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Attachment 1

State Operations Manual

Appendix I – Survey Procedures and Interpretive Guidelines for Life Safety Code Surveys - (Rev. 1, 05-21-04)

Part I - Survey Procedures for Life Safety Code Surveys

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I. Introduction

Use the survey procedures in this appendix section for all Life Safety Code (LSC) surveys (initial and recertification) of facilities subject to Survey and Certification inspections for Medicare/Medicaid certification. This includes, but is not limited to, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs) whether freestanding, distinct parts, or dually certified, Intermediate Care Facilities for Mentally Retarded (ICFs/MR), Ambulatory Surgical Centers (ASC), inpatient Hospice facilities, Program for All inclusive Care for the Elderly (PACE) facilities, Critical Access Hospitals (CAH), Psychiatric and General Hospitals, including validation surveys of accredited facilities. These procedures also apply to complaint investigations. When conducting LSC complaint investigations, focus your review on those requirements relevant to the complaint.

All SNF/NF and ICFs/MR surveys must be unannounced. The LSC survey of a SNF/NF **may** precede the survey of resident care requirements and can be done independent of a health survey. LSC surveys must be conducted and completed on consecutive days. Survey team members need not be onsite for the entire survey. For example special consultants participating in the survey (such as, a fire protection engineer, or fire alarm technician) have the option of being onsite only during that portion of the survey that require their area of expertise; however, they must conduct that portion while the rest of the LSC survey team is present. The special consultant(s) should present their findings to the team or team leader before departing the facility. If any deficiencies are to be cited, supporting documentation should be left with the team. The consultant should be available during the exit conference to supply any additional information required. This can be in-person or by telephone.

II. The Survey Tasks

Task 1 – Offsite Survey Preparation

The surveyor or survey team will review the facility file for:

- Recent licensure and/or certification surveys, including any deficiencies from the previous, bed capacity, change in ownership, facility waivers;
- Corrective action status (if applicable);
- Complaint investigations;
- Facility floor plans, including the location of individual rooms, exits and commons areas; and

- Correspondence to or from the SA and the facility.

If more than one surveyor is participating in the survey designate a team coordinator. The team coordinator will conduct a brief presurvey meeting with team members, such as the State Agency or State Fire Authority, to: review previous findings, make specific assignments, and discuss efficient approaches to surveying the facility.

Determine the occupancy or use of the facility such as a hospital, nursing home, ambulatory surgical center, etc. Then determine which chapters of the Life Safety Code (LSC) should be used in the survey process based on the occupancy or use of the building. The basic fire safety requirement for participating facilities at this time is compliance with the National Fire Protection Association (NFPA) 101, Life Safety Code, 2000 edition.

Review the date the facility first applied for admission into the program. The use of the EXISTING or NEW chapters of the LSC depends on the date of plan approval or the date of construction (if there is no plan approval process) for the facility's building(s). If the facility's building plans were approved or a building permit was issued or construction started after the effective date, (March 13, 2003), of the final regulation, the building or addition must be surveyed under 2000 NEW LSC.

If the facility's building plans were approved by a State Agency or building permit issued or construction started prior to the effective date, (March 13, 2003), of the final regulation, the building must be surveyed under 2000 EXISTING LSC.

CMS has defined the terms "major" or "minor" for alterations, modernization or renovation of buildings as follows: If the building has undergone a modification (usually more than 50 percent or more than 4,500 square feet, of the smoke compartment involved) it is considered "major," if the building has undergone a modification (usually less than 50 percent or less than 4,500 square feet, of the smoke compartment involved) it is considered "minor." If a building undergoes a "major" modification after March 13, 2003 then the building would be surveyed under 2000 NEW LSC. The replacement of a system such as a fire alarm system would be considered "major" for that system only. Thus, that system only would have to meet the LSC requirements for 2000 NEW, not the entire building.

Cosmetic changes such as painting and wallpapering by themselves would not constitute a "major" modification regardless of the size of the area involved.

A building, which is a conversion from an occupancy other than Health Care such as a hotel or apartment house, but NOT a hospital, must also meet NEW requirements. Changes within Health Care such as a hospital to a nursing home are not considered conversions.

