

**RULES OF  
ALABAMA STATE BOARD OF HEALTH**

**CHAPTER 420-5-22**

**SUBMISSION OF PLANS AND SPECIFICATIONS  
FOR HEALTH CARE FACILITIES**



**WITH LICENSURE STATUTE**

**ORIGINAL RULES EFFECTIVE JULY 15, 2002**

**AMENDED OCTOBER 23, 2003**

**AMENDED JULY 28, 2004**

**AMENDED JULY 25, 2005**

**AMENDED JULY 31, 2009**

**AMENDED AUGUST 27, 2012**

**AMENDED AUGUST 26, 2013**

**AMENDED JANUARY 29, 2017**

**ALABAMA DEPARTMENT OF PUBLIC HEALTH**

**MONTGOMERY, ALABAMA**

**[www.adph.org/facmgmt](http://www.adph.org/facmgmt)**

**ALABAMA STATE BOARD OF HEALTH  
ALABAMA DEPARTMENT OF PUBLIC HEALTH**

**CHAPTER 420-5-22  
SUBMISSION OF PLANS AND SPECIFICATIONS  
FOR HEALTH CARE FACILITIES**

**TABLE OF CONTENTS**

- 420-5-22-.01 APPLICABILITY**
- 420-5-22-.02 SUBMISSION OF PLANS AND SPECIFICATIONS**
- 420-5-22-.03 CODES AND STANDARDS**
- 420-5-22-.04 CODE ORGANIZATIONS**

**420-5-22-.01 APPLICABILITY.** The following codes, standards and submittal requirements are applicable to all new construction, addition or alteration projects of hospitals or other health care facilities in Alabama as defined by Section 22-21-20, Code of Alabama 1975. Licensed and unlicensed facilities seeking to occupy space in existing buildings shall also comply with these requirements, even if no construction or alteration is planned. These codes, standards and submittal requirements shall not apply to clinical/physiological laboratories and freestanding, separately licensed sleep disorder centers.

**Author:** Victor C. Hunt

**Statutory Authority:** Code of Alabama, 1975, 22-21-20, et. seq.

**History: Original Rule:** Effective July 15, 2002. **Amended:** Effective July 25, 2005.

**Amended:** June 24, 2009; effective July 31, 2009.

**420-5-22-.02 SUBMISSION OF PLANS AND SPECIFICATIONS**

(1) New Facilities, Additions, and Alterations. Plans and specifications shall be submitted for review and approval to the Alabama Department of Public Health for any building that is intended to be occupied as a health care facility, and for additions and alterations to health care facilities.

(2) Minor Alterations and Remodeling of Facilities That Are Currently Licensed. Minor alterations and remodeling are building construction projects which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the facility is licensed. Such projects are not required to be submitted for approval. Projects which consist only of patching, restoration, or painting of materials, elements, equipment, or fixtures for maintenance purposes do not require submission.

(3) Plan Review Fees. Each project submitted for review is subject to fees for the plan reviews and inspections, as described in Alabama Administrative Code, Chapter 420-5-21, "*Payment of Plan Review Fees.*"

(4) Preparation of Plans and Specifications. Drawings and specifications shall be prepared under the supervision and control of an architect currently registered in Alabama. Final drawings and specifications shall bear the registration seal of the architect and any professional consultants. Drawings shall be coordinated and the scale of drawings submitted shall be consistent for all disciplines.

(5) Preliminary Plan Submission. One set of plans and outline specifications shall be submitted with the Department's standard transmittal form.

(a) Preliminary plans shall include the following:

1. A functional program clearly explaining the purpose and requirements of the project. The program shall list the Alabama State Board of Health rule that applies to the project and any other design standard to which the project is designed.

2. Site plan showing size, shape, and topography of entire site; location of proposed building and any existing structures; adjacent streets, highways, sidewalks, railroads, etc., all properly designated; size, characteristics, and location of all existing public utilities.

3. Floor plans showing overall dimensions of buildings; location, size and purpose of all rooms; location and size of all doors, windows, and other openings, with swing of doors properly indicated; location of stairs, elevators, dumbwaiters, vertical shafts, and chimneys. Renovations within existing health care facilities shall include floor plan(s) showing the existing use of all rooms and spaces included in the renovations. If phased construction is planned, each phase shall be clearly indicated on the plans.

