

**Bits and Pieces of the Life
Safety Code from
the Minnesota
Department of Health
and
the Centers for Medicare
and Medicaid
Services**

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Section

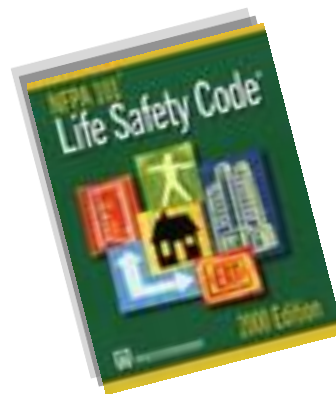
2011 Midwest Consortium (CMS Regions
V and VII)

Life Safety Code Managers Meeting
CMS Kansas City Regional Office
(Kansas City, MO)

FFY 2010 TOP TEN LSC DEFICIENCIES

We discussed the top ten (10) LSC deficiencies in SNFNFs (as cited by the State Survey Agency (SSA))

In Minnesota for FFY10, this was Data Tag K050



FFY 2010 TOP LSC DEFICIENCY

Data Tag K050 addresses fire drills

This deficiency was #8 of the top 10 nationwide

FFY 2010 TOP LSC DEFICIENCY

Fire drills must be DOCUMENTED

This includes the time and date of the drill

The documentation must indicate that transmission of the alarm occurred

An actual activation of the fire alarm system can be counted as a drill

FFY 2010 TOP LSC DEFICIENCY

Fire drills must be conducted at a frequency of one per shift per quarter.

Fire drills conducted at shift change cannot be counted for both shifts

FFY 2010 TOP LSC DEFICIENCY

Fire drills must be conducted under varying conditions

This includes varying the time during the shift, the location of the fire, and the type of fire

FFY 2010 TOP LSC DEFICIENCY

Blocked exits should be occasionally
Used and varied to test staff response



STAFF PARTICIPATION IN FIRE DRILLS

The issue of staff attendance and participation in fire drills was discussed with CMS late last year

The result of this discussion is worth noting

STAFF PARTICIPATION IN FIRE DRILLS

ALL staff working in the facility when the fire drill occurs must participate in the fire drill

Documentation of the fire drill must include a list of staff who participated in the drill



STAFF PARTICIPATION IN FIRE DRILLS

It is not necessary to have ALL staff employed by a facility participate in the fire drills

Obviously, these drills may occur on days and times throughout the year when some staff are not working at the facility

STAFF PARTICIPATION IN FIRE DRILLS

ALL staff employed by the facility are expected to be familiar with the facility's fire and emergency procedures plans

It is recommended that familiarization with these plans be built into an annual in-service program

FFY 2010 TOP TEN LSC DEFICIENCIES

Data Tag K050 was followed by K067
(using the corridor as a plenum)

- K029 (Hazardous areas)
- K056 (Sprinkler protection)
- K052 (Fire alarm system installation, maintenance and testing)



FFY 2010 TOP TEN LSC DEFICIENCIES

If you work in a hospital, Data Tag K050 was still the #1 deficiency cited

It was followed by K052 (Fire alarm system installation, maintenance, and testing)

- K029 (Hazardous areas)
- K046 (Emergency illumination)
- K056 (Sprinkler protection)



FFY 2010 TOP TEN LSC DEFICIENCIES

There was considerable discussion
regarding Data Tag K069

Baffle type filters are required in commercial
hoods

Mesh filters are not permitted (reference
NFPA 96 (98), Section 3-1)

FFY 2010 TOP TEN LSC DEFICIENCIES

Baffle type filters must be oriented correctly
(NFPA 96 (98), Section 3-2.7)

We were shown several slides of both
incorrect and correct filter installations

FFY 2010 TOP TEN LSC DEFICIENCIES

A copy of the CMS document “Top Ten Deficiencies and Helpful Hints to Avoid Them” is attached to your handout



FEDERAL MONITORING SURVEYS

With respect to the federal monitoring surveys, CMS staff were quite clear that they are **NOT** focusing on facilities listed as either partially sprinkled or not sprinkled

We learned that CMS will not conduct a repeat FMS within 3 years of a previous FMS

FFY 2010 TOP TEN LSC DEFICIENCIES

If you have already had a FMS and three (3) years has passed, your facility could receive another FMS

AUTOMATIC SPRINKLER MANDATE

CMS staff again mentioned August 13, 2013

According to our records, Minnesota has 18 nursing homes that are yet to be fully sprinkled

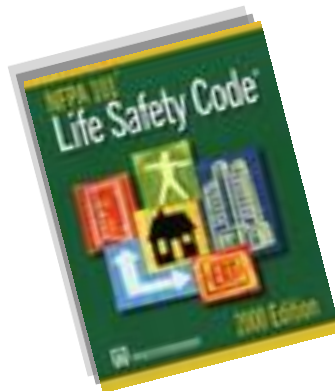
AUTOMATIC SPRINKLER MANDATE

Although CMS is still considering using the 23-day fast track decertification, it is more likely that the standard enforcement action will be used

AUTOMATIC SPRINKLER PROTECTION

We discussed “Alternative Methods of Suppression”

