

Life Safety Code News From Chicago

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05/02/08

- **LIFE SAFETY CODE MANAGERS MEETING**
- **CMS OFFICE IN CHICAGO, ILLINOIS**
- **MARCH 11 & MARCH 12, 2008**
- **REPRESENTATIVES FROM BOTH REGIONS V and VII**

- **TOP 10K-TAGS CITED IN NURSING HOMES IN FFY07**
- **K144 – INSPECTION AND TESTING OF GENERATORS TOPPED THE LIST**
- **WE ANTICIPATE THAT K144 AND K038 WILL DECREASE IN FFY08**

**LACK OF DOCUMENTATION IS
STILL A BIG ISSUE THAT ACCOUNTS
FOR MANY DEFICIENCIES AT
DIFFERENT K-TAGS**

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- **CONSTRUCTION TYPE**
- **THIS DISCUSSION CONFIRMED THAT MINNESOTA IS SURVEYING CORRECTLY**
- **FACILITY MANAGERS MUST KNOW THE TYPE OF CONSTRUCTION AND YEAR OF CONSTRUCTION**

- SPACES OPEN TO THE CORRIDOR
- REFERENCE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) STANDARD 101 (LIFE SAFETY CODE, 2000 EDITION), 18/19.3.6.1

- ANY SPACE THAT MEETS THE EXCEPTIONS LISTED AT THE 18/19.3.6.1 CAN BE OPEN TO THE CORRIDOR
- EXCEPTIONS #1, #2, #3, AND #7 ARE MOST COMMONLY USED IN LTC

**THE TYPICAL RECEPTION OFFICE
WITH A LARGE OPENING IN THE WALL
TO ACCOMMODATE EASY CONTACT
WITH VISITORS, STAFF, AND
RESIDENTS IS INCLUDED**

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- **DOCUMENTATION REQUIRED FOR TESTING OF THE BUILDING AUTOMATIC FIRE ALARM SYSTEM**
- **THE 4-PAGE FORM AT NFPA STANDARD 72 (FIRE ALARM SYSTEMS, 1999 EDITION), 7-5.2.2 IS THE STANDARD**

**THE FACILITY MAY USE ANY FORM
IT CHOOSES SUCH AS ONE IT
DEVELOPED OR A FORM DEVELOPED
BY THE TESTING COMPANY**

**REGARDLESS OF SOURCE OF THE
FORM, ANY FORM USED TO
DOCUMENT THE TESTING OF THE
BUILDING'S FIRE ALARM SYSTEM
MUST CONTAIN ALL OF THE
INFORMATION DETAILED ON THE
NFPA 72 FORM**

- **ITEMS THAT ARE NOT APPLICABLE TO THE SPECIFIC FIRE ALARM SYSTEM IN YOUR BUILDING ARE REQUIRED TO BE MARKED “N/A”**
- **ALL ITEMS MUST HAVE A NOTATION**

- **DISCUSSED THE USE OF A FIRE WATCH**
- **A FIRE WATCH MUST BE CONTINUOUS**
- **NOT ACCEPTABLE FOR THE EMERGENCY PLAN TO INDICATE THAT A FIRE WATCH WILL BE CONDUCTED HOURLY OR OTHER INCREMENT OF TIME**

**THE DEDICATED PERSON(S)
CONDUCTING THE FIRE WATCH MUST
DO SO CONTINUOUSLY, REGARDLESS
OF THE AMOUNT OF TIME NEEDED TO
COVER THE FACILITY**

- **A COMPLETE FIRE WATCH SHOULD NOT EXCEED ONE HOUR**
- **ADDITIONAL PERSONS MAY BE REQUIRED TO BE DEDICATED FIRE WATCHES TO ACCOMPLISH THIS GOAL**

