

CMS Life Safety Code Survey and Certification Policy Letters As of 10/11/13

<u>Date Issued</u>	<u>S&C #</u>	<u>Subject</u>	<u>K-Tag</u>
March 8, 2002	02-19	<p>Recalled Sprinkler Heads http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter02-19.pdf SUMMARY: The purpose of this letter is to provide guidance to regional office and state survey agency personnel who are involved in the survey and certification activities of health care facilities. The following life safety code information concerns a recall of sprinkler heads that may be installed in many of our certified facilities.</p>	<p>K-62 http://www.cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
May 8, 2003	03-21	<p>Adoption of New Fire Safety Requirements https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter03-21.pdf SUMMARY: The purpose of this memorandum is to notify states and regional offices (ROs) of the publication on January 10, 2003, in the Federal Register (68 FR 1374), of a final rule entitled "Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities."</p>	<p>All New & Existing http://www.cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
December 11, 2003	04-15	<p>Definitions of Terms Used in the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter04-15.pdf SUMMARY: The purpose of this memorandum is to clarify five commonly used terms in the LSC of the NFPA.</p>	N/A
May 13, 2004	04-29	<p>Life Safety Code (LSC) Surveyor Reference Materials https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter04-29.pdf SUMMARY: The purpose of this memorandum is to inform you that CMS will be providing an updated set of LSC reference materials to CMS ROs and SAs that perform fire safety surveys for each state.</p>	N/A

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May 13, 2004	04-33	<p>Life Safety Code (LSC) and State Performance Standards https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCletter04-33.pdf</p> <p>SUMMARY: LSC surveys are required for initial and recertification of facilities subject to Survey and Certification inspections for Medicare/Medicaid certification.</p>	N/A
December 16, 2004	05-10	<p>Federal Requirements for the Informal Dispute Resolution (IDR) Process for Nursing Homes https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCletter05-10.pdf</p> <p>SUMMARY: States should review their policies regarding the IDR process for Medicare/Medicaid nursing homes in order to determine whether they are consistent with Federal regulations and the State Operations Manual (SOM).</p>	N/A
June 9, 2005	05-33	<p>Multiple Providers - Hospitals, Ambulatory Surgical Centers, Nursing Homes, Religious Non- Medical Health Care Institutions, Programs of All- Inclusive Care for the Elderly (PACE) Facilities, Critical Access Hospitals, Intermediate Care Facilities for the Mentally Retarded – Adoption of a New Fire Safety Amendment for the Use of Alcohol Based Hand Rubs (ABHRs) http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter05-33.pdf</p> <p>SUMMARY: The purpose of this memorandum is notify states and regional offices of the publication on March 25, 2005 in the Federal Register (Vol. 70, No. 57, Page 15229) of an interim final rule with a comment period entitled: Medicare and Medicaid Programs: Fire Safety Requirements for certain Health Care Facilities.</p>	K-211 http://www.cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html
July 14, 2005	05-38	<p>Clarification of Life Safety Code Survey Issues in Nursing Homes http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter05-38.pdf</p> <p>SUMMARY: The purpose of this memorandum is to clarify the Centers for Medicare & Medicaid Services' (CMS) policy regarding several Life Safety Code (LSC) issues dealing with the sprinkling of wardrobes/closets, the requirements for surfacing of exit discharge pathways, and the requirements for the sprinkling of canopies in nursing homes.</p>	K-38,56 http://www.cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html

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March 10, 2006	06-08	<p>Nursing Homes – Upcoming Compliance Date for the Installation of Emergency Lighting and the Replacement of Existing Roller Latches in Corridor Doors –March 13, 2006</p> <p>http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter06-08.pdf</p> <p>SUMMARY: The purpose of this memorandum is to notify States and Regional Offices (ROs) of the upcoming dates for nursing homes to comply with requirements concerning emergency light and the replacement of roller latches originally published January 10, 2003, in the Federal Register (Vol. 68, No. 7, page 1374) as a final rule entitled "Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities."</p>	<p>K-18,46</p> <p>http://www.cms.hhs.gov/MedicaidReforms/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
May 26, 2006	06-18	<p>Life Safety Code - Clarification of the Amount of Air Movement Allowed Between Corridors and Resident Rooms and Plenum Waiver Requirements</p> <p>http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter06-18.pdf</p> <p>SUMMARY: 1) Clarifies what an acceptable amount of incidental air movement is in assessing whether a corridor is a plenum. 2) Addresses waiver criteria for facilities where a corridor is being used as a plenum in facility ventilation systems.</p>	<p>K-67</p> <p>http://www.cms.hhs.gov/MedicaidReforms/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
September 29, 2006	06-33	<p>Some Basic Principles of Using Photography During the Survey</p> <p>http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter06-33.pdf</p> <p>SUMMARY: This memorandum provides information to support State Survey Agencies that choose to incorporate photographic documentation into their survey process.</p>	N/A

