

# Survey Preparation for the New Facilities Manager

January 2023

David Hood, Senior Advisor



# Agenda

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- Introduction
- How, When and Why
- Life Safety (K-tags)
- Emergency Preparedness (E-tags)
- AHCA Support and Resources

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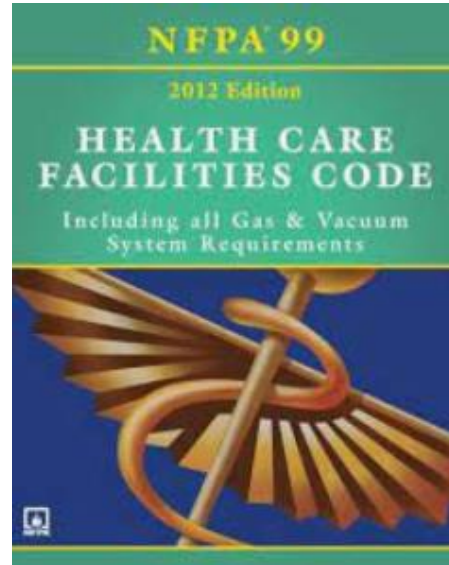
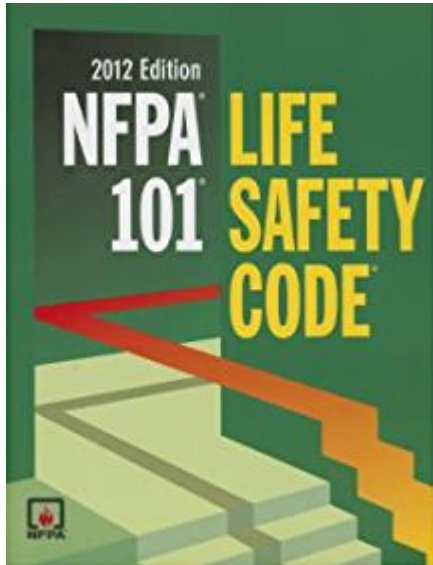
## *CMS and Life Safety Compliance*

...how, when and why

# CMS Requirements & Process

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- CMS develops requirements for facilities participating in Medicare and Medicaid programs (e.g., receiving reimbursement)
  - 2012 Edition of the Life Safety Code® (NFPA 101)
  - 2012 Edition of the Healthcare Facilities Code® (NFPA 99)



<https://catalog.nfpa.org/NFPA-101-Life-Safety-Code-and-NFPA-99-Health-Care-Facilities-Code-Set-2012-Edition-P16757.aspx>

# CMS Requirements & Process

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○ CMS contracts with various State Agencies to survey for compliance

- Department of Health
- Department of Public Health
- State Fire Marshal's Office



# CMS Requirements & Process

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- Survey agency requirements

- Complete a compliance assessment
- Complete a Fire Safety Report (Form CMS-2786)
- Prepare a Statement of Deficiencies (Form CMS-2567)
- Review Plans of Correction
- Utilize qualified safety inspectors (Certified Fire Inspector I – NFPA)

[CMS 2786R - Fire Safety Survey Report - Health Care 2012 Life Safety Code](#)

[CMS 2567 – Statement of Deficiencies and Plan of Correction](#)