If the building is a hospital and has a SNF located within or attached to it, then a determination has to be made as to whether the SNF is considered a "distinct part." If there is two-hour fire wall between the hospital and the SNF, then a LSC survey of the SNF section alone is allowed. A floor-ceiling assembly does not meet the separation requirements of a two-hour fire wall. If there is no fire wall, then a LSC survey of the complete building, hospital and SNF, is to be conducted. When there is no two-hour separation, then the complete building must be surveyed regardless of whether the hospital facility is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or American Osteopathic Association (AOA). All deficiencies found will be reported whether they were found in the accredited hospital portion or in the distinct part SNF.

Validation surveys of JCAHO or AOA hospitals must use the appropriate chapters, NEW or EXISTING, of the 2000 LSC.

CMS, in its regulations adopting the 2000 edition of the LSC, did not adopt the paragraph 19.3.6.3.2 exception No.2 dealing with existing roller latches. The use of roller latches is no longer acceptable as a corridor door-latching device in existing health care facilities. This includes facilities that are both non-sprinklered and sprinklered. Facilities have until March 13, 2006 to remove roller latches from use. Emergency lighting lasting at least 1-1/2 hours is required by the LSC; facilities have until March 13, 2006 to meet this requirement. CMS also adopted by regulation the requirement that any facility certified as an ASC is to meet the requirements of the LSC for ambulatory health care, without regard to the number of patients served by the ASC at any one time.

Determine whether or not a Fire Safety Evaluation Survey (FSES), has previously been conducted at the facility. The use of the FSES may be applicable when a facility has multiple deficiencies that may be cost prohibitive to correct. The facility should be informed that the use of the FSES is a certification option at the exit conference. It is up to the facility to decide if the FSES is to be used to achieve certification.

The State Agency, at its option, may complete the FSES for the facility or may act as a reviewer of an FSES submitted by the facility as part of the facility's Plan of Correction (POC).

NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 Edition, is to be used to complete all FSES's. An FSES evaluation is to be done in conjunction with the completion of the regular Fire Safety Survey form (CMS Form 2786). If the building is certified in compliance with the LSC on the basis of an FSES evaluation, an FSES evaluation must be completed each time a LSC survey is completed. To recertify the building using the FSES, a regular Fire Safety Survey form is completed before completing the FSES, this evaluation will take into account any changes in the facilities life safety features.

The FSES is only available for buildings surveyed using the Health Care Occupancies and Residential Board and Care Occupancies chapters. There is no FSES available for

use when surveying ASCs, which are surveyed using the prescriptive requirements of the Ambulatory Health Care Occupancies chapter (20/21) of the LSC.

Task 2 - Entrance Conference/Onsite Preparatory Activities

Entrance Conference:

Upon arrival at the facility, proceed to the Administrator's office and identify yourself and state the purpose of your visit: to perform a fire safety survey under the regulations of Medicare/Medicaid. The team coordinator or individual surveyor conducts the Entrance Conference, informing the facility's administrator about the survey and introducing any team members. The team coordinator then explains the survey process and answers any questions from facility staff.

While the team coordinator conducts the Entrance Conference, other LSC team members, may begin Task 3 - Orientation Tour.

Ask the Administrator to describe any special features of the facility's physical plant. For example, was the facility constructed at different times and were different types of construction used, or is the facility only partially sprinklered? Have any changes or remodeling occurred since the last inspection?

Does the facility have an emergency generator or admit patients/residents that may require life support equipment? Request documentation of: any existing fire safety evacuation plan; fire drills; disaster plan; smoking policy; fire alarm testing; sprinkler maintenance records if applicable; kitchen range hood maintenance; fire extinguisher maintenance and testing reports; generator testing logs; flame spread ratings of interior finishes. The type of materials used for any smoke stopping or fireproofing should be obtained.

Obtain a list of key facility personnel and their location (that is, administrator, director of nursing services, dietitian and/or food supervisor, charge nurses, plant engineer, and housekeeping supervisor).

These individuals will be able to provide specific information about fire safety issues in their departments, which is needed by surveyors to complete the fire safety survey report form (Form CMS-2786).

Ask the administrator or building plant engineer to provide the surveyor with a copy of the facility's building layout, indicating the location of exits, individual resident rooms, and common areas if available.

The existence of any waivers of the LSC requirements should be confirmed at this time by the facility. Inform the facility that a detailed inspection will be conducted and that it may include any building used by the residents or patients. At this time, request that someone from the facility staff, preferably from the maintenance department, accompany