4. Typical wall section(s).

5. Life safety and egress plans, indicating exit paths, travel distances, fire-rated and smoke walls, smoke compartment areas, fire extinguisher locations, etc. Minimum scale shall be 1/8"=1' - 0" for the entire area of, or the area affected by, the project. In addition to these, smaller scale plans may be submitted to show a larger area or the complete floor. Life safety plans at the same scale as the project floor plan, with color graphics, are recommended. All required or planned interim safety measures, such as temporary dust or construction barriers and temporary exit arrangement, shall be shown. If phased construction is planned, life safety plans showing the conditions at the start of each phase shall be provided.

6. Listing of applicable codes, and a chart or matrix showing the construction type of the project areas, with the required rating of each structural element, the tested

design number or equivalent for each element, and the corresponding typical plan detail(s). Where an existing structure is involved with no alterations, a matrix is not required but the existing building's construction type shall also be shown.

7. Outline specifications of materials and methods.
8. Estimated construction cost, excluding design fees and medical equipment.

(b) Written approval of preliminary plans and specifications shall be obtained from the Alabama Department of Public Health prior to the submission of final working drawings and specifications.

(6) Final Stage Submission. One set of final plans and specifications shall be submitted with the Department's standard transmittal form.

- (a) Final stage drawings and specifications shall include the following:
  1. Civil drawings.
  2. Architectural drawings, including life safety plans, code, design and construction type information, all as noted above.
  3. Structural drawings.
  4. Mechanical drawings to include plumbing, fire protection, heating, and air-conditioning.
  5. Electrical and auxiliary systems drawings.
  6. Detailed specifications.

(b) Written approval of working drawings and specifications shall be obtained from the Alabama Department of Public Health prior to beginning construction.

- (7) Fire Sprinkler Plans (if applicable).
  - (a) Submit one set of sprinkler shop drawings, including hydraulic calculations and manufacturers' data for all proposed equipment, with the Department's standard transmittal form. Shop drawings and calculations shall bear the review approval stamp with date and initials of the project's engineer of record for fire protection.

(b) Sprinkler companies that submit plans and install sprinkler systems shall hold a current permit granted by the Alabama State Fire Marshal. The permit number and NICET III designer's name and registration shall be shown on plans submitted, as required by Code of Alabama, 1975, Section 34-33-9.

(c) Written approval of sprinkler plans and calculations shall be obtained prior to beginning installation.

(d) Sprinkler companies shall, at the final inspection, submit a copy of inspection/testing/trip test reports, and material and test certificates for above-ground and below-ground piping with a statement certifying design, installation, and freeze protection per the appropriate standard of the National Fire Protection Association (NFPA).

(8) Contract Modifications. Any contract modification which affects the function, design, fire protection, or purpose of a facility shall be submitted to the Alabama Department of Public Health for review. Written approval shall be obtained prior to beginning work set forth in the contract modification.

(9) Inspections. The Alabama Department of Public Health and its authorized representatives shall have access at all times to work for inspection whenever it is in preparation or progress, and the owner shall ascertain that proper facilities are made available for such access and inspection. The architect shall make a final inspection to ensure completion of the project. After such inspection, the architect shall submit a written request for a final inspection by a representative of the Alabama Department of Public Health. The project shall not be approved for its intended use prior to the Department's final inspection and written approval.

**Author:** Victor C. Hunt

**Statutory Authority:** Code of Alabama, 1975, 22-21-20, et. seq.

**History: Original Rule:** Effective July 15, 2002. **Amended:** Effective July 25, 2005.

**Amended:** June 24, 2009; effective July 31, 2009. **Amended:** Filed July 23, 2012; effective August 27, 2012. **Amended:** Filed December 15, 2016; effective January 29, 2017.

**420-5-22-.03 CODES AND STANDARDS.** The following codes and standards are hereby adopted by the State Board of Health, and are applicable to all health care facility projects submitted to the Alabama Department of Public Health for review.

