

Fall 2019

# Department of Health Update



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Facility and Survey Data thru June 30, 2019

## Facilities

- ▀ 699 Facilities
- ▀ 88,001 Beds

## Surveys Completed

- ▀ 2,401 Total surveys
- ▀ 372 Re-licensure/recertification surveys (Full Health Surveys)
- ▀ 799 Revisits (to all types of surveys)
- ▀ 2,002 On-site visits (includes complaint visits)



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## Facility and Survey Data 2018

### Facilities

- ▀ 699 Facilities
- ▀ 88,116 Beds

### Surveys Completed

- ▀ 4,716 Total surveys
- ▀ 731 Re-licensure/recertification surveys (Full Health Surveys)
- ▀ 1,422 Revisits (to all types of surveys)
- ▀ 3,985 On-site visits (includes complaint visits)



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## Facility and Survey Data 2017

### Facilities

- ▀ 699 Facilities
- ▀ 88,003 Beds

### Surveys Completed

- ▀ 5,262 Total surveys
- ▀ 761 Re-licensure/recertification surveys (Full Health Surveys)
- ▀ 1,679 Revisits (to all types of surveys)
- ▀ 4,245 On-site visits (includes complaint visits)



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## Facility and Survey Data 2016

### Facilities

- ▀ 704 Facilities
- ▀ 88,184 Beds

### Surveys Completed

- ▀ 5,320 Total surveys
- ▀ 712 Re-licensure/recertification surveys (Full Health Surveys)
- ▀ 1,706 Revisits (to all types of surveys)
- ▀ 4,239 On-site visits (includes complaint visits)



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## Frequency of DNCF Visits thru June 30, 2019

<b>Number of Visits</b>	<b>% of PA facilities</b>
20 +	-
10 to 19	2.00%
6 to 9	11.73%
<b>2 to 5</b>	<b>52.79%</b>
1	22.46%
0	11.02%



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## Frequency of DNCF Visits 2018

<b>Number of Visits</b>	<b>% of PA facilities</b>
20 +	1.29%
10 to 19	12.73%
6 to 9	28.04%
<i>2 to 5</i>	<i>48.93%</i>
1	8.73%
0	0.29%



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## Frequency of DNCF Visits 2017

<b>Number of Visits</b>	<b>% of PA facilities</b>
20 +	1.72%
10 to 19	17.74%
6 to 9	25.04%
<i>2 to 5</i>	<i>46.78%</i>
1	8.30%
0	0.43%



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## Surveys with Scope & Severity D & Above

	<u>1<sup>st</sup> 1/2</u> <u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
Standard Surveys	342	657	706	665
Complaint Surveys	548	908	984	996
Substandard Quality of Care	10	19	1	6
Immediate Jeopardy Tags	17	22	30	39



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## Statewide Deficiency Free Surveys

1<sup>st</sup> 1/2 2019: 25 Full Health Surveys were deficiency free

2018: 61 Full Health Surveys were deficiency free

2017: 43 Full Health Surveys were deficiency free

2016: 38 Full Health Surveys were deficiency free



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## State Licensure Sanctions

### Civil Penalty

May impose up to \$500 for each deficiency for each day that each deficiency continues.



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## State Licensure Sanctions

### Provisional License

- imposed for up to 6 months
- must have a licensure survey prior to the expiration of the provisional license
- show improvement to return to a regular license
- if no improvement, may move to Provisional II (III, of IV – in order)



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## Provisional Licenses Issued

1 <sup>st</sup> ½ 2019 – 21	2014 – 9
2018 - 3	2013 – 2
2017 – 35	2012 – 2
2016 – 39	2011 - 18
2015 – 19	2010 – 10



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## State Actions

Total state actions for 1 <sup>st</sup> 1/2 2019	Total state actions for 2018	Total state actions for 2017	Total state actions for 2016
PI/CP= 18	PI/CP= 1	PI/CP= 2	PI/CP= 3
PII/CP= 0	PII/CP= 0	PII/CP= 3	PII/CP= 0
PIII/CP= 0	PIII/CP= 0	PIII/CP= 1	PIII/CP= 0
PIV/CP = 0	PIV/CP = 0	PIV/CP = 0	PIV/CP = 0
PI only= 2	PI only= 2	PI only= 14	PI only= 32
PII only= 1	PII only= 0	PII only= 11	PII only= 4
PIII only = 0	PIII only = 0	PIII only = 4	PIII only = 0
PIV only= 0	PIV only= 0	PIV only= 0	PIV only= 0
CP only= 71	CP only= 184	CP only= 95	CP only= 53
Total = 92	Total = 187	Total = 130	Total = 92

PI=Provisional I license  
 PII=Provisional II license  
 PIII=Provisional III license

