CMS CHANGES

2012 Life Safety Code
Effective date July 5\textsuperscript{th}, 2016
Surveyors effective date November 1\textsuperscript{st}, 2016
CMS changes to 2012 LSC

In this final rule we are incorporating by reference:

- TIA are available online at www.nfpa.org/CMS
- TIA 12–2 to NFPA 99, issued August 11, 2011.
- TIA 12–3 to NFPA 99, issued August 9, 2012.
- TIA 12–5 to NFPA 99, issued August 1, 2013.
What facilities will be affected?

• Participating hospitals
• Critical access hospitals (CAHs)
• Long term care facilities
• Intermediate care facilities for individuals with intellectual disabilities (ICF–IID)
• Ambulatory surgery centers (ASCs)
• Hospices which provide inpatient services religious non-medical health care institutions (RNHCIs)
• Programs of all-inclusive care for the elderly (PACE) facilities.
LSC 2012

Should my facility invest in a LSC 101-2012 edition?
Yes, this will be very beneficial to you as a facility owner.

http://www.nfpa.org

2012 NFPA 101PDF - ($98.00)
2012 NFPA 101 - ($98.00)
2012 NFPA 101 Handbook PDF - ($185.50)
2012 NFPA 101 Handbook - ($185.50)
Quick Compare

Comparisons featuring full Code text for both the 2012 NFPA 101 and 2000 NFPA 101 chapters for new and existing health care occupancies (Chapters 18 and 19), new and existing ambulatory health care occupancies (Chapters 20 and 21), and new and existing residential board and care facilities (Chapters 32 and 33)

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Key Provisions
Chapter 18 New Health Care

- This code will apply to all new hospitals, nursing homes and limited care facilities.

- Compliance with provisions for existing

- Work mandated for compliance with LSC for an existing building (or an accessibility, property, housing or fire code) exempt from Chapter 43

- **Categories of work:**
  1. Repair
  2. Renovation
  3. Modification reconstruction
  4. Change of use
  5. Change of occupancy
  6. Addition

  *Office of the State Fire Marshal regulation 22-1-7 states a code footprint shall be prepared for all new buildings, new building additions, change in occupancy or building renovation.*

  **OSFM must approve during construction:**

  50% Final occupancy

  30 day notices are required for both to the licensing agency.
Chapter 18
Existing Health Care

- This code will apply to all existing hospitals, nursing homes and limited care facilities. At minimum, all existing facilities will be required to meet the existing chapters. Baseline you must meet the existing requirements. Chapter 43 will give you the specifics for the timeline.
**Ambulatory Health Care Occupancies**

- LSC defines an “Ambulatory Health Care Occupancy” as a facility capable of treating 4 or more patients simultaneously on an outpatient basis.

- CMS states all ASCs meet the provisions applicable to Ambulatory Health Care Occupancy, regardless of the number of patients served.

- CMS believes that hospital outpatient surgical departments are comparable to ASCs and thus should also be required to meet the provisions applicable to Ambulatory Health Care Occupancy Chapters, regardless of the number of patients served.

- Ambulatory health care definition:
  1. applies regardless of the number of patients served
Window Requirements

- CMS has proposed that every health care occupancy patient sleeping room must have an outside window or outside door with an allowable sill height not to exceed 36 inches above the floor with certain exceptions as follows:

1. Newborn nurseries and rooms intended for occupancy for less than 24 hours have no sill height requirements.
2. Windows in atrium walls shall be considered outside windows for the purposes of this requirement. Only to new with some exceptions.
3. The window sill height in special nursing care areas shall not exceed 60 inches above the floor. Only to new occupancy
Corridor Projections

Sections 18.2.3.4(2) and 19.2.3.4(2)—

• Non-continuous projections to be no more than 6 inches from the corridor wall.

• Health Care facilities must comply with the requirements of the ADA, including the requirements for protruding objects:

  1. 2010 Standards for Accessible Design (2010 Standards) generally limit the protrusion of wall-mounted objects into corridors to no more than 4 inches from the wall when the object’s leading edge is located more than 27 inches, but not more than 80 inches, above the floor.


• This requirement protects people who are blind or have low vision from being injured by bumping into a protruding object that they cannot detect with a cane.
Roller Latches

- **Sections 18.7.5.7.2 and 19.7.5.7.2**
  - Through fire investigations, roller latches have proven to be an unreliable door latching mechanism requiring extensive maintenance to operate properly.
  - Many roller latches in fire situations failed to provide adequate protection to residents in their rooms during an emergency.
  - Roller latches will be prohibited in existing and new Health Care Occupancies for corridor doors and doors to rooms containing flammable or combustible materials.
  - Roller latch is a type of door latching mechanism to keep a door closed
  - 2012 edition of the LSC requires corridor doors to be provided with a means for keeping the door closed that is acceptable to the authority having jurisdiction (CMS).
  - The LSC permits roller latches capable of keeping the door fully closed if a force of 5 pounds is applied at the latch edge or roller latches in fully sprinklered buildings.