(1) *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*, 2014 Edition. This standard is adopted only for the following Alabama Administrative Code chapters:

- (a) Chapter 420-5-2, "Ambulatory Surgical Treatment Facilities"
- (b) Chapter 420-5-7, "Hospitals"
- (c) Chapter 420-5-9, "Freestanding Emergency Departments"

- (2) *International Building Code*, 2015 Edition, as indicated below:
  - (a) Owners and designers of projects are responsible for complying with the requirements of the entire building code.
  - (b) Technical Reviews performed by the Alabama Department of Public Health will generally focus on the requirements of building code Chapters 2 through 7, 9, 10, 11, 28 through 31, and 35.
  - (c) Where references to “*ICC Electrical Code*” occur, substitute the appropriate standards or requirements of the *NFPA 70 National Electrical Code*, as adopted by the State Board of Health.
  - (d) Where references to “*International Fire Code*” occur, substitute the appropriate standards or requirements of the NFPA, as adopted by the State Board of Health.
- (3) *NFPA 101, Life Safety Code*, 2012 Edition, except Chapter 5.
- (4) 2012 *NFPA National Fire Codes*, including, but not limited to, the following:
  - (a) NFPA 10: *Standard for Portable Fire Extinguishers*, 2010 Edition.
  - (b) NFPA 13: *Standard for the Installation of Sprinkler Systems*, 2010 Edition.
  - (c) NFPA 13D: *Standard for the Installation of Sprinkler Systems in One- and Two-family Dwellings and Manufactured Homes*, 2010 Edition.
  - (d) NFPA 13R: *Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height*, 2010 Edition.
  - (e) NFPA 14: *Standard for the Installation of Standpipe, Private Hydrant, and Hose Systems*, 2010 Edition.
  - (f) NFPA 17A: *Standard for Wet Chemical Extinguishing Systems*, 2009 Edition.
  - (g) NFPA 20: *Standard for the Installation of Stationary Pumps for Fire Protection*, 2010 Edition.
  - (h) NFPA 24: *Standard for the Installation of Private Fire Service Mains and Their Appurtenances*, 2010 Edition.
  - (i) NFPA 25: *Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems*, 2011 Edition.
  - (j) NFPA 55: *Compressed Gases and Cryogenic Fluids Code*, 2010 Edition.
  - (k) NFPA 70: *National Electrical Code*, 2011 Edition.

- (l) NFPA 72: *National Fire Alarm and Signaling Code*, 2010 Edition.
- (m) NFPA 90A: *Standard for the Installation of Air-Conditioning and Ventilating Systems*, 2012 Edition.
- (n) NFPA 90B: *Standard for the Installation of Warm Air Heating and Air-Conditioning Systems*, 2012 Edition.
- (o) NFPA 96: *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, 2011 Edition.
- (p) NFPA 99: *Health Care Facilities Code*, 2012 Edition.
- (q) NFPA 110: *Standard for Emergency and Standby Power Systems*, 2010 Edition.
- (r) NFPA 220: *Standard on Types of Building Construction*, 2012 Edition.
- (s) NFPA 221: *Standard for High Challenge Fire Walls, Fire Walls, and Fire Barrier Walls*, 2012 Edition.

**Author:** Victor C. Hunt

**Statutory Authority:** Code of Alabama, 1975, 22-21-20, et. seq.

**History: Original Rule:** Effective July 15, 2002. **Amended:** Effective October 23, 2003. **Amended:** Effective July 28, 2004. **Amended:** Effective July 25, 2005.

**Amended:** June 24, 2009; effective July 31, 2009. **Amended:** Filed July 23, 2012; effective August 27, 2012. **Amended:** July 22, 2013; effective August 26, 2013.