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November 1, 2006	07-01	<p>Provisions of the Final Rule regarding Adoption of New Fire Safety Requirements for the Use of Alcohol Based Hand Rubs (ABHRs) and Installation of Battery Powered Smoke Alarms</p> <p>http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter07-01.pdf</p> <p>SUMMARY: This letter highlights the final rule concerning fire safety requirements for Hospitals, Ambulatory Surgical Centers, Nursing Homes, Religious Non- Medical Health Care Institutions, Programs of All-Inclusive Care for the Elderly (PACE) Facilities, Critical Access Hospitals, and Intermediate Care Facilities for the Mentally Retarded. Regarding ABHRs, the final rule clarifies terminology and adds a requirement for maintenance in accordance with manufacturer's recommendations. Regarding battery powered smoke alarms; the final rule changed terminology and defined the terms 'common areas' and 'fully sprinklered.' The maintenance requirements were modified to include manufacturer's recommendations.</p>	<p>K-54,56,58,211</p> <p>http://www.cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
December 7, 2006	07-05	<p>Life Safety Code – Exit Discharge Requirements and the Fire Safety Evaluation System (FSES)</p> <p>http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter07-05.pdf</p> <p>SUMMARY: The FSES may be used when evaluating the level of safety provided for a Health Care occupancy that does not conform with the provisions of Section 7.7 "Discharge from Exits" NFPA, 2000 edition, including the use of unpaved exits under certain circumstances. See (NFPA 101A, Chapter 4, 2001 edition).</p>	<p>K-38</p> <p>http://www.cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
December 21, 2006	07-07	<p>Nursing Home Culture Change Regulatory Compliance Questions and Answers. (Questions 9,10,14)</p> <p>http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter07-07.pdf</p> <p>SUMMARY: This memorandum provides the State Survey Agencies and CMS regional offices with: 1. Responses we have made to inquiries concerning compliance with the long-term care health and life safety code requirements in nursing homes that are changing their cultures and adopting new practices; 2. Summarizes questions and answers from a June, 2006 CMS Pic-Tel conference with leaders of the Green House Project (Attachment A); and 3. Provides information about an upcoming series of 4 CMS culture change satellite webcasts (Attachment B).</p>	<p>K-39,72,73,141</p> <p>http://www.cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>

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January 12, 2007	07-10	<p>Multiple Providers - Hospitals, Ambulatory Surgical Centers, Nursing Homes, Religious Non-Medical Health Care Institutions, Programs of All- Inclusive Care for the Elderly (PACE) Facilities, Critical Access Hospitals, Intermediate Care Facilities for the Mentally Retarded – Medical Gas Storage and Usage Considerations</p> <p>http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter07-10.pdf</p> <p>SUMMARY: 1) Up to 300 cubic feet of nonflammable medical gas may be accessible as operational supply rather than storage, when properly secured. 2) An individual container of medical gas placed in a patient room for "as needed" (but regular) individual use is not required to be stored in an enclosure, when properly secured.</p>	<p>K-76,29</p> <p>http://www.cms.hhs.gov/Medicaid-Forms/Forms-Items/CMS009335.html</p>
April 20, 2007	07-18	<p>Multiple Providers - Hospitals, Ambulatory Surgical Centers, Nursing Homes, Religious Non- Medical Health Care Institutions, Programs of All- Inclusive Care for the Elderly (PACE) Facilities, Critical Access Hospitals, Intermediate Care Facilities for the Mentally Retarded – Permitted Gaps in Corridor Doors and Doors in Smoke Barriers</p> <p>http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter07-18.pdf</p> <p>SUMMARY: In a smoke compartment that is not fully sprinklered, a gap between the face of a corridor door and the door stop should not exceed 1/4-inch, provided that the door latch mechanism is functioning. In a smoke compartment that is fully sprinklered, a gap between the face of a corridor door and the door stop should not exceed 1/2- inch, provided that the door latch mechanism is functioning.</p>	<p>K-18</p> <p>http://www.cms.hhs.gov/Medicaid-Forms/Forms-Items/CMS009335.html</p>
May 4, 2007	07-21	<p>Generators in Ambulatory Surgical Centers (ASCs)</p> <p>http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter07-21.pdf</p> <p>SUMMARY: Highlights the requirements for a Type I Essential Electrical System with a generator in ASCs. It is permissible to use batteries for back-up power under certain circumstances.</p>	<p>K-46,47,105, 106,107,108,144,145, 146</p> <p>http://www.cms.hhs.gov/Medicaid-Forms/Forms-Items/CMS009335.html</p>