- **Roller latches prohibited**
  1. Doors to corridors
  2. Doors to rooms containing flammable or combustible materials.
Corridor Clutter

• Wheeled equipment is allowed:
  1. Shall not reduce corridor width less than 5 ft.
  2. Fire Safety plan and training program needs to address the relocation during fire and other emergency’s.
  3. Make sure your staff has the answer to the relocation
  4. Limited the wheeled equipment to what is in use (CMS says more than 30 minutes)
  5. Patient lift and transport lift is permitted

• Fixed furniture is allowed in corridors—
  Corridor must be 8 ft – if you can’t meet 8 ft. you can’t use this allowance
  1. Furniture must be securely attached to the floor or the wall
  2. Not reducing less than 6 ft.
  3. One side of the corridor - no zig zagging back and forth
  4. Grouping cannot exceed 50 sq. ft.
  5. The grouping must be separated by at least 10 ft
  6. Do not obstruct LSC features or building services (i.e. manual pulls, fire extinguishers)
  7. Corridor must be protected by smoke detection or in direct supervision by staff
Alcohol Based Hand Rubs (ABHRs)

Sections 18.3.2.6 and 19.3.2.6

This provision explicitly allows aerosol dispensers, in addition to gel hand rub dispensers.
- Aerosol dispensers are subject to:
  1. quantity
  2. location
  3. just as gel dispensers are limited.
  4. Max capacities for individual contains - 10 gallons use outside storage – per smoke compartment
  5. And one located in the room does not need to be counted towards the 10 gallons
  6. CMS made modification – this is not in the LSC
  7. Required ABHRs to be protected against “inappropriate access”
     1. Dementia or Psychiatric units
     2. Areas frequently monitored (i.e. nurse station or close circuit TV)
Sections 18.7.5.7.2 and 19.7.5.7.2-

- Provision requires that containers used solely for recycling clean waste
- Limited to a maximum capacity of 96 gallons.
- If the recycling containers are located in a protected hazardous area, the container size will not be limited.
Sprinklers in High-Rise Buildings

Sections 18.4.2 and 19.4.2-

- Buildings over 75 ft. (generally greater than 7 or 8 stories) in height must have automatic sprinkler systems installed throughout the building.
- 2012 LSC allows 12 years from when the authority having jurisdiction (which in this case is CMS) officially adopts the 2012 edition of the LSC for existing facilities to comply with the sprinkler system installation requirement.
- Those facilities that are not already required to do so will have 12 years following publication of this final rule, which adopts the 2012 LSC, to install sprinklers in high-rise buildings.
Door Locking

Sections 18.2.2.5.2 and 19.2.2.5.2

- Needs of patients require specialized protective measures for their safety, door-locking arrangements are permitted by this section.

Example:
- locked psychiatric facilities are designed such that the entire facility is secure and obstructs patients and others from improperly entering and exiting. This provision allows interior doors to be locked, subject to the following requirements:

  (1) All staff must have keys;
  (2) smoke detection systems must be in place;
  (3) the facility must be fully sprinklered;
  (4) the locks are electrical locks that will release upon loss of power to the device; and
  (5) the locks release by independent activation of the smoke detection system and the water flow in the automatic sprinkler system.
Corridors

- **Sections 18.2.3.4 and 19.2.3.4**

  - This provision allows for wheeled equipment that is in use, medical emergency equipment not in use, and patient lift and transportation equipment be permitted to be kept in the corridors for more timely patient care.

  - This provision also allows facilities to place fixed furniture in the corridors, although the placement of furniture or equipment must not obstruct accessible routes required by the ADA.

  - See section 403.5 of the 2010 Standards.
Cooking Facilities

Sections 18.3.2.5.3 and 19.3.2.5.3

Cooking facilities are allowed in a smoke compartment where food is prepared for 30 individuals or fewer (by bed count). The cooking facility is permitted to be open to the corridor, provided that the following conditions are met:

- The area being served is limited to 30 beds or less.
- The area is separated from other portions of the facility by a smoke compartment.
- The range hood and stovetop meet certain standards—
  **+** A switch must be located in the area that is used to deactivate the cook top or range whenever the kitchen is not under staff supervision.
  **++** The switch also has a timer, not exceeding 120-minute capacity that automatically shuts off after time runs out.
- Two smoke detectors must be located no closer than 20 feet and not further than 25 feet from the cooktop or range.
Furnishings & Decorations

Sections 18.7.5.1 and 19.7.5.1

- This provision allows combustible decor in any health care occupancy as long as the decor is flame-retardant or treated with approved fire-retardant coating that is listed and labeled, and meet fire test standards.

- Decor may not exceed the following:

1. 20 percent of the wall, ceiling and doors, in any room that is not protected by an approved automatic sprinkler system;
2. 30 percent of the wall, ceiling and doors, in any room (no maximum capacity) that is not protected by an approved, supervised automatic sprinkler system; and
3. 50 percent of the wall, ceiling and doors, in any room with a capacity of 4 people (the actual number of occupants in the room may be less than its capacity) that is not protected by an approved, supervised automatic sprinkler system.
**Fireplaces**

**Sections 18.5.2.3 and 19.5.2.3**

- This provision allows direct-vent gas fireplaces in smoke compartments without the 1 hour fire wall rating.