**Amended:** Filed December 15, 2016; effective January 29, 2017.

#### **420-5-22-.04 CODE ORGANIZATIONS**

The codes and standards listed above are produced by the following organizations:

- (1) *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*

Facility Guidelines Institute  
1919 McKinney Avenue  
Dallas, TX 75201  
[www.fgiguidelines.org](http://www.fgiguidelines.org)

- (2) *International Building Code*

International Code Council  
900 Montclair Road  
Birmingham, Alabama 35213-1206  
Phone 888-422-7233  
[www.iccsafe.org](http://www.iccsafe.org)

(3) NFPA *National Fire Codes, including the Life Safety Code*

National Fire Protection Association  
1 Batterymarch Park  
Quincy, MA 02269-9101  
Phone 800-344-3555  
catalog.nfpa.org

**Author:** Victor C. Hunt

**Statutory Authority:** Code of Alabama, 1975, 22-21-20, et. seq.

**History: Original Rule:** Effective July 15, 2002. **Amended:** Effective October 23, 2003. **Amended:** Effective July 25, 2005. **Amended:** July 22, 2013; effective August 26, 2013. **Amended:** Filed December 15, 2016; effective January 29, 2017.



**The following pages contain the licensure statute and are included only for information:**

**CODE OF ALA. 1975, SECTIONS 22-21-20, ET SEQ.**

**§ 22-21-20. Definitions.**

For the purpose of this article, the following terms shall have the meanings respectively ascribed to them by this section:

(1) **HOSPITALS.** General and specialized hospitals, including ancillary services; independent clinical laboratories; rehabilitation centers; ambulatory surgical treatment facilities for patients not requiring hospitalization; end stage renal disease treatment and transplant centers, including free-standing hemodialysis units; abortion or reproductive health centers; hospices; health maintenance organizations; and other related health care institutions when such institution is primarily engaged in offering to the public generally, facilities and services for the diagnosis and/or treatment of injury, deformity, disease, surgical or obstetrical care. Also included within the term are long term care facilities such as, but not limited to, skilled nursing facilities, intermediate care facilities, assisted living facilities, and specialty care assisted living facilities rising to the level of intermediate care. The term "hospitals" relates to health care institutions and shall not include the private offices of physicians or dentists, whether in individual, group, professional corporation or professional association practice. This section shall not apply to county or district health departments.

(2) **PERSON.** The term includes individuals, partnerships, corporations and associations. (Acts 1975, 3rd Ex. Sess., No. 140, p. 382, § 1; Acts 1979, No. 79-798, p. 1461; Acts 1991, No. 91-548, p. 1010, § 1; Act 1997, No. 97-632, § 1; Act 2001, No. 1058.)

**§ 22-21-21. Purpose of article.**

The purpose of this article is to promote the public health, safety and welfare by providing for the development, establishment and enforcement of standards for the treatment and care of individuals in institutions within the purview of this article and the establishment, construction, maintenance and operation of such institutions which will promote safe and adequate treatment and care of individuals in such institutions. (Acts 1949, No. 530, p. 835, § 1; Acts 1962, Ex. Sess., No. 122, p. 157, § 1.)

**§ 22-21-22. License -- Required; exceptions.**

No person shall establish, conduct or maintain any hospital as defined in Section 22-21-20 without first obtaining the license provided in this article. Hospitals operated by the federal government and mental hospitals under the supervision of the board of trustees of the Alabama State Hospitals shall be exempt from the provisions of this article. (Acts 1949, No. 530, p. 835, § 2; Acts 1962, Ex. Sess., No. 122, p. 157, § 2.)

**§ 22-21-23. License -- Application.**

Any person desiring licensing under this article shall apply to the State Board of Health therefor. The applicant shall state the name of the applicant and whether an individual, partnership, corporation or other entity, the type of institution for which a license is desired, the location thereof and the name of the person in direct supervision and charge thereof. The person in charge of such hospital must be at least 19 years of age and of reputable and responsible character. The

applicant shall submit evidence of ability to comply with the minimum standards provided in this article or by regulations issued under its authority. (Acts 1949, No. 530, p. 835, § 4; Act 2001, No. 1058.)