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July 13, 2007	07-29	<p>Life Safety Code – Canopy and Overhang Sprinkler Requirements and the Use of the Fire Safety Evaluation System (FSES) http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter07-29.pdf</p> <p>SUMMARY: This memorandum modifies S&C-05-38 "Clarification of Life Safety Code issues in Nursing Homes" in regards to sprinklers in canopies and overhangs. The LSC requires that most canopies and large overhangs be sprinklered (in facilities where the regulations require sprinklers). The Fire Safety Evaluation System may be used when evaluating the level of safety provided for a Health Care occupancy where a canopy or overhang is required to be sprinklered. The FSES affords facilities the opportunity to have stronger safety features in other areas to compensate where the facility does not have sprinklers installed. The FSES can be used for this purpose until CMS regulations require that the facility become fully sprinklered. Facilities with an existing waiver of the requirement for canopies and overhangs to be sprinklered may continue under their existing waiver if the CMS RO finds that the waiver continues to meet all other requirements in law or regulation. These waivers are reviewed annually by the CMS RO. CMS will not approve any new waivers.</p>	<p>K-56 http://www.cms.hhs.gov/Medicaid/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
September 5, 2008	08-34	<p>Compliance With State Fire and Safety Code in Lieu of Life Safety Code http://www.cms.gov/SurveyCertificationGenInfo/Downloads/SCLetter08-34.pdf</p> <p>SUMMARY: CMS has adopted the 2000 edition of the National Fire Protection Association's (NFPA) Life Safety Code (LSC) as part of the Medicare health and safety standards for certified providers and suppliers. It is permissible to use a State fire and safety code (State Code) in lieu of the NFPA 2000 LSC, if CMS finds that the State Code is imposed by State law and that it adequately protects residents or patients. There are also financial implications for State Survey Agencies (SAs).</p>	N/A

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October 3, 2008	09-04	<p>Adoption of New Fire Safety Requirements for Long Term Care Facilities, Mandatory Sprinkler Installation Requirement http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09-04.pdf</p> <p>SUMMARY: The purpose of this memorandum is to notify States and regional offices of the publication on August 13, 2008, in the Federal Register (73 FR 47075), of a final rule entitled "Medicare and Medicaid Programs; Fire Safety Requirements for Long Term Care Facilities, Automatic Sprinkler Systems" with an effective date of October 14, 2008. A copy of the regulation is attached.</p>	<p>K51,56,154,60,61,62,63,64 http://www.cms.hhs.gov/MedicaidReforms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
November 21, 2008	09-13	<p>Waivers and Phase-In Time Extensions for the Implementation of the New End Stage Renal Disease (ESRD) Conditions for Coverage http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09-13.pdf</p> <p>SUMMARY: The new ESRD Conditions for Coverage provide clearer and better provisions for patient safety and improved quality of care. While the overall effective date was October 14, 2008, the rule recognized that not all facilities may be in a position to fully meet all new or revised requirements of the Conditions for Coverage on that date. Therefore, the rule specifies separate effective dates for certain Conditions and provides that some facilities may request a waiver for certain other requirements. In this memorandum we describe the procedures we are implementing for requesting a waiver or time-limited extension of the time needed to phase-in the program improvements needed to achieve full compliance.</p>	N/A
February 11, 2009	09-24	<p>Implementation of the Life Safety Code (LSC) Component for the New End Stage Renal Disease (ESRD) Conditions for Coverage http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09-24.pdf</p> <p>SUMMARY: In this memorandum, we describe the procedures we are implementing for the LSC provisions of the new ESRD Conditions for Coverage. While major portions of the ESRD regulation became effective on October 14, 2008, the LSC component became effective on February 9, 2009. The ESRD regulation provides certain exceptions to the LSC provisions, including sprinkler systems, Essential Electrical Systems, and fire drills. The regulation also provides for specific LSC waivers based upon an unreasonable hardship.</p>	N/A