Please refer to NFPA Standard 101 (Life Safety Code, 2000 edition), 9.7.3.1



AUTOMATIC SPRINKLER PROTECTION

“In any occupancy where the characteristics of the potential fuel for fire is such that extinguishment or control of fire is effectively accomplished by a type of automatic extinguishing system other than

AUTOMATIC SPRINKLER PROTECTION

an automatic sprinkler system, such as water mist, carbon dioxide, dry chemical, foam, Halon 1301, water spray, or a standard extinguishing system of water spray, or a standard extinguishing system of another type, that system is permitted to be installed in lieu of

AUTOMATIC SPRINKLER PROTECTION

an automatic sprinkler system. Such systems shall be installed, inspected, and maintained in accordance with appropriate standards”

AUTOMATIC SPRINKLER PROTECTION

When presented with alternative systems as listed above, code officials have argued that health care facilities must be sprinkled in accordance with NFPA Standard 13 (99); not NFPA Standard 101 (00)

AUTOMATIC SPRINKLER PROTECTION

Since the alternate methods are listed in NFPA Standard 101 (00) instead of NFPA Standard 13 (99), they are not being accepted



AUTOMATIC SPRINKLER PROTECTION

NFPA 13 (99), 1-2 states (in part); “Nothing in this standard is intended to restrict new technologies or alternate arrangements, provided the level of safety prescribed by this standard is not lowered”

AUTOMATIC SPRINKLER PROTECTION

NFPA 13 (99) clearly accepts alternate methods, therefore, the alternate methods listed in NFPA Standard 101 (00), are acceptable

AUTOMATIC SPRINKLER PROTECTION

This is important because it provides alternatives in protecting computer rooms, elevator shafts and machine rooms, and other sensitive areas

OHIO “BEST PRACTICES” PRESENTATION

We had a “Best Practices” presentation from Ohio

They provided copies of a “Preventative Maintenance Manual” that was developed as a joint effort with LeadingEdge Ohio, the Ohio Academy of Nursing Homes, the Ohio Health Care Association, the Ohio Veteran’s Home, and the Ohio Department of Health

OHIO “BEST PRACTICES” PRESENTATION

This document is quite comprehensive and appears to cover most (if not all) major Life Safety Code components

It can be accessed and downloaded at:

www.odh.ohio.gov

(Ohio Department of Health Home page)

Enter “preventative maintenance manual” in search box

It should be the first listing on the “search results” page

OHIO “BEST PRACTICES” PRESENTATION

The document is currently being updated and we have been advised that the March 2011 edition will be posted on their web site by the end of May, 2011

HUMIDIFICATION IN ANESTHETIZING LOCATIONS

The new ASHRAE 170-2008 has reduced the recommended relative humidity level in anesthetizing locations to 20%

This has a direct impact on operating rooms in both hospitals and ambulatory surgical centers.

HUMIDIFICATION IN ANESTHETIZING LOCATIONS

MN. Rule 4675.1600, subp. A, requires a relative humidity of 50 – 60% in the operating rooms

NFPA 99 (99), 5-4.1.1 requires that the mechanical ventilation system supplying anesthetizing locations have the capability of controlling the relative humidity at a level of 35% or greater

HUMIDIFICATION IN ANESTHETIZING LOCATIONS

MDH has sent a letter to CMS advising that; “The Department feels that it would be prudent to allow licensed and certified surgical centers to reduce the relative humidity in anesthetizing locations to 20% if so desired. We sincerely hope that CMS will support this position”

We requested a written response to our letter

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

Cooking anywhere outside of the main dietary kitchen in a federally certified nursing home is about to change



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

Cooking foods outside of the main dietary kitchen was discussed

MDH had asked several questions of CMS staff regarding cooking food in neighborhood, activity, and therapy kitchens

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

CMS staff in Baltimore provided clear concise answers to all of these questions

The questions focused mostly on what type of cooking can occur in these (mostly) residential type kitchens

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

The 2nd very important aspect of this issue is CMS's assertion that these kitchens must be considered hazardous areas and protected in accordance with requirements of the Life Safety Code relative to hazardous areas

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

This includes what Minnesota refers to as “neighborhood kitchens”

The Department is currently evaluating the answers and developing the information that needs to be shared with providers

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

Most likely, the Department will prepare an Information Bulletin that details all of the information to the providers at the same time



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

The next edition of the Life Safety Code is due to be published in 2012

There are 176 pages of proposed changes to the Life Safety Code that will be voted upon at the 2011 NFPA Convention in June

Approximately 7 pages address cooking issues (18/19.3.2.5)

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

I have reviewed the proposed changes and there are two common themes that are evident

Proposed 18.3.2.5.2 “Where residential cooking equipment is used for food warming or limited cooking, the equipment shall not be required to be protected in accordance with 9.2.3

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

and the presence of the equipment shall not require the area to be protected as a hazardous area”

Food warming or limited cooking” are generally restricted to therapy kitchens

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

Proposed 18.3.2.5.3 “Within a smoke compartment, where residential or commercial equipment is used to prepare meals for 30 or fewer persons, one cooking facility shall be permitted to be open to the corridor provided all of the conditions are met”

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

There are twelve (12) conditions, including a range hood with a minimum capacity of 500 CFM and a UL 300 automatic extinguishing system



QUESTIONS



• THANK YOU FOR

• HAVING ME HERE TODAY