**§ 22-21-24. License -- Fees; term; form; nontransferable; posting; renewal; hospital licensable when accredited by joint commission.**

The application for a license to operate a hospital other than an assisted living facility or a specialty care assisted living facility rising to the level of intermediate care shall be accompanied by a standard fee of two hundred dollars (\$200), plus a fee of five dollars (\$5) per bed for each bed over 10 beds to be licensed in accordance with regulations promulgated under

Section 22-21-28. Increase in a hospital's bed capacity during the calendar year is assessed at the standard fee of two hundred dollars (\$200) plus five dollars (\$5) each for the net gain in beds. The initial licensure fee and subsequent annual licensure renewal fee for an assisted living facility and for a specialty care assisted living facility rising to the level of intermediate care shall be two hundred dollars (\$200) plus fifteen dollars (\$15) for each bed. A license renewal application for any hospital, as defined by this chapter, which is not received by the expiration date in a properly completed form and accompanied by the appropriate renewal fee shall be subject to a late penalty equal to two hundred fifty dollars (\$250) or 100 percent of the renewal fee, whichever is greater. No fee shall be refunded. All fees received by the State Board of Health under the provision of this article shall be paid into the State Treasury to the credit of the State Board of Health and shall be used for carrying out the provisions of this article. A license granted under this article shall expire on December 31 of the year in which it was granted. A license certificate shall be on a form prescribed by the department, and shall be posted in a conspicuous place on the licensed premises. Licenses shall not be transferable or assignable and shall be granted only for the premises named in the application. Licenses may be renewed from year to year upon application, investigation, and payment of the required license fee, as in the case of procurement of the original license. All fees collected under this article are hereby appropriated for expenditure by the State Health Department. All hospitals which are accredited by the joint commission on accreditation of hospitals shall be deemed by the State Health Department to be licensable without further inspection or survey by the personnel of the State Department of Health. Further accreditation by the joint commission on accreditation of hospitals shall in no way relieve that hospital of the responsibility of applying for licensure and remitting the appropriate licensure fee as specified in this article. (Acts 1949, No. 530, p. 835, § 5; Acts 1975, 3rd Ex. Sess., No. 140, p. 382, § 2; Acts 1980, No. 80-642, p. 1213; Acts 1988, 1st Ex. Sess., No. 88-902, p. 470; Act 2001, No. 1058.)

**§ 22-21-25. License -- Issuance; suspension or revocation; new applications after revocation.**

(a) The State Board of Health may grant licenses for the operation of hospitals which are found to comply with the provisions of this article and any regulations lawfully promulgated by the State Board of Health.

(b) The State Board of Health may suspend or revoke a license granted under this article on any of the following grounds:

(1) Violation of any of the provisions of this article or the rules and regulations issued pursuant thereto.

(2) Permitting, aiding or abetting the commission of any illegal act in the institution.

(3) Conduct or practices deemed by the State Board of Health to be detrimental to the welfare of the patients of the institution.

(c) Before any license granted under this article is suspended or revoked, written notice shall be given the licensee, stating the grounds of the complaint, and the date, time, and place set for the hearing of the complaint, which date of hearing shall be not less than 30 days from the date of the notice. The notice shall be sent by registered or certified mail to the licensee at the address where the institution concerned is located. The licensee shall be entitled to be represented by legal counsel at the hearing.

(d) If a license is revoked as provided in this section, a new application for license shall be considered by the State Board of Health if, when, and after the conditions upon which revocation was based have been corrected and evidence of this fact has been furnished. A new license shall then be granted after proper inspection has been made and all provisions of this article and rules and regulations promulgated under this article have been satisfied. (Acts 1949, No. 530, p. 835, § 7; Act 2001, No. 1058.)

**§ 22-21-26. License -- Judicial review of suspension or revocation.**

Any party aggrieved by a final decision or order of the Board of Health suspending or revoking a license is entitled to a review of such decision or order by taking an appeal to the circuit court of the county in which the hospital is located or is to be located. (Acts 1949, No. 530, p. 835, § 11.)

**§ 22-21-27. Advisory board.**

(a) There shall be an advisory board of 17 members to assist in the establishment of rules, regulations, and standards necessary to carry out the provisions of this article and to serve as consultants to the State Health Officer. The board shall meet at least twice each year and at the call of the State Health Officer. The members of the board shall annually elect one of its members to serve as chairman.

