Survey Preparation for the New Facilities Manager

January 2023
Agenda

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

...how, when and why
CMS Requirements & Process

- CMS develops requirements for facilities participating in Medicare and Medicaid programs (e.g., receiving reimbursement)


[Links to NFPA 101 and NFPA 99]
CMS Requirements & Process

- CMS contracts with various State Agencies to survey for compliance
  - Department of Health
  - Department of Public Health
  - State Fire Marshal’s Office
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 2567 – Statement of Deficiencies and Plan of Correction
**CMS FORM 2786**

### FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE

**HEALTHCARE**

**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.

<table>
<thead>
<tr>
<th>2. NAME OF FACILITY</th>
<th>2. A. MULTIPLE CONSTRUCTION (BLDG)</th>
<th>2. B. ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. BUILDING</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. WING</td>
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<tr>
<td></td>
<td>C. FLOOR</td>
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</tr>
</tbody>
</table>

3. SURVEY FOR
   - [ ] MEDICARE
   - [ ] MEDICAID

4. DATE OF SURVEY

5. SURVEY FOR CERTIFICATION OF
   - [ ] HOSPITAL
   - [ ] SKILLEDNURSING FACILITY
   - [ ] ICF/IID UNDER HEALTH CARE
   - [ ] HOSPICE

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

7. A. [ ] THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)
   1. [ ] COMPLIANCE WITH ALL PROVISIONS
   2. [ ] ACCEPTANCE OF A PLAN OF CORRECTION
   3. [ ] RECOMMENDED WAIVER
   4. [ ] FFES
   5. [ ] PERFORMANCE BASED DESIGN

B. [ ] THE FACILITY DOES NOT MEET THE STANDARD

Surveyor (Signature)

Surveyor ID

Fire Authority Official (Signature)

CMO FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.
## Name of Facility

### 2012 LIFE SAFETY CODE

### PART I – NFPA 101 LSC REQUIREMENTS
(Items in italics relate to the FSES)

### SECTION 1 – GENERAL REQUIREMENTS

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>MET</th>
<th>NOT ME</th>
<th>N/A</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>K100</td>
<td></td>
<td></td>
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<tr>
<td><strong>General Requirements – Other</strong></td>
<td></td>
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<tr>
<td>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.</td>
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<tr>
<td>K111</td>
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<tr>
<td><strong>Building Rehabilitation</strong></td>
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<tr>
<td><strong>Repair, Renovation, Modification, or Reconstruction</strong></td>
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<tr>
<td>Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following:</td>
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<tr>
<td>- Requirements of Chapter 18 and 19.</td>
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<tr>
<td>- Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6.</td>
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<tr>
<td>18.1.1.4.3, 19.1.1.4.3, 43.1.2.1</td>
<td></td>
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<tr>
<td><strong>Change of Use or Change of Occupancy</strong></td>
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<tr>
<td>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.</td>
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<tr>
<td>18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.11), 43.1.2.2 (43.7)</td>
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<tr>
<td><strong>Additions</strong></td>
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<tr>
<td>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.</td>
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</tr>
<tr>
<td>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.</td>
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</tr>
<tr>
<td>18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1 (8.3.3), 18.1.1.4.2, 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)</td>
<td></td>
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<tr>
<td>ID Prefix Tag</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES</td>
<td></td>
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<tr>
<td>--------------</td>
<td>----------------------------------</td>
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<tr>
<td>(X4)</td>
<td>(Each deficiency should be preceded by full regulatory or LSC identifying information)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X5)</td>
<td>(Each corrective action should be cross-referred to the appropriate deficiency)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X5)</td>
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</tbody>
</table>
CMS Requirements and Process

- 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

- 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 todays to correct
<table>
<thead>
<tr>
<th>K 351</th>
<th>Sprinkler System Installation: POC for affected area</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/14/2022</td>
<td>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 5 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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K 351</th>
<th>2012NFPA101 10NYCRR 711.2(a)(1) NFPA 101 Sprinkler System - Installation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinkler System - Installation 2012 EXISTING</td>
<td>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</td>
</tr>
</tbody>
</table>
Survey Preparation
Preparation

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
<table>
<thead>
<tr>
<th>Symbol List</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SMOKE BARRIER WALL</strong> <em>(30 MINUTE MINIMUM)</em></td>
</tr>
<tr>
<td><strong>2 HR FIRE BARRIER (MINIMUM)</strong></td>
</tr>
<tr>
<td><strong>1 HR FIRE BARRIER (MINIMUM)</strong></td>
</tr>
<tr>
<td><strong>REQUIRED EXIT STAIR</strong></td>
</tr>
<tr>
<td><strong>REQUIRED EXIT PASSAGEWAY</strong></td>
</tr>
<tr>
<td><strong>REQUIRED EXTERIOR EXIT DOOR</strong></td>
</tr>
<tr>
<td><strong>1 HR VERTICAL OPENING (MINIMUM)</strong></td>
</tr>
<tr>
<td><strong>HAZARDOUS AREA - TYPE 2</strong> <em>(NON-RATED ENCLOSURE - SPRINKLERED)</em></td>
</tr>
<tr>
<td><strong>OXYGEN CYLINDER STORAGE</strong></td>
</tr>
<tr>
<td><strong>TRAVEL DISTANCE</strong></td>
</tr>
<tr>
<td><strong>SMOKE BARRIER TRAVEL DISTANCE</strong></td>
</tr>
</tbody>
</table>

- **S**: Smoke Barrier Wall
- **S S**: Smoke Barrier Wall (30 Minute Minimum)
- **B**: 2 Hour Fire Barrier (Minimum)
- **G**: 1 Hour Fire Barrier (Minimum)
- **RES**: Required Exit Stair
- **REP**: Required Exit Passageway
- **REED**: Required Exterior Exit Door
- **X**: 1 Hour Vertical Opening (Minimum)
- **H**: Hazardous Area - Type 2 (Non-Rated Enclosure - Sprinklered)
- **O2**: Oxygen Cylinder Storage
- **TD**: Travel Distance
- **SBD**: Smoke Barrier Distance

**Life Safety Drawings**
Life Safety Requirements

…top life safety findings
Egress

- 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

- 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

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

- 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

- 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 ½”

- 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

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

- 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

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
Emergency Preparedness

...top emergency preparedness findings
Risk Assessment

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

https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Pages/default.aspx
Annual Training

- 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

- 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

- 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

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

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emergencyprep@ahca.org
Thank you

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585-223-1130