



Keeping you “in the know” in the ASC industry

Presenter Bio



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Life Safety Code Compliance Blueprint

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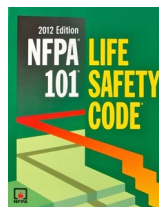
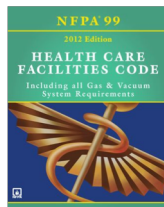
Objectives

- Review Documentation Required by CMS.
- Learn how can you be prepared and what you can do to achieve and maintain compliance.
- Identify some items you may self-perform to maintain compliance?
- Learn what you can do to be prepared?



Overview

- On July 5, 2016, the Centers for Medicare and Medicaid Services (CMS) adopted the 2012 Edition of the Health Care Facilities Code (NFPA 99) and the Life Safety Code (NFPA 101).[©] CMS began surveying for compliance with the 2012 LSC and HCFC on November 1, 2016.
- Life Safety Surveyors are now included on more accrediting surveys than in past years, thus resulting in an increase in citations for items located in your Physical Environment of Care.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

2012 LIFE SAFETY CODE
Form Approved OMB Control

**FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE
HEALTHCARE**

1. (A) PROVIDER NUMBER _____ 1. (B) MEDICAID I.D. NO. _____

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-2796T

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY _____ 3. (A) MULTIPLE CONSTRUCTION (BLOCK) _____ 3. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) _____ A. Fully Satisfies
B. Partially Satisfies
C. Not at all (see local fire code requirements)

3. SURVEY FOR _____ 4. DATE OF SURVEY _____ DATE OF PLAN APPROVAL _____ SURVEY UNDER _____
 MEDICARE MEDICAID _____ 5. 2012 EXISTING 6. 2012 NEW

5. SURVEY FOR CERTIFICATION OF
1. HOSPITAL 2. SKILLED/NURSING FACILITY 4. IC/SKD UNDER HEALTH CARE 5. HC/PRCE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEMS BELOW

1. ENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) _____ 3. IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
a. YES b. NO

6. BED COMPOSITION
a. TOTAL NO. OF BEDS IN THE FACILITY _____ b. NUMBER OF HOSPITAL BEDS _____ c. NUMBER OF SKILLED BEDS _____ d. NUMBER OF SKILLED BEDS _____ e. NUMBER OF NF (w/ICHD) BEDS _____
CERTIFIED FOR MEDICARE CERTIFIED FOR MEDICARE CERTIFIED FOR MEDICARE

7. A. THE FACILITY MEETS THE STANDARD. BASED UPON CHECK ALL APPROPRIATE BOXES:
a. COMPLIANCE WITH ALL PROVISIONS 2. ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WARNERS 4. FEES 5. PERFORMANCE BASED DESIGN
B. THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) _____ TITLE _____ OFFICE _____ DATE _____
SURVEYOR ID _____
FIRE AUTHORITY OFFICIAL (Signature) _____ TITLE _____ OFFICE _____ DATE _____

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

Form CMS-2799R (07/2016) Page 1

Maintaining Compliance with CMS Requirements

Introduction

- Most common citation: missing or improper documentation.
 - Risk Assessments
 - Inspection, testing and maintenance
- Profitability depends on maintaining continual compliance with applicable requirements and regulations
- Some tasks require a professional – others you can complete on your own.
- There are resources to help

Risk Assessments

In accordance with the 2012 Edition of NFPA 99, Risk Assessments are required to be performed by each facility to identify potential areas where items or components may pose a threat to the safety and welfare of its patients, caregivers and visitors. Categories shall be determined by following and documenting a defined risk assessment procedure.

Below are 3 steps that should be taken prior to implementing any risk assessment tool:

1. Establish a multidisciplinary team with knowledge of the facility's space use, patient care services, clinical practices, and other areas as appropriate.
2. Familiarize the team with the risk category definitions contained in Chapter 4 (Fundamentals) and Chapter 12 (Emergency Management) of the 2012 edition of the Health Care Facilities Code (NFPA 99). These are provided on the next slide.
3. Familiarize the team with ways in which system and equipment operationally can impact and affect patient safety.

Risk Categories - Definitions

NFPA 99: Chapter 4 – Fundamentals for Risk Categories*

- **4.1.1 – Category 1**
Facility systems in which failure of such equipment or system is likely to cause major injury or death of patients or caregivers shall be designed to meet Category 1 requirements as defined in this code.
- **4.1.2 – Category 2**
Facility systems in which failure of such equipment or system is likely to cause minor injury to patients or caregivers shall be designed to meet Category 2 requirements as defined in this code.
- **4.1.3 – Category 3**
Facility systems in which failure of such equipment or system is not likely to cause injury to patients or caregivers, but can cause patient discomfort, shall be designed to meet Category 3 requirements as defined in this code.
- **4.1.4 – Category 4**
Facility systems in which failure of such equipment would have no impact on patient care shall be designed to meet Category 4 requirements as defined in this code.