(b) The advisory board shall be constituted in the following manner:

(1) Four representatives of hospitals, who shall be appointed by the Board of Trustees of the Alabama Hospital Association as follows:

- a. One administrator of a governmental hospital.
- b. One administrator of a nongovernmental nonprofit hospital.
- c. One owner or administrator of a proprietary hospital.
- d. One member of a managing board of a nonprofit hospital.

(2) Three representatives who shall be doctors of medicine appointed by the Board of Censors of the Medical Association of the State of Alabama.

(3) One representative who shall be a registered nurse appointed by the executive board of the Alabama State Nurses Association.

(4) One representative from the State Board of Human Resources who shall be appointed by the board.

(5) One registered pharmacist actively engaged in the practices of pharmacy in the State of Alabama, to be appointed by the executive committee of the Alabama Pharmacy Association.

(6) Three members who shall be appointed by the executive committee of the Alabama Nursing Home Association, each of whom shall be the operator of a duly qualified licensed nursing home.

(7) One member shall be appointed by the Alabama Hospice Association.

(8) Two members shall be appointed by the Assisted Living Association of Alabama, one of whom shall be the operator of a licensed assisted living facility or licensed specialty care assisted living facility rising to the level of intermediate care with 16 or fewer beds, and one of whom shall be the operator of an assisted living facility or licensed specialty care assisted living facility rising to the level of intermediate care with more than 16 beds.

(9) One member who shall be appointed by the Governor to represent the interests of consumers. The consumer representative shall be at least 65 years of age and shall have no financial interest in any facility licensed under this article.

Each new appointee shall serve for five years or until his successor is appointed, whichever is later. Any vacancy caused by a member leaving the position before the expiration of his or her term shall be filled by the organization selecting the original member. The replacement member appointed shall serve for the remainder of the unexpired term.

(c) A member of the advisory board shall not be eligible to succeed himself or herself after serving one full five-year term, but shall be eligible for reappointment if he or she has not served immediately preceding the reappointment.

(d) Members of the advisory board shall serve without compensation, but shall be entitled to reimbursement for expenses incurred in the performance of the duties of the office at the same rate allowed state employees pursuant to general law. (Acts 1949, No. 530, p. 835, § 9; Acts 1959, No. 134, p. 656; Acts 1991, No. 91-548, p. 1010, § 1; Act 2001, No. 1058.)

#### **§ 22-21-28. Rules and regulations.**

(a) In the manner provided in this section, the State Board of Health, with the advice and after approval by the advisory board, shall have the power to make and enforce, and may modify, amend and rescind, reasonable rules and regulations governing the operation and conduct of hospitals as defined in Section 22-21-20. All such regulations shall set uniform minimum standards applicable alike to all hospitals of like kind and purpose in view of the type of institutional care being offered there and shall be confined to setting minimum standards of sanitation and equipment found to be necessary and prohibiting conduct and practices inimicable to the public interest and the public health. The board shall not have power to promulgate any regulation in conflict with law nor power to interfere with the internal government and operation of any hospital on matters of policy. The procedure for adopting, amending, or rescinding any rules authorized by this chapter shall conform to the Alabama Administrative Procedure Act. At any public hearing called for the purpose of soliciting public comment on proposed rules, any interested hospital or any member of the public may be heard.

(b) Any person affected by any regulation, amendment, or rescission thereof may appeal consideration thereof to the circuit court of the county of that person's residence or in which that person does business or to the Circuit Court of Montgomery County, pursuant to the Alabama Administrative Procedure Act. And upon appeal, the question of the reasonableness of such regulation shall be a question of fact for the court to determine, and no presumption shall be indulged that the regulation adopted was and is a reasonable regulation.

(c) Regulations adopted under this section shall become effective as provided in the Alabama Administrative Procedure Act. (Acts 1949, No. 530, p. 835, § 8; Act 2001, No. 1058.)