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October 30, 2009	10-04-LSC	<p>Waiver to Allow Hospitals to Use the NFPA 6-Year Damper Testing Interval http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter10_04.pdf</p> <p>SUMMARY: This memorandum permits hospitals to apply the NFPA 6-year testing interval for fire and smoke dampers in hospital heating and ventilating systems, so long as the hospital's testing system conforms to the testing requirements under the 2007 edition of NFPA 80 and NFPA 105. Hospitals may operate under the damper testing cycle of the NFPA 2007 edition without special application to CMS.</p>	<p>K-67,104 http://www.cms.hhs.gov/MedicalReforms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
November 20, 2009	10-08-ESRD	<p>Phasing Implementation of Life Safety Code (LSC) Surveys in End Stage Renal Disease (ESRD) Facilities for Calendar Year (CY) 2010 http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter10_08.pdf</p> <p>SUMMARY: LSC surveys are being phased into the ESRD survey program in two phases. Phase I includes the implementation of initial surveys for new facilities, relocation surveys for existing facilities which move to a new location, and complaint surveys that include allegations related to LSC requirements. LSC surveys for existing ESRD facilities will be implemented following the development of Interpretive Guidance specific to those surveys, an ESRD LSC Survey Protocol, and a specific Training Module for ESRD LSC.</p>	N/A
May 14, 2010	10-18-LSC	<p>Revision of S&C-04-41 dated August 12, 2004, Corridor Width & Corridor Mounted Computer Touch Screens in Health Care Facilities – Clarification Effective Immediately http://www.cms.gov/SurveyCertificationGenInfo/Downloads/SCLetter10_18.pdf</p> <p>SUMMARY: This memorandum updates and revises information first conveyed in Survey and Certification letter 04-41, issued on August 12, 2004 by CMS, which provided guidance on corridor width requirements associated with the installation of wall-mounted computer touch screens in health care facilities.</p>	<p>K-72 http://www.cms.hhs.gov/MedicalReforms/CMS-Forms/CMS-Forms-Items/CMS009335.html</p>
May 21, 2010	10-20-ASC	<p>Ambulatory Surgical Center (ASC) Waiting Area Separation Requirements http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter10_20.pdf</p> <p>SUMMARY: This memorandum clarifies CMS requirements for ASC waiting areas, including the prohibition on the sharing of waiting areas with other entities.</p>	N/A

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July 23, 2010	10-26-LSC	42CFR 483.470(i) Evacuation Drills for Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) Certified Under the Life Safety Code NFPA 101,2000 Edition http://www.cms.gov/Surveycertificationgeninfo/downloads/scletter10_26.pdf SUMMARY: Self-evacuation during an emergency, full evacuation drills, and exceptions to full evacuation drills.	K-50 http://www.cms.hhs.gov/Medicalcare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html
December 17, 2010 Revised February 18, 2011	11-05-LSC	Hospital and Critical Access Hospital (CAH) Facility Life Safety Code (LSC) Occupancy Classification Update http://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11_05.pdf SUMMARY: Hospital/CAH LSC Occupancy Classification: Hospital and CAH component facilities may be classified as new or existing Health Care, Ambulatory Health Care, Business, or other occupancies, as allowed by provisions of the LSC.	N/A
December 17, 2010	11-07-LSC	Interior Finish Documentation Requirements for Multiple Providers-Hospitals, Ambulatory Surgical Centers, Nursing Homes, Religious Non-Medical Health Care Institutions, Programs of All-Inclusive Care for the Elderly (PACE) Facilities, Critical Access Hospitals, Intermediate Care Facilities for the Intellectually Disabled (ICF-ID), and End Stage Renal Dialysis (ESRD) Facilities http://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11_07.pdf SUMMARY: The purpose of this memorandum is to clarify the Centers for Medicare & Medicaid Services (CMS) policy regarding existing interior finish and the requirements for documenting flame spread rating of existing interior finish materials.	K-14,15 http://www.cms.hhs.gov/Medicalcare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html
November 10, 2011	12-04-NH	Alert: Smoking Safety in Long Term Care Facilities http://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter12_04.pdf SUMMARY: This memo reviews current interpretive guidelines for F323 reemphasizing adequate supervision of all residents.	K-66 http://www.cms.hhs.gov/Medicalcare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html