*Category definitions in Chapter 4 shall apply to Chapters 5 -11 of NFPA 99.

NOTE – Facilities that utilize general anesthesia, life-support equipment and contain critical-care areas are automatically classified as Category 1.

Risk Assessments Areas of Concern in the Physical Environment

- **Systems** – These areas should be evaluated to record the level of risk determined for listed systems in a given area such as rooms or spaces located within the facility.
- **Equipment** – This component contains all patient care equipment located in the facility and should be evaluated to determine and record the associated risk of each item.
- **Emergency Management** – This area will be used to record the building category pursuant to Table 12.3 of NFPA 99 – Application Matrix.

Emergency Management: Building Categories

NFPA 99: Table 12.3

1	Those inpatient facilities that remain operable to provide advanced life support services to injured responders and disaster victims. These facilities manage the existing inpatient loads as well as plan for the influx of additional patients as a result of an emergency, i.e. Hospitals, etc...
2	Those inpatient or outpatient facilities that augment the critical mission. These facilities manage the existing inpatient or outpatient loads but do not plan to receive additional patients as a result of an emergency.

All Category 1 and Category 2 health care facilities shall be required to develop and maintain an emergency management program that addresses all program elements as prescribed in Sections 12.5.2 & 12.5.3 of NFPA 99 by conducting a Hazard Vulnerability Analysis (HVA) including all program elements, therein.

Life Safety Code: Required Documentation

- All deemed status surveys conducted on behalf of CMS now include a Life Safety Code Surveyor. Given such, there has been a notable increase in citations over the past few years. Many of these citations are a direct result of missing documentation that is required to be maintained "solely" by the ASC for various critical components.
- Let's take a brief look at these now.

Initial Approval Documents

- Contractor's Material and Test Certificate for Underground Piping – NFPA 13 – 2010 Edition, Figure 10.10.1
- Installation Contractor's Acceptance Test for Automatic Sprinkler System, including material and test certificates – NFPA 13 – 2010 Edition
- Installer's Initial Performance Testing, System Verification and Source Equipment Verification for Piped Medical Gas Systems – NFPA 99 – 2012 Edition
- Installation Acceptance Testing of Emergency Generator Sets – NFPA 110 – 2010 Edition: Chapter 7
- Record of Completion for the Fire Alarm System Installation Acceptance Test, including final operation acceptance test – NFPA 72 – 2010 Edition: Chapter 14
- Records of the Fire Alarm System Design and Installation shall be maintained in the Facility, or at the location of the party responsible for maintenance, including as-built drawings, Operation and Maintenance Manuals and a Written Description of the Sequence of Operation – NFPA 72 – 2010 Edition: Chapter 10:18

Systems: Inspection, Testing and Maintenance (ITM) Requirements

42 CFR 416, et al

- CMS holds all Surgery Center's solely responsible for all aspects of compliance regardless whether the facility is actively involved, or has an agreement, with an outside vendor, i.e. building or facility manager.
- When Surgery Center's are reliant on any part of a larger complex upon which they may be located, compliance with all ITM requirements such as exit passageways, fire sprinkler systems, fire alarm systems, etc... are the responsibility of the Surgery Center itself.
- All ITM documentation shall reference the NFPA Standard that the specific inspection, testing and maintenance was performed.

ITM: Generator Set

NFPA 110:3

- Routine maintenance of alternate power source generator sets including documentation of date, service type performed, problems identified, corrective measures and testing are required as follows:
- Weekly Inspections – May be self-performed
- Monthly and annual load test
- Transfer switch exercise – monthly
- Annual Testing, if required
- Triennial Testing



Fuel Quality Test: Diesel Generators Only

NFPA 110: 8.3.8

- A fuel quality test shall be performed annually on diesel fuel supplies for the emergency power generator in accordance with ASTM D975 testing methods.



ITM: Fire Alarm Systems

NFPA 72: 14.4.5 – 2010 Edition

- Initiating Devices – Semi-Annual & Annually*
- Supervisory Signals – Quarterly & Annually*
- Notification Devices – Annually
- Interface Relays and Modules – Annually
- Control Power Batteries – Semi-Annual and Annually*
- Smoke Detector Sensitivity Test – Every Two Years
- Off-Premises Monitoring Transmission Equipment – Annually



* Refer to NFPA 72 for Specific Items and Frequencies

ITM: Fire Suppression Systems

NFPA 10 – 2010 Edition

Portable Fire Extinguishers

- Inspection – Monthly – May be self-performed
- Maintenance – Annually by Vendors
- Internal Inspection as required per Table 7.3.1.1.2 for specific type of extinguishers



ITM: Fire Suppression Systems

NFPA 17A – 2009

NFPA 12A – 2009

NFPA 2001 – 2012

- Alternative Suppression Systems – Halon, CO2 & Clean Agent Systems – Semi-Annual & Annually*