# CMS FORM 2786

<b>FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE HEALTHCARE</b>				1. (A) PROVIDER NUMBER <small>K1</small>	1. (B) MEDICAID I.D. NO. <small>K2</small>
PART I — Life Safety Code, New and Existing PART II — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART IV — Crucial Data Extract OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T					
Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.					
2. NAME OF FACILITY  <small>K3</small>	2. (A) MULTIPLE CONSTRUCTION (BLDGs) A. BUILDING _____ B. WING _____ C. FLOOR _____ <small>K3</small>	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)  <small>K3</small>	A. <input type="checkbox"/> Fully Sprinklered <small>(All required areas are sprinklered)</small> B. <input type="checkbox"/> Partially Sprinklered <small>(Not all required areas are sprinklered)</small> C. <input type="checkbox"/> None (No sprinkler system) <small>KD180</small>		
3. SURVEY FOR <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID	4. DATE OF SURVEY  <small>K4</small>	DATE OF PLAN APPROVAL  <small>K6</small>	SURVEY UNDER 5. <input type="checkbox"/> 2012 EXISTING <input type="checkbox"/> 2012 NEW <small>K7</small>		
5. SURVEY FOR CERTIFICATION OF					
1. <input type="checkbox"/> HOSPITAL    2. <input type="checkbox"/> SKILLED/NURSING FACILITY    4. <input type="checkbox"/> ICF/IID UNDER HEALTH CARE    5. <input type="checkbox"/> HOSPICE					
IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW 1. <input type="checkbox"/> ENTIRE FACILITY    2. <input type="checkbox"/> DISTINCT PART OF (SPECIFY) _____				3. <input type="checkbox"/> IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED? a. <input type="checkbox"/> YES    b. <input type="checkbox"/> NO	
6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY _____	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE _____	c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE _____	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____	e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID _____	
7. A. <input type="checkbox"/> THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)					
1. <input type="checkbox"/> COMPLIANCE WITH ALL PROVISIONS    2. <input type="checkbox"/> ACCEPTANCE OF A PLAN OF CORRECTION    3. <input type="checkbox"/> RECOMMENDED WAIVERS    4. <input type="checkbox"/> FSES    5. <input type="checkbox"/> PERFORMANCE BASED DESIGN					
B. <input type="checkbox"/> THE FACILITY DOES NOT MEET THE STANDARD					
SURVEYOR (Signature)  <small>K9</small>		TITLE	OFFICE	DATE	
SURVEYOR ID  <small>K10</small>					
FIRE AUTHORITY OFFICIAL (Signature)		TITLE	OFFICE	DATE	

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.



# CMS FORM 2786

Name of Facility

2012 LIFE SAFETY CODE

ID PREFIX		MET	NOT MET	N/A	REMARKS
	<b>PART I – NFPA 101 LSC REQUIREMENTS</b> (Items in italics relate to the FSES)				
	<b>SECTION 1 – GENERAL REQUIREMENTS</b>				
K100	<b>General Requirements – Other</b> List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.				
K111	<b>Building Rehabilitation</b> <b><i>Repair, Renovation, Modification, or Reconstruction</i></b> Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: <ul style="list-style-type: none"> <li>Requirements of Chapter 18 and 19.</li> <li>Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6.</li> </ul> 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1 <b><i>Change of Use or Change of Occupancy</i></b> Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2. 18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7) <b><i>Additions</i></b> Any building undergoing an addition shall comply with the requirements of Section 43.8. If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors with at least a 1-1/2 hour fire resistance rating. Additions comply with the requirements of Section 43.8. 18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3), 18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and 4.6.11), 19.1.1.4.1.1 (8.3), 19.1.1.4.1.2, 19.1.1.4.1.3, 43.1.2.3(43.8)				



# CMS FORM 2567

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (CMS-2567)

Provider/Supplier/CLIA Identification Number:  (X1)	Multiple Construction: A. Building: B. Wing: (X2)	Date Survey Completed:  (X3)
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Name of Facility Surveyed:  	Facility Address (Street, City, State, Zip Code)  
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Name of Accrediting Organization Performing Survey (if applicable):  
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ID Prefix Tag (X4)	<u>SUMMARY STATEMENT OF DEFICIENCIES</u> (Each deficiency should be preceded by full regulatory or LSC identifying information)	ID Prefix Tag	<u>PLAN OF CORRECTION</u> (Each corrective action should be cross-referred to the appropriate deficiency)	Completion Date (X5)

# CMS Requirements and Process

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- State Survey Agency will provide survey findings (Form 2567) within 10 working days after the survey.
- Provider has 10 calendar days to complete and return a Plan of Correction (POC).



# Plan of Correction

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- Accept deficiencies and submit remediations on POC. Include:
  - Plan for correcting
  - Procedure for implementing correction
  - Monitoring to ensure correction is effective and remains in compliance
  - Title of the person responsible for implementing the correction
- Record objections, provide evidence that finding(s) are invalid
- Apply a Fire Safety Evaluation System (FSES)
- Request a Time Limited Waiver
  - Generally required if longer than 60 calendar days to correct