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December 2, 2011	12-07 Hospital	<p>Clarification of Hospital Equipment Maintenance Require http://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter12_07.pdf</p> <p>SUMMARY: Section 482.41(c) (2) requires that hospital facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality. This memorandum updates the guidance in Appendix A of the State Operations Manual related to hospital facility and medical equipment maintenance.</p>	N/A
March 9, 2012	12-21- LSC	<p>Instructions Concerning Waivers of Specific Requirements of the 2012 Edition of the National Fire Protection Association (NFPA) 101, the Life Safety Code (LSC), in Health Care Facilities-Clarification Effective Immediately https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter12_21-.pdf</p> <p>SUMMARY: Updates to Previous Instructions. This letter addresses updates to the Centers for Medicare & Medicaid Services policy regarding Capacity of the Means of Egress, Cooking Facilities, Heating, Ventilating, and Air Conditioning, and Furnishings, Mattresses, and Decorations.</p>	<p>N/A https://www.cms.gov/manuals/Downloads/som107ap_i_lsc.pdf</p>
April 5, 2013	13-22- NH	<p>Life Safety Code (LSC) Short Form Survey for Nursing Homes – Limited Option http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-22.pdf</p> <p>SUMMARY: In FY2013 and FY2014 we undertake the dual challenge of (a) responding to resource limitations under the new budget sequester, and (b) enforcing the August 13, 2013 requirement that all nursing homes be fully sprinklered. The fire safety record of nursing homes has improved due to the installation of automatic sprinkler systems, and should continue to improve as more nursing homes complete full installation of sprinkler systems. Increasing survey efficiency will enable CMS and States to best maintain public protections while meeting these challenges. CMS will permit States - at State option - to implement a Short Form Fire Safety Survey for a limited number of specified facilities that have demonstrated superior compliance with life safety code requirements and are fully sprinklered.</p>	<p>CMS 2786S http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS2786S.pdf</p>

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April 19, 2013	13-25-LSC&ASC	<p>Relative Humidity (RH): Waiver of Life Safety Code (LSC) Anesthetizing Location Requirements; Discussion of Ambulatory Surgical Center (ASC) Operating Room Requirements</p> <p>http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-25.pdf</p> <p>SUMMARY:</p> <p>RH of ≥20 Percent Permitted in Anesthetizing Locations: The Centers for Medicare & Medicaid Services (CMS) is issuing a categorical LSC waiver permitting new and existing ventilation systems supplying hospital and critical access hospital (CAH) anesthetizing locations to operate with a RH of ≥20 percent, instead of ≥35 percent. We are also recommending that RH not exceed 60 percent in these locations.</p> <p>This Waiver Does Not Apply: When more stringent RH control levels are required by State or local laws and regulations; or Where reduction in RH would negatively affect ventilation system performance.</p> <p>Hospitals & CAHs Must Elect to Use the Categorical Waiver: Individual waiver applications are not required, but facilities are expected to have written documentation that they have elected to use the waiver. At the entrance conference for any survey assessing LSC compliance, a facility that has elected to use this waiver must notify the survey team.</p> <p>Ongoing Requirements: Facilities must monitor RH in anesthetizing locations and take corrective actions when needed to ensure RH remains at or above 20 percent. ASCs: ASCs are not subject to all of the same LSC requirements as hospitals, but are required, consistent with 42 CFR 416.44(a)(1), to maintain RH in operating rooms in accordance with nationally accepted guidelines. State Operations Manual (SOM) Appendices A, I, L & W are being updated accordingly.</p>	N/A