* Refer to NFPA 17A, 12A & 2001 for Specific Items and Frequencies

ITM: Medical Gas & Vacuum Systems

**NFPA 99: 5.1.14.4.5, 5.1.12.1.1, 5.1.12.1.1
2012 Edition**

- Maintenance and Testing shall occur at intervals per Facility policy, but at intervals of no less than annually or as recommended by the manufacturer.
- Cross-contamination test – After Breach of System
- Purity and Pressure Test – After Breach of System
- Visit or Contact Progressive Surgical Solutions ESUPPORT page for additional information regarding detailed inspection criteria

ITM: Fire and Smoke Damper

NFPA 80 & NFPA 105 – 2010 Editions

- Fire and Smoke Dampers shall be inspected and tested as follows:
 - For Hospitals – Upon initial installation, one year after installation and every 6 years, thereafter.
 - For Non-Hospital Facilities - Upon initial installation, one year after installation and every 4 years, thereafter.



Fire Door Assembly Inspections

- NFPA 101 requires all Fire Door Assemblies to be inspected annually by personnel competent and approved by the Authority having Jurisdiction (AHJ).
- Annual testing shall be performed in accordance with NFPA 80 Standards.
- Any deficiencies shall be immediately remedied and Interim Life Safety Measures established until repairs are completed.
- A complete and written report of findings shall be prepared and maintained onsite for review by the AHJ.
- Contact us today to schedule and perform your annual Fire Door Assembly Inspections.

Testing & Inspection Time Frame Definitions

- **Weekly** – Every 7 days or once during a calendar week
- **Monthly** – Every 30 days or 12 times a year
- **Quarterly** – 3 months from the previous test/inspection plus or minus 10 days
- **Semi-annual** – 6 months from the previous test/inspection plus or minus 20 days
- **Annually** – 12 months from the previous test/inspection plus or minus 30 days
- **3-years** – 36 months from the previous test/inspection plus or minus 45 days

Self-Performed Inspection and Testing

Below are a few items that your facility may contain that can be visually observed and documented by internal staff:

- **Weekly:**
 - Generator Visual Checks
 - Medical Gas Alarm Panels and Manifold Visual and Audible
 - Alarm Testing
 - Fire Sprinkler Visual Checks
 - Line Isolation Monitor Audible Alarm Check
- **Monthly:**
 - Environment of Care Rounds (Tracers) – See E-Support
 - Evaluation of the Physical Environment
 - Fire Alarm Components – Visual
 - Risk Assessment Evaluations
 - Exit and Emergency Egress Lighting Test – 30 seconds

Let us help you be prepared for your survey?

- Contact us today to schedule a Mock Survey of your facility. This will prove beneficial and offer us the opportunity to educate your staff on the elements required to self-perform testing of certain devices and systems.
- **REMEMBER** - All facilities shall be in a constant state of continual compliance. CMS holds health care facilities solely responsible for compliance with ALL applicable standards and regulations.
- Do not ASSUME that since you have never been cited for an item(s) that you are compliant. There is no such term as "Grand-fathered."
- Have a Mock Survey conducted of your facilities annually.
- If you are uncertain - ASK a professional for guidance.

Thank You!

Thank you for joining us today. We would appreciate the opportunity to become your compliance partner and provide our vast array of services to ensure your facility is compliant with all LSC regulatory standards and requirements.

Contact us today to schedule our services!

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Available on eSupport

- eSupport/Compliance/Life Safety Code/Overview
 - Life Safety Code Overview

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- eSupport/Compliance/Life Safety Code
 - Ongoing Inspection Testing and Maintenance
 - Ongoing ITM Tools

Continued Education



1 CE CONTACT
HOUR PER
ATTENDEE.



COMPLETE
COURSE
EVALUATION BY
FRIDAY 3/1.



ALLOW 2 WEEKS
FOR PROCESSING
OF YOUR
CERTIFICATE.



ANY QUESTIONS
REGARDING CE
CREDIT, CONTACT
LYN@PSS4ASC.COM

Join the eSupport Community!



Request your free web demo today
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Or call us! (855) 777-4272

Join our Facebook Group

- A place to connect, support, and network with other ASC managers all over the country

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The 2019 Webinar Line Up!

DATE	🕒	CE	WEBINAR TOPIC	SPEAKER
March	20 min		How to Talk to Surveyors	Vanessa Sindell
April	60 min	✓	Developing the Leaders Within Part I	Laura Baldwin Terre Thomas
May	20 min		Culture of Safety	Crissy Benze
June	60 min	✓	Developing the Leaders Within Part II	Laura Baldwin Vanessa Sindell
July	20 min		Cultural Sensitivity	Debra Stinchcomb
August	60 min	✓	Sterilization Best Practices	Phenelle Segal
September	20 min		Medication Shortages and How to Handle Them	Greg Tertes
October	60 min	✓	Documentation Best Practices	Crissy Benze
November	20 min		Annual Survey Watch Report	Leanne Gallegos
December	60 min	✓	Informed Consent	Debra Stinchcomb Will Miller