CMS FORM  
2567 POC

<p>K 351 SS=E</p>	<p>2012NFPA101 10NYCRR 711.2(a)(1) NFPA 101 Sprinkler System - Installation</p> <p>Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit</p>	<p>K 351</p>	<p>Sprinkler System Installation: POC for affected area On 5/26/22 all noted quick response sprinkler heads located within the same compartment have been replaced with standard sprinkler heads. On 5/26/22 two pendant sprinkler heads were noted to be less than the required 6 feet distance at the 3rd floor ending one pendant was removed and capped in accordance with required regulations. On 5/26/22 it was noted that the sprinkler coverage was not provided at the top</p>	<p>06/14/2022</p>
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## *Survey Preparation*

# Preparation












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## *What you need to prepare*

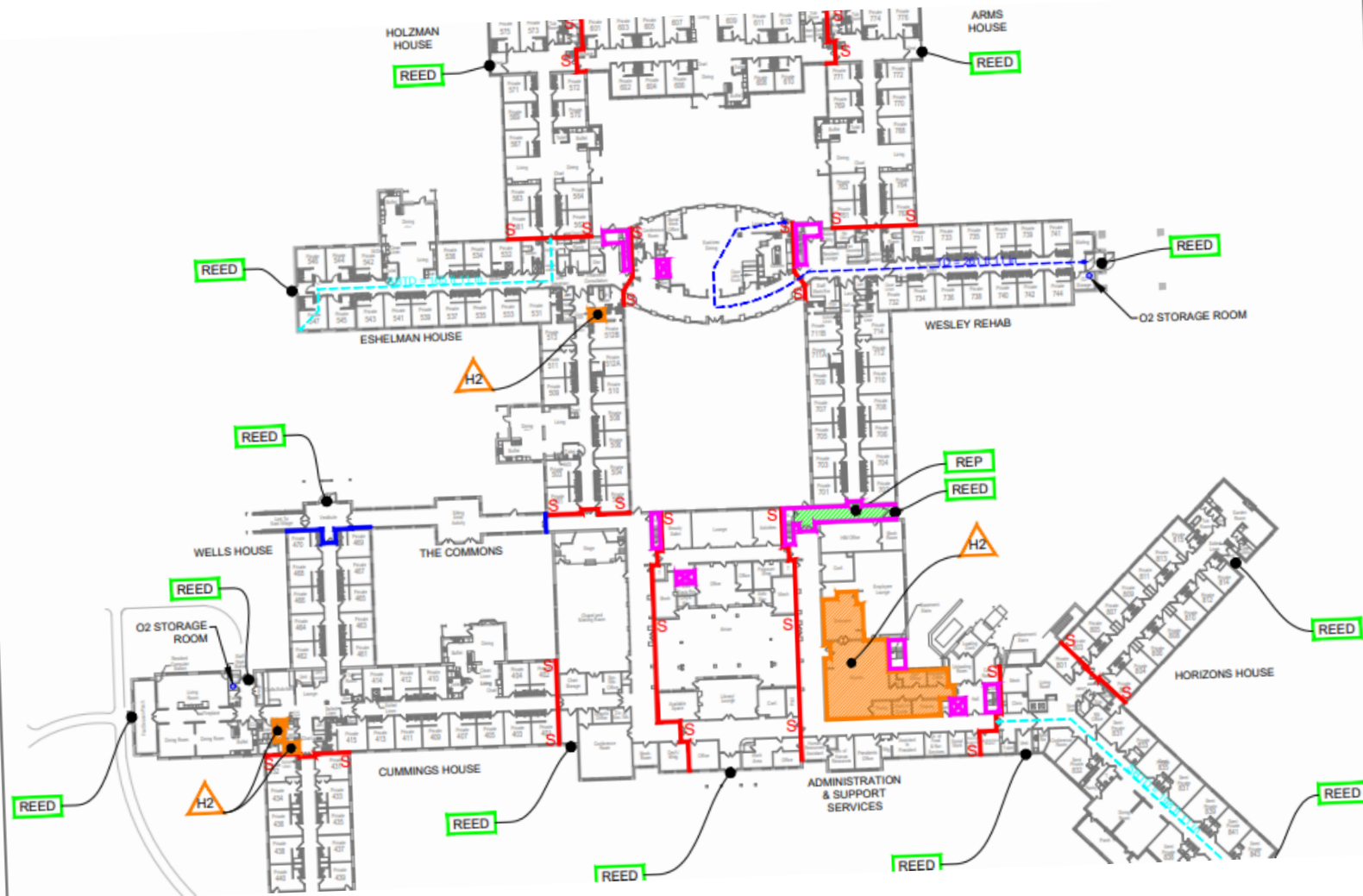
- Copy of the Life Safety Code®
- Copy of the Healthcare Facilities Code®
- Copy of the Fire Safety Survey Report (Form 2786)
- Life Safety Drawing

