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1



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# PHYSICAL ENVIRONMENT COMPLIANCE CHECKLIST

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PROGRESSIVE HALF TIME WEBINAR  
FEBRUARY 28, 2020

2

## Objectives

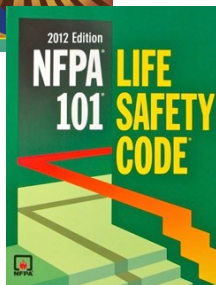
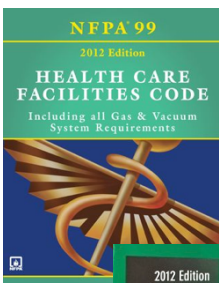
- Why do I need a Checklist?
- What can my facility self-perform for compliance?
- Examples and Timelines for Inspections
- Guidelines for talking to an engineer surveyor
- Q&A



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3

## Overview



### JUNE 2016

CMS adopted the **2012 Edition of the Health Care Facilities Code (NFPA 99) and the Life Safety Code (NFPA 101)**

### NOVEMBER 2016

CMS began surveying for compliance with the 2012 Edition LSC and HCFC

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4

# Increased Citations

**Life Safety Surveyors** are now included on more accrediting surveys than in past years...



## RESULT

**Increase in citations** for items located in your Physical Environment of Care.



5

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

**2012 LIFE SAFETY CODE**  
Form Approved OMB Exempt

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

1. (A) PROVIDER NUMBER  K1  
1. (B) MEDICAID I.D. NO.  K2

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 \_\_\_\_\_ 2. (A) MULTIPLE CONSTRUCTION (BLDGS)  
A. BUILDING \_\_\_\_\_  
B. WING \_\_\_\_\_  
C. FLOOR \_\_\_\_\_ 2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) \_\_\_\_\_

A.  Fully Sprinklered (All required areas are sprinklered)  
B.  Partially Sprinklered (Not all required areas are sprinklered)  
C.  None (no sprinkler system) K0180

3. SURVEY FOR  MEDICARE  MEDICAID 4. DATE OF SURVEY \_\_\_\_\_ DATE OF PLAN APPROVAL \_\_\_\_\_ SURVEY UNDER  
5.  2012 EXISTING 6.  2012 NEW K7

5. SURVEY FOR CERTIFICATION OF  
1.  HOSPITAL 2.  SKILLED/NURSING FACILITY 4.  ICF/ID UNDER HEALTH CARE 5.  HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) 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 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/ID BEDS CERTIFIED FOR MEDICAID \_\_\_\_\_

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 WAIVERS 4.  FSES 5.  PERFORMANCE BASED DESIGN  
B.  THE FACILITY DOES NOT MEET THE STANDARD

K9 SURVEYOR (Signature) \_\_\_\_\_ TITLE \_\_\_\_\_ OFFICE \_\_\_\_\_ DATE \_\_\_\_\_  
SURVEYOR ID \_\_\_\_\_  
K10 FIRE AUTHORITY OFFICIAL (Signature) \_\_\_\_\_ TITLE \_\_\_\_\_ OFFICE \_\_\_\_\_ DATE \_\_\_\_\_

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

Form CMS-2786R (07/2018) Page 1

**Why do I need a checklist?**



6

## Introduction

- CMS surveys are becoming more difficult now that surveyors are specifically trained in Life Safety Code requirements.
- Developing and following a Physical Environment Compliance Checklist is the first step in promoting a safer environment for patients, staff and visitors.
- Maintaining ongoing compliance is more efficient and cost-effective for your ASC.



7

## Timeline Definitions\*

The following testing and inspection time frames are defined by most accrediting agencies:

<b>Weekly</b>	Every 7 days
<b>Monthly</b>	Every 30 days
<b>Quarterly</b>	Every 3 months
<b>Semi-Annual</b>	Every 6 months
<b>Annually</b>	Every 12 months

\*Timeline definitions may vary between accrediting agencies



8

## Inspection Timeline and Tasks **DAILY**



- Ensure that all exits pathways and egress routes are free of obstructions.
- Ensure that all doors and general finishes are not damaged.
- Record Temperature and Humidity levels in all Sterile Locations, Operating Rooms, etc....
- Confirm that all pressure relationships are as required for specific rooms and locations.



9

## Inspection Timeline and Tasks **DAILY**



- Confirm that all fire extinguishers are not obstructed from use or view.
- Verify that all fire rated, and self-closing doors operate properly and latch; doors are not propped open for ease of access.
- All manual fire alarm pull stations are unobstructed and clearly visible.
- Medical gas cylinders are properly restrained and connected appropriately and equally.