- **CMS EXPECTS TO PROMULGATE THE NEW SPRINKLER SYSTEM REGULATION IN LATE SUMMER, 2008**
- **AT THIS TIME, THE PHASE-IN PERIOD HAS NOT BEEN DETERMINED**
- **NO FUNDING IS INCLUDED WITH THE REGULATION**

- **CMS WOULD LIKE EACH STATE TO CONTINUE TO REPORT ANY FIRES IN LTC OR NLTC**
- **VOLUNTARY, HOWEVER; IT PROVIDES A GOOD SNAPSHOT OF OUR FIRE PREVENTION EFFORTS**
- **1st REPORT SHOULD GO TO STATE FIRE MARSHAL**

- LIQUID OXYGEN CONTINUES TO COMMAND ATTENTION
- DURING A RECENT FMS, THE LSC INSPECTOR OBSERVED THREE (3) 41-LITER CONTAINERS OF LIQUID OXYGEN CONNECTED TOGETHER AND IN USE
- THIS RESULTED IN A DEFICIENCY AT K076

- THE ISSUE IS THE TOTAL CUBIC FEET OF A MEDICAL GAS IN ONE ROOM
- THERE ARE A CONSIDERABLE NUMBER OF REQUIREMENTS FOR A ROOM THAT CONTAINS QUANTITIES IN EXCESS OF 3000 CUBIC FEET

- REFER TO NFPA 99 (HEALTH CARE FACILITIES, 1999 EDITION)
- CMS FEELS THAT USING MULTIPLE CONTAINERS CONNECTED TOGETHER CONSTITUTES A MANIFOLDED SYSTEM
- THIS INVOKES SEVERAL ADDITIONAL REQUIREMENTS REGARDING THE WHOLE SYSTEM

- THE DEFICIENCY FOCUSED ON THREE CONTAINERS; THIS CLEARLY EXCEEDED THE 3000 CF THRESHOLD
- MDH AND THE SFM HAVE ASKED IF TWO CONTAINERS (LESS THAN 3000 CF) MUST BE CONSIDERED A “MANIFOLDED SYSTEM”
- CMS HAS NOT YET RESPONDED TO THAT QUESTION

- **IS NATURAL GAS THE PRIMARY SOURCE OF FUEL FOR YOUR EMERGENCY GENERATOR?**
- **IF SO, BE SURE THAT YOU HAVE A LETTER FROM THE NATURAL GAS VENDOR THAT CLEARLY INDICATES THAT THERE IS “LITTLE LIKELIHOOD OF AN OUTAGE”**

- **LOCKS ON DOORS IN THE REQUIRED MEANS OF EGRESS**
- **AS A RESULT OF A LETTER FROM CMS TO MDH, DATED AUGUST 6, 2007, CMS CLEARLY IS NOT EXPECTING FACILITIES TO REMOVE ALL OF THE VARIOUS LOCKING DEVICES CURRENTLY INSTALLED ON DOORS IN THE REQUIRED MEANS OF EGRESS**

**LOCKING ARRANGEMENTS THAT
COMPLY WITH THE THREE
EXCEPTIONS LISTED AT 18/19.2.2.2.4
ARE ACCEPTABLE**

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**IN ADDITION, ALL LOCKS MUST
COMPLY WITH THE REQUIREMENTS
DETAILED IN THE STATE BUILDING
CODE AND MINNESOTA STATE FIRE
CODE**

**IN EFFECT, THE LETTER FROM CMS
LISTED CONDITIONS THAT MUST BE
MET IF THE LOCKS WILL REMAIN ON
THE DOORS**

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- **EXCEPTION #1 IS GENERALLY ASSOCIATED WITH A DEMENTIA CARE UNIT**
- **THE ASSOCIATED CONDITION IS THAT ALL STAFF AND VISITORS MUST BE ABLE TO READILY EXIT ALL DOORS LEADING OUT OF THE DEMENTIA CARE UNIT**

