilding codes and NFPA requirements; current Joint Commission Ambulatory Health Care Environment of Care, Life Safety, Emergency Management, and Performance Improvement