10

## Inspection Timeline and Tasks WEEKLY



- Emergency power supplies are inspected in accordance with NFPA 110 or NFPA 111 Standards.
- Ensure that all sprinkler heads are clean and free of debris.
- Ensure that all medical gas zone valves are clear of obstructions and properly labeled.
- Ensure the facility is clean and promoting a safe and sanitary environment.



11

## Inspection Timeline and Tasks WEEKLY



- Are areas free of items that may promote slips, trips and falls?
- Is lighting in the facility adequate?
- Confirm that all stored items including medical waste is properly stored, i.e. off ground level.
- Perform eyewash station checks per ANSI Standards



12

## Inspection Timeline and Tasks **MONTHLY**



- Inspect all Fire Extinguishers per NFPA 10 (2010) Standards.
- Perform generator test for 30 minutes at 30% load of the nameplate rating.
- Conduct required Fire Sprinkler tests.
- Conduct required Fire Alarm tests.
- Perform Line Isolation Monitor testing, if applicable.
- Perform Exit Sign Tests (30 seconds)
- Perform Egress Light Tests (30 seconds)



13

## Inspection Timeline and Tasks **QUARTERLY**



- Perform Fire Drills by physically activating the system
- Confirm all doors required to positive latch are in good working condition.
- Verify that stored items are not located within 18" of the ceiling level.
- Confirm that all exterior items are free of defects, i.e. parking areas, lighting, etc....



14

## Inspection Timeline and Tasks QUARTERLY



- Conduct required Fire Sprinkler tests.
- Conduct required Fire Alarm tests.
- Review Policy and Procedures for Emergency Preparedness



15

## Inspection Timeline and Tasks ANNUAL



- Conduct required Fire Sprinkler tests.
- Conduct required Fire Alarm tests.
- Perform 90-minute generator load bank test, if required. \*
- Conduct annual diesel-fuel analysis
- Obtain Fire Door Assembly Inspection reports
- Conduct Medical Gas Testing per NFPA 99 – 2012



16



## Inspection Timeline and Tasks ANNUAL



- Consider having a Test and Balance performed of the HVAC System.
- Conduct Emergency Mock Drill – Tabletop Exercise
- Review all Policy and Procedures including HVA
- Perform Exit Sign Tests (90 minutes)
- Perform Egress Light Tests (90 minutes)



17

## Inspection Timeline and Tasks ANNUAL



- Assessment of Building Systems for Category – Risk Assessment
- Perform receptacle testing – Patient Care Areas
- Perform Circuitry Testing



18

## Poll

All **deemed status** surveys conducted on behalf of CMS now include a Life Safety Code Surveyor.

**Have you had a Life Safety Surveyor on a recent CMS deemed status survey?**



19

## How to talk to your Life Safety Surveyor

- Engineers speak a different language that can be difficult to understand.
- Tensions can rise when citations are discovered.
- To ensure a positive survey experience and successful outcome...what are some key things you should ask, say or not say?



20

## How to talk to your Surveying Engineer

- Be polite and respectful
- Don't be a "know it all"
- If you are unsure...ASK
- Do not say "We have been doing this for years and have never been cited"
- You are NOT "grandfathered"
- If you think an item is incorrect, ask for the specific code requirement or standard
- BE KIND, BE KIND, BE KIND
- ASK, ASK, ASK if you are uncertain



21

## REMEMBER

- Most surveyors are there to assist you and want you to succeed. Remain calm and seek to understand.
- Be prepared so you don't get caught off guard.
- Invest in a mock survey.
- We're here to help!