# Life Safety Drawings

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SYMBOL LIST	
SMOKE BARRIER WALL (30 MINUTE MINIMUM)	
2 HR FIRE BARRIER (MINIMUM)	
1 HR FIRE BARRIER (MINIMUM)	
REQUIRED EXIT STAIR	
REQUIRED EXIT PASSAGEWAY	
REQUIRED EXTERIOR EXIT DOOR	
1 HR VERTICAL OPENING (MINIMUM)	
HAZARDOUS AREA - TYPE 2 (NON-RATED ENCLOSURE - SPRINKLERED)	
OXYGEN CYLINDER STORAGE	
TRAVEL DISTANCE	
SMOKE BARRIER TRAVEL DISTANCE	





SYMBOL LIST	
SMOKE BARRIER WALL (30 MINUTE MINIMUM)	
2 HR FIRE BARRIER (MINIMUM)	
1 HR FIRE BARRIER (MINIMUM)	
REQUIRED EXIT STAIR	
REQUIRED EXIT PASSAGEWAY	
REQUIRED EXTERIOR EXIT DOOR	
1 HR VERTICAL OPENING (MINIMUM)	
HAZARDOUS AREA - TYPE 2 (NON-RATED ENCLOSURE - SPRINKLERED)	
OXYGEN CYLINDER STORAGE	
TRAVEL DISTANCE	
SMOKE BARRIER TRAVEL DISTANCE	

  
 ORIGINAL DATE: 03/07/2022  
 REVISION DATES: ...

( 2 )

## *Life Safety Requirements*

...top life safety findings

# Egress

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- Corridor clutter / storage
  - 30 minute rule
- Corridor width
  - 5 ft. exceptions
  - 8 ft. exceptions
- Door locking
- Travel Distance (200 ft.)



# Exit Discharge

- Terminate at the public way
- Hard-packed, all weather travel surface
- Free of snow or ice
- Slope not exceeding 1 in 20
- Lighting to the public way





# Protection

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- Vertical Openings
  - One (1) hour enclosures
- Hazardous Areas
  - Enclosure
  - Doors
- Alcohol-based Hand Rub Dispensers
  - Location
  - Quantity
- Interior Finish
  - Class A or B
- Kitchen Hood
  - NFPA 96
  - Inspection 2X annually



# Extinguishment

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- Testing, Inspection & Maintenance
  - NFPA 25 (2011 ed.)
  - Report follow-up
- 18 Inch Rule
- Extra Heads & Wrench
- Coverage

# Hazardous Areas

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- Soiled Utility Rooms
- Boiler Rooms
- Storage Rooms (>50 SF)
- Bulk Laundry Rooms
- Maintenance Repair Shops



- Sprinkler protection
- Smoke resistant enclosure
- Smoke resisting door
- Self-closing door
- Latching door (corridor door)



# Decorations

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- Tested to meet requirements of NFPA 701
- Treated with an approved flame-retardant coating (listed and labeled for the application)
- 30 percent of wall, ceiling and door areas inside any room or space (assuming fully sprinklered)
- 50 percent of wall, ceiling and door areas inside patient sleeping rooms (assuming fully sprinklered)

# Corridor Walls and Doors

- Resist the passage of smoke
- Positive latching
- No louvers
- Gaps no greater than  $\frac{1}{2}$ "



- Walls may terminate at a smoke resisting ceiling assembly

# Smoke Barriers

- Outside wall to outside wall
- Floor to deck
- All penetrations sealed
- Doors smoke resisting
- Doors self-closing



**\*INSPECT IN THE LESS OBVIOUS  
LOCATIONS...NOT JUST ABOVE  
THE CORRIDOR DOORS**



# Fire Drills

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- Varying times
- Varying conditions
- Each shift quarterly
- Knowledge of procedures and competence of staff as observed in drills

# Fire Door Testing and Inspection

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- Applies to required fire doors
- Not applicable to smoke barrier doors or corridor doors
- Accomplished by someone with fire door knowledge
- See AHCA website for on-line inspection training tool