**EXCEPTION #2 (DELAYED EGRESS
LOCKS) MAY BE INSTALLED ON ANY
DOORS IN THE REQUIRED MEANS OF
EGRESS SUBJECT TO REQUIREMENTS
DETAILED AT 18/19.2.2.2.5 AND 7.2.1.6.1**

**THE ASSOCIATED CONDITION IS
THAT ALL STAFF, VISITORS, AND
COGNITIVELY ALERT RESIDENTS
MUST BE ABLE TO READILY EXIT
THESE DOORS**

- **LET'S DISCUSS THESE THREE GROUPS**
- **ALL STAFF MUST KNOW HOW TO EXIT ANY LOCKED DOOR IN THE REQUIRED MEANS OF EGRESS**
- **NO EXCEPTIONS REGARDING A PARTICULAR DOOR OR LOCKING ARRANGEMENT**

**VISITORS 12 YEARS OLD AND OLDER
MUST BE ABLE TO READILY EXIT
THESE LOCKED DOORS**

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**COGNITIVE RESIDENTS, REGARDLESS
OF OTHER CONDITIONS SUCH AS
PHYSICAL DISABILITY, MUST BE ABLE
TO READILY EXIT ALL DOORS IN THE
REQUIRED MEANS OF EGRESS**

THE FACILITY MUST ASSURE THAT THE RESIDENT IS FULLY AWARE OF THE REASON THAT RESIDENT WOULD NOT WANT TO TRY TO EXIT SPECIFIC DOORS (E.G. A 2nd STORY STAIRWELL DOOR)

IT IS ACCEPTABLE TO POST WRITTEN INSTRUCTIONS AT EACH LOCKED DOOR AND TO ADVISE STAFF, VISITORS, AND RESIDENTS HOW TO EXIT EACH DOOR

**IT IS NOT NECESSARY FOR EACH
RESIDENT OR VISITOR TO HAVE THE
OVERRIDE PROCEDURE MEMORIZED**

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**IF ASKED BY A SURVEYOR OR
INSPECTOR TO DEMONSTRATE
COMPETENCY, THEY MUST BE ABLE
TO GO TO THE DOOR QUICKLY,
PERFORM THE PROCEDURES, AND
EXIT THE DOOR**

- IT IS ACCEPTABLE IF THEY MUST FIRST READ THE OVERRIDE CODE
- THEY MUST KNOW WHAT TO DO WITH THAT CODE WITHOUT ANY PROMPTING

**TRANSPONDER ACTIVATED LOCKING
DEVICES ARE ACCEPTABLE
BECAUSE, WHEN APPROPRIATELY
ASSIGNED TO A RESIDENT, THEY
MEET EXCEPTION #1**

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**AS A RESULT OF THE LETTER FROM
CMS, WAIVERS FOR K038 SHOULD NO
LONGER BE NECESSARY**

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MANY FACILITIES RECEIVED AN IMMEDIATE JEOPARDY DEFICIENCY THIS WINTER AS THE RESULT OF EXPOSING RESIDENTS TO HOT SURFACES ASSOCIATED WITH THE BUILDING'S CENTRAL HEATING SYSTEM

**THE SURFACE TEMPERATURE OF ANY
EQUIPMENT OR PIPING ASSOCIATED
WITH A BUILDING'S HEATING SYSTEM
MUST NOT EXCEED 159 DEGREES
FAHRENHEIT**

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IF NORMAL OPERATION OF THE HEATING SYSTEM REQUIRES SURFACE TEMPERATURES IN EXCESS OF 159 DEGREES FAHRENHEIT, THE FACILITY MUST INSTALL PROTECTIVE INSULATION OR A PROTECTIVE BARRIER THAT PREVENTS ANY ACCESS TO THE EQUIPMENT OR PIPING BY RESIDENTS

**FACILITIES ARE ENCOURAGED TO
PURCHASE A SURFACE
TEMPERATURE THERMOMETER TO
MONITOR THESE TEMPERATURES**

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THANK YOU FOR YOUR ATTENTION



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