22

# eSupport Member Resource



## eSUPPORT/COMPLIANCE/TOOLS/ COMPLIANCE CALENDAR

ASC COMPLIANCE CALENDAR: LIFE SAFETY CODE			
<p>The newly adopted 2012 Life Safety Code imposes requirements for inspection, testing and maintenance of the fire safety system, med gas system and emergency electrical system. This calendar addresses activities typically performed by facility staff (vs. ASC ancillary service contractor). Refer to the Life Safety Code Overview on eSupport, to verify your ancillary service contracts address the required ITM (Inspection, Testing and Maintenance) schedules. This Facility Compliance Calendar addresses CMS and accrediting agency requirements ONLY. You must research your state and local regulations for different/additional requirements.</p>			
REQUIREMENT	DOCUMENTATION	WHO IS RESPONSIBLE	eSUPPORT RESOURCES
<b>DAILY</b>			
<b>Medical Gas</b>	Ensure a reserve supply of at least two cylinders is connected to the manifold. Track on a log.	Facility Personnel	
<b>Temperature and Humidity</b>	Log temperature and humidity, including action and resolution if the temperature or humidity are out of range. Operating Room (Class B and C) Temperature range 68 – 75°F Humidity range 20 – 60% Procedure Room (Class A) Temperature range 70 – 75°F Humidity range 20 – 60% Clean Utility (Clean Workroom) Temperature range 68 – 73°F Humidity maximum of 60% Sterile Storage Temperature maximum of 75°F Humidity maximum of 60% Soiled Utility (Decontamination Room) Temperature range 60 – 73°F PACU Temperature range 70 – 75°F Humidity range 20 – 60%	Facility Personnel	eSupport_Compliance_Policy and Procedure Update_Nursing_Environmental Standards and Logs
<b>DAILY, IF APPLICABLE AND/OR WITH OCCURRENCE</b>			
REQUIREMENT	DOCUMENTATION	WHO IS RESPONSIBLE	eSUPPORT RESOURCES
<b>Medical Device Malfunction (Mandatory)</b>	Report deaths, serious illnesses or injuries caused by a medical device to the FDA and/or manufacturer per regulatory standard.	Facility Personnel/Vendor	eSupport_Operations_Patient Safety_Overview_Medical Device Reporting
<b>WEEKLY</b>			
REQUIREMENT	DOCUMENTATION	WHO IS RESPONSIBLE	eSUPPORT RESOURCES
<b>Emergency Generator Inspection</b>	Verify enclosure is secure, area is clean, free of debris, and there are no conditions that can interfere with effective operation. Confer with vendor to determine additional observations that may be appropriate to document. Document training as an inservice and create log based on this training.	Facility Personnel - Trained	eSupport_Compliance_Policy and Procedure Update_Safety_Emergency Generator Operating Log
<b>Eye Wash Station Inspection</b>	Log weekly tests, per facility policy (pass or fail).	Facility Personnel	eSupport_Compliance_Policy and Procedure Update_OSHA_Eye Wash Stations
<b>MONTHLY</b>			
REQUIREMENT	DOCUMENTATION	WHO IS RESPONSIBLE	eSUPPORT RESOURCES
<b>Directional Airflow Monitoring</b>	Positive/negative air pressure testing (soiled utility/clean utility/OR/Procedure) including action and resolution if the air flow is not appropriate to the room.	Facility Personnel & Vendor on an Annual Basis (T&B)	eSupport_Compliance_Policy and Procedure Update_Nursing_Environmental Standards and Logs
<b>Emergency Egress Lighting</b>	Perform and document a functional test of all battery-powered lights required for egress for a minimum duration of 30 seconds. Ensure two bulbs per fixture are working. Create a log and keep documentation of this.	Facility Personnel	
<b>Line Isolation Monitoring</b>	Perform or obtain testing report of monthly line isolation monitoring circuits. The system installer should instruct staff members how to conduct the testing. The test button must test both audio and visual alarms. If your system is self testing and self calibrating, document when the monthly self test is completed but conduct one manual test per year.	Facility Personnel for alarms on a monthly basis - Annual test by Electrical Vendor	
<b>Visual Fire Sprinkler Test</b>	Log completion on Physical Environment Checklist.	Trained Internal Personnel	eSupport_Compliance_Life Safety

23

# eSupport Member Resource



## eSUPPORT/COMPLIANCE/LIFE SAFETY CODE



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### LIFE SAFETY CODE: OVERVIEW

Updated per 2012 Life Safety Code June 2017

The requirements for a Medicare Certified Ambulatory Surgery Center's (ASC's) physical environment originate from three sources: the Center's for Medicare and Medicaid Services (CMS) State Operations Manual Appendix L, the CMS-adopted edition of the National Fire Protection Association (NFPA) 2012 edition of the Life Safety Code (LSC) and the 2012 edition of NFPA 99, Health Care Facilities Code. CMS expects a "complete and comprehensive" assessment of LSC compliance with every ASC Medicare survey.

Medicare-certified ASC's should expect a more intensive and comprehensive LSC survey due to the presence of specialized life safety code surveyors. In the past, the LSC survey focused almost exclusively on the built environment. Today, the LSC survey includes long-standing but seldom checked requirements for the on-going inspection, testing, and maintenance of components in accordance with NFPA Standards.