As follows:

1. Fireplaces must not be located inside of any patient sleeping room.
2. Solid fuel burning fireplaces are permitted and can be used only in areas other than patient sleeping rooms, and must be separated from sleeping rooms by construction of no less than a 1 hour fire resistance wall rating.
Outside Window or Door Requirements

- This is a separate from the requirements of the LSC:

- CMS has proposed that every health care occupancy patient sleeping room must have an outside window or outside door with an allowable sill height not to exceed 36 inches above the floor with certain exceptions, as follows:

1. Newborn nurseries and rooms intended for occupancy for less than 24 hours have no sill height requirements.

2. Windows in atrium walls shall be considered outside windows for the purposes of this requirement.

3. The window sill height in special nursing care areas shall not exceed 60 inches above the floor.
Doors

Sections 20.3.2.1 and 21.3.2.1

• This provision requires all doors to hazardous areas be self-closing or close automatically.
Extinguishment Requirements

Sections 20.3.5 and 21.3.5

This provision is related to sprinkler system requirements and requires the evacuation of a building or the instituting of an approved fire watch when a sprinkler system is out of service for more than 10 hours in a 24-hour period until the system has been returned to service.
Anesthetizing Locations

- This provision requires that anesthetizing locations be protected in accordance with the 2012 edition of NFPA 99, Health Care Facilities Code.

- The 2012 edition of NFPA 99 does not require a smoke control ventilation system in anesthetizing locations.

- CMS has proposed a requirement, separate from the LSC and NFPA 99, to require air supply and exhaust systems for windowless anesthetizing locations that is arranged to automatically vent smoke and products of combustion to prevent the circulation of smoke originating from within and outside the operating room.
Residential Board and Care Occupancies

- The following are key provisions that appear in the 2012 edition of the LSC for Chapter 32, “New Residential Board and Care Occupancies” and Chapter 33, “Existing Residential Board and Care Occupancies.”

- LSC classify “board and care” as a facility “used for lodging or boarding of 4 or more patients not related to the owners or operators by blood or marriage, for the purpose of providing personal care services.

- CMS has proposed that the LSC requirements would apply to a facility regardless of the number of patients served.

- This applies only CMS-regulated facilities that would be subject to these provisions would be intermediate care facilities for individuals with intellectual disabilities (ICF–IIDs), which are regulated under 42 CFR part 483, subpart I.
Sprinklers

- This revised provision has been expanded to require that sprinkler systems be installed in all habitable areas, closets, roofed porches, balconies and decks of new occupancies.
Attics

Sections 32.2.3.5.7 and 33.2.3.5.7

This new provision requires attics of new and existing facilities to be sprinklered. For both new and existing board and care facilities, if the attic is used for living purposes, storage, or housing of fuel fired equipment, it must be protected with an automatic approved sprinkler system. If the attic is used for other purposes or is not used, then it must meet one of the following requirements:

1. Have a heat detection system that activates the building fire alarm system;
2. have automatic sprinklers;
3. be of noncombustible or limited-combustible construction; or
4. be constructed of fire-retardant-treated wood.
Smoke Alarms

- This provision will only affect newly constructed facilities.

- Approved smoke alarms are required to be installed inside every sleeping room, outside every sleeping area, in the immediate vicinity of the bedrooms, and on all levels within a resident unit.
Hazardous Areas

- This provision is for existing facilities with impractical evacuation capabilities.

- All hazardous areas must be separated from other parts of the building by smoke partitions.
Waiver Authority

- CMS has proposed to retain our existing authority to waive provisions of the LSC under certain circumstances, further reducing the exposure to additional cost and burden for facilities with unique situations. A waiver may be granted for a specific LSC requirement if we determine that—

  1. the waiver would not adversely affect patient/staff health and safety; and
  2. it would impose an unreasonable hardship on the facility to meet a specific LSC requirement. In cases where a provider or supplier has been cited for a LSC deficiency, the provider or supplier may request a waiver recommendation from its State Survey Agency or Accrediting Organization (AO) with a CMS approved Medicare and applicable Medicaid accreditation program. The State Survey Agency or AO reviews the request and makes a recommendation to the appropriate CMS Regional Office. The CMS Regional Office will review the waiver request and the recommendation and make a final decision.

- CMS will not grant a waiver if patient health and safety is compromised.

- The LSC recognizes alternative systems, methods, or devices approved as equivalent by the authority having jurisdiction (AHJ) as being in compliance with the LSC. CMS, as the AHJ for certification will determine equivalency through the waiver approval process.
Fire Safety Evaluation System (FSES)

- CMS has retained their authority to apply the Fire Safety Evaluation System (FSES) option within the LSC as an alternative approach to meeting the requirements of the LSC.

- This includes the determination of how the FSES will be applied to each occupancy and which edition of the FSES is most appropriate to use.

- Care Facilities; 8—Plumbing; 12—Emergency Management; and 13—Security Management. In the following section, we describe the key provisions within the NFPA 99. The first three chapters of the NFPA 99 address the administration of the NFPA 99, the referenced publications and definitions.
THANK YOU!