

**MINUTES FROM STAKEHOLDERS MEETING  
JANUARY 8, 2007  
NORTH MEMORIAL HOSPITAL**

Present: P. Sheehan, J. Loveland, D. Shreve, K. Carlson, D. Beardsley, P. Jaroscak, J. Juntunen

The meeting was called to order at 10:00AM.

Loveland and Sheehan provided an update of items covered at the CMS meeting they attended in Chicago in early December 2006.

Alcohol Based Hand Rub (ABHR) dispensers may project up to 6 inches into a corridor that is at least 6 feet in width. CMS has accepted NFPA's TIA interpretation to the LSC(00) which is also a part of LSC(06). The MSFC(07) will also contain similar language. All other location and size requirements will still apply. DSFM'S can immediately accept the new container sizes. (Subsequent to the meeting Loveland provided additional information reference to the location of containers "adjacent to" ignition sources. Initial information of 6 inches or 12 inches [horizontal/vertical] is no longer valid. CMS is citing all instances where the dispenser is above the source, or beside the source. They look for evidence of splashing on the ignition source. Lacking that evidence they make a judgment call on whether the ABHR "could" splash on the ignition source)

CMS is telling us that oxygen (liquid or gaseous) left unattended and unused in a resident room for 30 minutes or more, is considered to be in storage, and must be cited under K076. The only exception is if the resident has a standing doctors order for "oxygen as needed" or a PRN. Loveland has a request into Puritan Bennett reference what actually constitutes an oxygen "enriched" level within the room, based on the rate of natural venting from a liquid oxygen container. (Subsequent to the meeting, 1-16-07, Shreve provide a lengthy understanding of the math and physics involved. Based on this information it is very unlikely that an "oxygen enriched" condition could/would occur within the resident room. Thanks to D. Shreve for the leg work on this.) [ On 1-17-07 Loveland provided additional information. He learned that S&C-07-10 is applicable only to gaseous oxygen. CMS has now decided that at PRN order is NOT justification for having a liquid oxygen container not in use for more then 30 minutes in a resident room. The directive to DSFM's is to cite under K76 any unused container in a resident room for more then 30 minutes, regardless of the PRN order] It was further discussed, that a room designed and built to serve as a liquid oxygen "transfer room" may not meet the requirement of a "storage room".

CMS has clarified that single station smoke detectors need only be installed in rooms that are in smoke compartments NOT protected by complete automatic fire sprinkler systems. Sleeping rooms in smoke compartments protected by AES do not need SD's.

CMS has determined that an FSES/HC conducted by a hired entity trained to conduct an FSES/HC can be used as an alternative to providing the hard surface to the public way required by K038. The FSES/HC would be required annually at the time of inspection. MDH will not longer support any requests for waivers (annual or temp) reference K038. Facilities have had plenty of time to be in compliance with this requirement.

In Region V, K018 is the most often cited K-Tag. Most cites reference the gap around the resident room door exceeding 1/8 inch. Gaps need to be measured on two different planes. If one of the planes is in compliance, then the door is in compliance. If the gaps are less than 1/8 inch light may still shine through. Any and all “smoke gasket” materials used shall be rated and applied for such purposes.

CMS reiterated that “culture change”, as required by CMS can NOT compromise the required width of corridors. Region V will be taking a hard look at any culture change that may reduce the corridor width beyond what is acceptable in the LSC, *or by CMS interpretation.*

Between 1-1-07 and 6-30-07 CMS Region V needs to be notified on any fires in health care facilities. Facilities **shall** effective immediately notify the DSFM responsible for inspection in there area of fires in the facility. A false alarm is not considered a “reportable fire”. However, a fire that has been extinguished by staff is a “reportable fire”. DSFM’s will forward this information to DSFM Sheehan, who will in turn provide the information to Loveland, and Loveland will forward to CMS. **Notification must go to the DSFM ASAP !!**

Consulting. DSFM’s can not consult as a surveyor. However, CMS has determined that an inspector can respond to any “direct questions.” DSFM’s have been directed that as a **Deputy State Fire Marshal**, they will provide information to the facility that they may need in order to comply with cites. They will further provide all options available within the code to ensure compliance.

CMS has determined that an FSES/HC can **ONLY** be used as an alternative do items that can **NOT** be corrected. Further, the FSES/HC can **NOT** be used if the facility has annual waivers for any other items.

An effort is under way by CMS to codify and clarify all program letters that are currently in effect.

Mobile MRI units that are *attached* to the facility must meet the requirements of the LSC.

CMS will not be going to a more current edition of the LSC at any time in the near future. They are monitoring the national movement to require all health care facilities to be protected by complete automatic fire sprinkler systems.

CMS will be conducting 19 FMS surveys in MN this year. Wexelberg has been requiring hand rails on any exterior sidewalks when the ground next to the walk is more than 30 inches from the surrounding ground surface.

The requirements for re-mote monitoring of emergency generators was discussed.

P. Jaroscak, informed us that effective on 1-8-07 JCAOH has changed their name to The Joint Commission. All commissioned hospital will receive a LCS inspection in 2007. Starting in 2007-2008 any hospital over 750,000 square feet will receive a two day inspection.

P. Sheehan explained that PCR's conducted in Nursing Homes will follow the same procedure as that of MDH. Not all NH's will be having actual on-site PCR inspections. The need for an actual on-site PCR will be made by MDH. New language to that affect can be found under K-000 of the SOD. The signature of the person signing the POC may serve as proof of correction.

K. Carlson, has received lots of interest reference the possible creation of a codes and standards committee, within MHCEA, patterned after the model out of the state of Wisconsin. In the future he will be making determinations as to the make up and assignments to the committee.

The MHCEA will be meeting in Hinckley for a one day conference with training on May 4, 2007. The annual fall conference this year is in Mahanomen, September 12-14, 2007.

MDH is in the process of putting together "advanced" LSC training for 2007.

At this time, the next meeting has not been scheduled. The group felt it was best to wait until after the current legislative session concludes. However, if any member has concerns please notify me and we will schedule a meeting.

Thanks to Pete and North Memorial for hosting this meeting.