**§ 22-21-29. Inspections.**

(a) Every hospital licensed under this article shall be open to inspection to the extent authorized in this section by employees and agents of the State Board of Health, under rules as shall be promulgated by the board with the advice and consent of the advisory board. Employees and agents of the board shall also inspect unlicensed and suspected unlicensed facilities. Nothing in this section shall authorize the board to inspect quarters therein occupied by members of any religious group or nurses engaged in work in any hospital or places of refuge for members of religious orders for whom care is provided, but any inspection shall be limited and confined to the parts and portions of the hospital as are used for the care and treatment of the patients and the general facilities for their care and treatment. No hospital shall, by reason of this section, be relieved from any other types of inspections authorized by law.

(b) All inspections undertaken by the State Board of Health shall be conducted without prior notice to the facility and its staff. Notwithstanding the foregoing, an inspection of a hospital or other health care facility, prior to its licensure, may be scheduled in advance. An employee or contract employee of the state shall not disclose in advance the date or the time of an inspection of a hospital or other health care facility to any person with a financial interest in any licensed health care facility, to any employee or agent of a licensed health care facility, to any consultant or contractor who performs services for or on behalf of licensed health care facilities, or to any person related by blood or marriage to an owner, employee, agent, consultant, or contractor of a licensed health care facility. For purposes of this section, the term inspection shall include periodic and follow-up compliance inspections and surveys on behalf of the State Board of Health, complaint investigations and follow-up investigations conducted by the State Board of Health, and compliance inspections and surveys, complaint investigations, and follow-up visits conducted on behalf of the United States Department of Health and Human Services, Health Care Financing Administration, or its successors. The board may prescribe by rule exceptions to the prohibition where considerations of public health or safety make advance disclosure of inspection dates or times reasonable. Disclosure in advance of inspection dates when such disclosure is required or authorized pursuant to federal law or regulation shall not be a violation of this section. Scheduling inspections of hospitals or other health care facilities by the board at regular, periodic intervals which may be predictable shall not be a violation of this section.

(c) Any employee or contract employee of the state who discloses in advance the date or time of an inspection in violation of subsection (b) shall be guilty of a Class A misdemeanor. Any person who solicits an employee or contract employee of the state to disclose in advance the date or time of an inspection in violation of subsection (b) for the purpose of disclosing the information to others shall be guilty of a Class A misdemeanor. (Acts 1949, No. 530, p. 835, § 6; Act 1997, No. 97-632, § 1; Act 2001, No. 1058.)

**§ 22-21-30. Disclosure of information.**

Information received by the State Board of Health through on-site inspections conducted by the State Licensing Agency is subject to public disclosure and may be disclosed upon written request. Information received through means other than inspection will be treated as confidential and shall not be directed publicly except in a proceeding involving the question of licensure or revocation of license. (Acts 1949, No. 530, p. 835, § 10; Acts 1975, 3rd Ex. Sess., No. 140, p. 383, § 3.)

**§ 22-21-31. Practice of medicine, etc., not authorized; child-placing.**

Nothing in this article shall be construed as authorizing any person to engage in any manner in the practice of medicine or any other profession nor to authorize any person to engage in the business of child-placing. Any child born in any such institution whose mother is unable to care

for such child or any child who, for any reason, will be left destitute of parental support shall be reported to the Department of Human Resources or to any agency authorized or licensed by the Department of Human Resources to engage in child placing for such service as the child and the mother may require. In the rendering of service, representatives of the Department of Human Resources and agencies authorized or licensed by the Department of Human Resources shall have free access to visit the child and the mother concerned. (Acts 1949, No. 530, p. 835, § 2; Acts 1962, Ex. Sess., No. 122, p. 157, § 2; Act 2001, No. 1058.)

§ 22-21-32. Repealed by Acts 1977, 1st Ex. Sess., No. 82, p. 1509, § 19, effective June 16, 1977.