The Accreditation Association for Ambulatory Health Care (AAAHC) incorporated a specially trained LSC surveyor into deemed status surveys in March 2013. The Joint Commission (TJC) followed suit in January 2015. Other deemed status accrediting organizations likewise now include specialized LSC surveyors on their Medicare survey team, and state agencies have also expanded their surveys to include separate LSC inspections with dedicated LSC surveyors. The oft-referred-to notion of "grandfathering" is a common misconception, for all components reviewed during a LSC survey is "fair game" and prior findings of compliance are irrelevant.

[Life Safety Code Surveyor Tool under the 2012 code](#)

If you haven't reexamined your facility for LSC compliance lately, it is a good idea to be prepared for upcoming surveys by consulting a specialist to perform a LSC mock survey. This may avoid costly citations on future surveys. Progressive Surgical Solutions has a LSC consultant on their team that can help!

SEARCH

**LIFE SAFETY CODE**

**Overview**

- Initial Approval Documents
- Inspection, Testing, and Maintenance
- Ongoing Inspection, Testing, and Maintenance
- Forms, Logs, and ITM Tools
- TJC Portal



24

# eSupport Member Resource



## eSUPPORT/COMPLIANCE/LIFE SAFETY CODE/ FORMS, LOGS, ITM TOOLS



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### LSC: FORMS, LOGS AND ITM TOOLS

If you have any questions regarding compliance with Life Safety Code requirements, please contact us to inquire about consulting services with our Life Safety Code expert [courtney@pss4asc.com](mailto:courtney@pss4asc.com)

 [CLICK LINKS BELOW TO DOWNLOAD](#)

### PHYSICAL ENVIRONMENT CHECKLIST

#### MONTHLY REQUIREMENT

Designated Personnel, appointed by the facility, shall conduct an environmental tour every month of all patient care areas in an effort to provide a safe and sanitary environment for patients, staff and visitors. The overall objective is to identify and eliminate any risks in the physical environment of care.

- [Physical Environment Checklist](#)

### LIFE SAFETY CODE FORMS AND LOGS

- [Emergency Call System Inventory and Annual Testing](#)
- [Emergency Exit Signs Log](#)
- [Operating Room Emergency Lights Testing Log](#)
- [Sprinkler Testing and Inspection Requirements - NFPA and TJC](#)
- [LIM Testing Requirements](#)
- [Generator Monthly Load Test](#)

SEARCH 

### LIFE SAFETY CODE

- Overview
- Initial Approval Documents
- Inspection, Testing, and Maintenance
- Ongoing Inspection, Testing, and Maintenance
- Forms, Logs, and ITM Tools**
- TJC Portal



25

# eSupport Member Resource



## eSUPPORT/COMPLIANCE/LIFE SAFETY CODE/ FORMS, LOGS, ITM TOOLS

### PHYSICAL ENVIRONMENT CHECKLIST

1

Designated Personnel, appointed by the facility, shall conduct an environmental tour every month of all patient care areas in an effort to provide a safe and sanitary environment for patients, staff and visitors. The overall objective is to identify and eliminate any risks in the physical environment of care.

Date: \_\_\_\_\_ Designated Inspector(s): \_\_\_\_\_

ITEM	YES	NO	N/A	COMMENTS
1. <b>Corridor Clearance</b> Any equipment that is not in active use may not impede the path of corridor egress. Permitted items may be staged on one side and not obstruct more than 50% of the width.				
2. <b>Corridor Clearance</b> All authorized equipment will be staged to one side.				
3. <b>Hallway Clearance</b> Soiled linen hampers are not in the hallways unless in active use.				
4. <b>Wet-Floor signs used and removed in a timely manner.</b>				



26

## Questions?

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27

## Continued Education



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28

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29

## Join our Private Facebook Group

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

[www.facebook.com/groups/ascmanagers/](http://www.facebook.com/groups/ascmanagers/)



30

## The 2020 Webinar Line Up!

DATE		CE	WEBINAR TOPIC	SPEAKER
March 27	20 min		Anesthesia Services	Chris Caldwell
April 24	60 min	✓	Credentialing Review	Crissy Benze
May 26	20 min		Medical Record Audit Walkthrough	Debra Stinchcomb
June 26	60 min	✓	Current Trends in HIPAA and Cybersecurity	Kurt Bratten, Esq.
July 27	20 min		Customer Service	Vanessa Sindell
August 28	60 min	✓	Sterile Processing Department Best Practices	Dave Walles
September 28	20 min		How to Make a Performance Appraisal Effective	Regina Boore
October 30	60 min	✓	Leadership Panel	TBD
November 30	20 min		Annual Survey Watch Report	Leanne Gallegos
December 28	60 min	✓	Problem Employees: How to Manage, How to Win	Abtin Mehdizadegan

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