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July 12, 2013	13-47-LSC/ESRD	<p>Compliance with the Life Safety Code (LSC) in End Stage Renal Disease (ESRD) Facilities</p> <p>http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-47.pdf</p> <p>SUMMARY:</p> <p>Limited LSC Applicability to ESRD Facilities: Effective July 16, 2012, compliance by certified ESRD facilities with the applicable requirements of the 2000 edition of the National Fire Protection Association (NFPA) Life Safety Code 101 is limited to those ESRD facilities that are located adjacent to high hazardous occupancies and those facilities that do not exit to the outside at grade level from the patient treatment area.</p> <p>Retained Compliance by ESRD Facilities: All ESRD facilities are still required to comply with State and local fire codes and other safety standards required by 42 CFR Part 494 Conditions for Coverage (CfC) for ESRD facilities.</p> <p>Attestation by ESRD Facilities for Exemption: ESRD providers may submit an attestation to claim an exemption to the NFPA LSC requirements if they are not located adjacent to high hazard occupancies and they do provide exits at grade level from the patient treatment area level.</p>	N/A

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August 16, 2013	13-55-LSC	<p data-bbox="640 170 1753 235">August 13, 2013 Deadline - Installation of Automatic Sprinkler Systems in Nursing Homes</p> <p data-bbox="640 243 1753 308">http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-55.pdf</p> <p data-bbox="640 316 1753 349">SUMMARY:</p> <p data-bbox="640 349 1753 414">Automatic Sprinkler Required in All Nursing Homes: All nursing homes must be fully sprinklered as of August 13, 2013 in order to participate in Medicare or Medicaid.</p> <p data-bbox="640 438 1753 560">Five-Year Phase-In to August 13, 2013: The sprinkler requirement was published on August 13, 2008 in a final rule entitled <i>Medicare and Medicaid Programs: Fire Safety Requirements for Long Term Care Facilities, Automatic Sprinkler Systems</i>. The regulation provided a five-year advance timeframe to achieve full sprinkler status by August 13, 2013.</p> <p data-bbox="640 592 1753 714">Survey Process: While CMS is not requiring any special surveys focused on the sprinkler requirement, a life-safety code (LSC) inspection is part of each facility's recertification survey. As these surveys occur during the year, facilities that are not fully sprinklered on or after August 13, 2013 will be cited for a deficiency.</p> <p data-bbox="640 738 1753 958">No Extensions: CMS does not have authority to allow extensions of the timeframe. CMS did issue a proposed rule on February 7, 2013 that would permit CMS to grant a time-limited extension of the due date for a facility that is building a replacement or undergoing major modification. At present, a final rule has not been promulgated. In reviewing the plans of correction for such facilities, we will take note of any facility that is in this circumstance. In the absence of a final rule, however, a deficiency will still be issued if the facility is not in compliance with the regulation in force at the time of the survey.</p> <p data-bbox="640 982 1753 1015">Questions & Answers: Attached are answers to technical questions we have received.</p>	<p data-bbox="1753 170 2047 203">K-56</p> <p data-bbox="1753 211 2047 349">http://www.cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms/CMS009335.html</p>

CMS Life Safety Code Survey and Certification Policy Letters

<u>Date Issued</u>	<u>S&C #</u>	<u>Subject</u>	<u>K-Tag</u>
August 30, 2013	13-58-LSC	<p>2000 Edition National Fire Protection Association (NFPA) 101® Life Safety Code (LSC) Waivers</p> <p>http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-58.pdf</p> <p>SUMMARY:</p> <p>Several Categorical LSC Waivers Permitted: The Centers for Medicare & Medicaid Services (CMS) has identified several areas of the 2000 edition of the LSC and 1999 edition of NFPA 99 that may result in unreasonable hardship on a large number of certified providers/suppliers and for which there are alternative approaches that provide an equal level of protection. This memorandum specifies the provisions that are available for waiver, including the conditions for the alternative approaches.</p> <p>Providers and Suppliers Must Elect to Use the Waiver: Individual waiver applications are not required, but providers and suppliers are expected to have written documentation that they have elected to use a waiver and must notify the survey team at the entrance conference for any survey assessing LSC compliance that it has elected the use of a waiver permitted under this guidance and that it meets the applicable waiver requirements. The survey team will review the information and confirm they are meeting the circumstances for the waiver.</p>	N/A

CMS Policy & Memos to States and Regions Link

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

CMS Forms Link

<http://www.cms.hhs.gov/Medicare/CMS-Forms/CMS-Forms/index.html?redirect=/cmsforms/>