**§ 22-21-33. Penalty for violation of article, etc.**

Any individual, association, corporation, partnership, limited liability company, or other business entity who operates or causes to be operated a hospital of any kind as defined in this chapter or any regulations promulgated thereunder without having been granted a license therefore by the State Board of Health shall be guilty of a Class A misdemeanor upon conviction except that the fine may be up to five thousand dollars (\$5,000) upon conviction of a second or any subsequent offense. The State Board of Health, upon determination that a facility or business is operating as a hospital within the meaning of this statute or any rules promulgated thereunder, and that the facility does not have a current, valid license granted by the State Board of Health, may apply to the circuit court of the county in which the unlicensed facility is located for declaratory and injunctive relief. The proceedings shall be expedited. The sole evidentiary questions before the court in a proceeding shall be whether the facility that is the subject of the action meets the definition of a hospital within the meaning of this chapter and any rules promulgated thereunder, and whether the facility has been granted a current and valid license to operate by the State Board of Health. If the State Board of Health prevails on these questions, then the court shall, upon request of the State Board of Health, forthwith grant declaratory and injunctive relief requiring the operator or operators to close the facility and requiring the operator or operators to move all residents or patients to appropriate placements. Any individual failing to obey an injunction to close a hospital shall be guilty of a Class A misdemeanor except that the fine may be up to five thousand dollars (\$5,000). Any individual, after having once been subject to such an injunction, who shall later operate or cause to be operated a hospital as defined in this chapter or any regulations promulgated thereunder without having been granted a license therefore by the State Board of Health shall be guilty of a Class A misdemeanor except that the fine may be up to five thousand dollars (\$5,000). The State Board of Health may, upon the advice of the Attorney General, maintain an action in the name of the state for an injunction to restrain any state, county or local governmental unit, or any division, department, board or agency thereof, or any individual, association, corporation, partnership, limited liability company, or other business entity, from operating, conducting or managing a hospital in violation of any provisions of this article, or any regulation promulgated thereunder. No county or municipality shall grant a business license to a hospital as defined in this chapter unless the facility holds a current license to operate granted by the State Board of Health. In any action to collect a fee for services brought against a resident or patient by a hospital as defined in this chapter or regulations promulgated thereunder, it shall be a defense to the action to demonstrate that the operator of the hospital did not have a current, valid license to operate pursuant to this chapter at the time the services in question were rendered. (Acts 1949, No. 530, p. 835, § 12.)

Act 2001, No. 1058. Under the circumstances listed below, an assisted living facility or a specialty care assisted living facility rising to the level of intermediate care may be subject to a civil money penalty imposed by the Board of Health not to exceed ten thousand dollars (\$10,000) per instance. The imposition of the penalty may be appealed pursuant to the provisions of the

Alabama Administrative Procedure Act. All money penalties imposed pursuant to this section shall be remitted to the Department of Public Health and shall be deposited in the State General Fund. The penalties shall be deposited in the General Fund and shall not be earmarked for the Department of Public Health. Failure of an assisted living facility or a specialty care assisted living facility rising to the level of intermediate care to pay a civil money penalty within 30 days after its imposition or within 30 days after the final disposition of any appeal shall be grounds for license revocation unless arrangements for payment are made that are satisfactory to the State Board of Health. No assisted living facility or specialty care assisted living facility rising to the level of intermediate care may renew its license to operate if it has any unpaid civil money penalties which were imposed more than 30 days prior to the facility's license expiration date, except for any penalties imposed which are still subject to appeal and except for penalties for which arrangements for payment have been made that are satisfactory to the State Board of Health.

(1) A civil money penalty may be imposed for falsification of any record kept by an assisted living facility or specialty care assisted living facility rising to the level of intermediate care, including a medication administration record or any record or document submitted to the State Board of Health, by an employee or agent of the facility, where such falsification is deliberate and undertaken with intent to mislead the Board of Health, or its agents or employees, or residents, sponsors, family members, another state, county, or municipal government agency, or the public, about any matter of legal compliance, regulatory compliance, compliance with fire or life safety codes, or quality of care.

(2) A civil money penalty may be imposed as a result of a false statement made by an employee or agent of an assisted living facility or a specialty care assisted living facility rising to the level of intermediate care to an employee or agent of the State Board of Health, if the statement is made with intent to deceive or mislead the Board of Health, its agents or employees, about any matter of legal compliance, regulatory compliance, compliance with fire or life safety codes, or quality of care. A civil money penalty shall not be imposed if the facility's employee or agent makes a false statement when he or she has no reason to believe the false statement is authorized by the administrator or operator of the facility and if it is likely that the facility's employee or agent made the statement with the intent to cause damage to the facility.