<https://www.ahcancal.org/Survey-Regulatory-Legal/Pages/Fire-Life-Safety.aspx>



# Medical Gas Cylinder Storage

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**Oxygen Storage <300 cu.ft.**

**Oxygen Storage >300 and <3,000 cu.ft.**

**Oxygen Storage >3,000 cu.ft.**



- Enclosed in a room with the ability to be secured (door can be locked)
- No combustible items within 5 ft. of the cylinders
- Located within a rated cabinet
- Up to 12 tanks per smoke compartment outside of a storage room

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## *Emergency Preparedness*

...top emergency preparedness findings



# Risk Assessment

- Hazard Vulnerability Analysis
- Identification of Top Risks
- Review of Mitigations Strategies
- Correlation with Community HVA

**Facility Name**

*Only enter 0 - 4 in white cells below, the rest auto-fills*

Hazard Vulnerability Assessment							RISK	PROBABILITY	SEVERITY	
NATURAL HAZARDS							#DIV/0!	#DIV/0!	#DIV/0!	
HAZARD	PROBABILITY (0-4)	SEVERITY						Relative Risk	Comments	
		IMPACT			MITIGATION					
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE			
		Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies			
Avalanche										
Blizzard										
Coastal Tsunami / Erosion										
Dam Failure										
Drought										
Dust / Sand Storm										
Earthquake										
Flooding / Flash (External)										
Flooding (Internal)										
Damaging Winds										
Hail Storm										
Hurricane										
Ice Storm										
Infection Disease (SARS, Flu, etc)										
Landslide										
Severe Thunderstorm										
Snow / Ice Storm										
Subsidence / Sink hole										
Temperature Extremes										
Tornado										
Volcanic Eruption										
Wild Fire										

# Annual Training

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- Annual training for new and existing staff, individuals providing services under arrangement (contract), and volunteers consistent with their expected role.
  - Based on your policies and procedures
  - Not prescriptive
  - Variety of mechanisms
  - Variety of topics
- Documentation is required.



# Annual Testing

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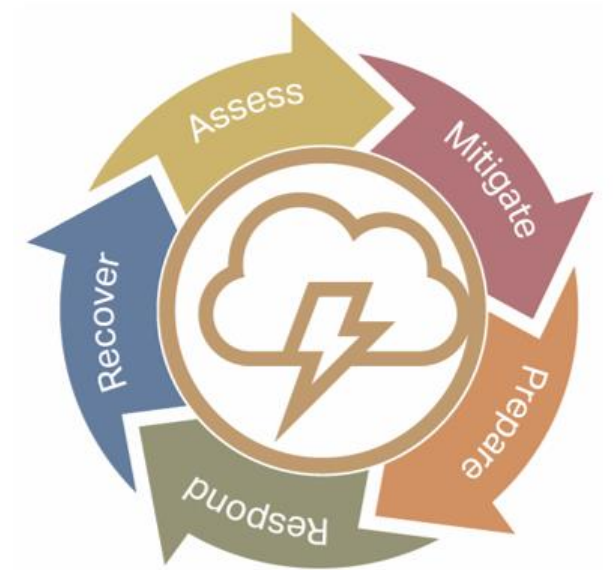
- Annually participate in a full-scale exercise that is community based.
- Conduct a second exercise that may include:
  - Another full-scale exercise
  - Individual facility functional exercise
  - Mock disaster drill
  - Tabletop exercise or workshop
- Analyze the response to, and maintain documentation of all drills, exercises and emergency events, and revise the facility's emergency plan, as needed.



# Annual Review and Update

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- Review / Update HVA
  - Identify local or regional HVA
  - Review with local Office of Emergency Management
  - Review mitigation opportunities
- Assess Plan
  - Procedures, contacts, alternate care sites, supplies
- Develop and Conduct Annual Exercises
- Develop, Conduct and Document Training
- Document all Program Updates and Repeat Annually
  - Sign-off on plan updates



# AHCA / NCAL Resources

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**Survey Preparedness**



**Emergency Preparedness**



**Fire and Life Safety**

<https://www.ahcancal.org/Survey-Regulatory-Legal/Pages/default.aspx>



[lifesafety@ahca.org](mailto:lifesafety@ahca.org)

[emergencyprep@ahca.org](mailto:emergencyprep@ahca.org)

*Thank you*



**JENSEN HUGHES**

Advancing the Science of Safety

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