PIV = Provisional IV license  
 CP=Civil Penalty



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## 1<sup>st</sup> 1/2 2019 Complaint Data

### Complaint Data

- Total received= 1,906
- Total substantiated= 696  
(36.52%)
- Onsite investigations conducted= 1,887 (99%)
- Substantiated complaints with citations issued at "G" or above= 44 (2.30%)

### Most Frequently Filed

- Care or Services 65.59%
- Resident Rights 12.65%
- Environment 12.65%

### Complaint Tags

- Total tags cited related to complaints = 618
- Highest S/S cited during complaint surveys = L



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## 2018 Complaint Data

### Complaint Data

- Total received= 3,748
- Total substantiated= 1,272  
(33.94%)
- Onsite investigations conducted= 3,684 (98.29%)
- Substantiated complaints with citations issued at "G" or above= 60 (1.60%)

### Most Frequently Filed

- Care or Services 64.41%
- Resident Rights 13.69%
- Environment 13.21%

### Complaint Tags

- Total tags cited related to complaints = 1,206
- Highest S/S cited during complaint surveys = L



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## 2017 Complaint Data

### Complaint Data

- Total received= 3,757
- Total substantiated= 1,425 (36.61%)
- Onsite investigations conducted= 3,702 (98.54%)
- Substantiated complaints with citations issued at "G" or above= 128 (3.29%)

### Most Frequently Filed

- Care or Services 65.66%
- Resident Rights 15.61%
- Environment 11.08%

### Complaint Tags

- Total tags cited related to complaints = 1,352
- Highest S/S cited during complaint surveys = L



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## Frequently Cited Tags

Listed below are the top 5 most frequently cited tags in order from most cited.

<u>1<sup>st</sup> ½ 2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
F689	F684	F309	F309	F309
F684	F689	F323	F323	F441
F842	F880	F441	F441	F514
F880	F812	F514	F514	F323
F812	F842	F371	F371	F371

F684 / F309	=QUALITY OF CARE
F880 / F441	=INFECTION PREVENTION & CONTROL
F842 / F514	=RESIDENT RECORDS - IDENTIFIABLE INFORMATION
F689 / F323	=FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES
F812 / F371	=FOOD PROCUREMENT, STORE/PREPARE/SERVE - SANITARY



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## 1<sup>st</sup> Half 2019 Incidents

- Total number of incident reports received:  
15,131
- Most Frequently reported events
  - ▾ Transfer to Hospital – 5,715
  - ▾ Other – 2,813
  - ▾ Abuse – 2,637



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## 2018 Incidents

- Total number of incident reports received:  
29,099
- Most Frequently reported events
  - ▾ Transfer to Hospital – 11,587
  - ▾ Other – 4,888
  - ▾ Abuse – 4,732



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## 2017 Incidents

- Total number of incident reports received:  
26,279
- Most Frequently reported events
  - ▾ Transfer to Hospital – 10,781
  - ▾ Abuse – 4,303
  - ▾ Other – 4,208



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## IDR

### 2015

131 Tags disputed  
25% deleted (33)  
11% revised (15)

### 2016

232 Tags disputed  
19% deleted (45)  
11% revised (26)

### 2017

135 Tags disputed  
24% deleted (33)  
13% revised (17)

### 2018

129 Tags disputed  
43% deleted (55)  
13% revised (17)

### 2019

(survey exit on/before June 30)  
98 Tags disputed  
51% deleted (50)  
13% revised (13)



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## State IIDR

### 2015

30 Tags disputed  
20% deleted (6)  
10% revised (3)

### 2016

78 Tags disputed  
13% deleted (10)  
10% revised (8)

### 2017

40 Tags disputed  
10% deleted (4)  
8% revised (3)

### 2018

17 Tags disputed  
18% deleted (3)  
0% revised (0)

### 2019

(survey exit on/before June 30)

9 Tags disputed  
11% deleted (1)  
0% revised (0)



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## Federal IIDR

### 2015

2 Tags disputed  
0% deleted (0)  
0% revised (0)

### 2016

8 Tags disputed  
0% deleted (0)  
38% revised (3)

### 2017

20 Tags disputed  
0% deleted (0)  
30% revised (6)

### 2018

40 Tags disputed  
0% deleted (0)  
10% revised (4)

### 2019


(survey exit on/before June 30)

6 Tags disputed  
0% deleted (0)  
33% revised (2)



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# Additional Updates



The slide features a dark blue header with the text "Additional Updates" in white. The main content area is blank. In the bottom right corner, there is a logo for the Pennsylvania Department of Health, which includes a stylized blue and white graphic of the state of Pennsylvania and the text "pennsylvania DEPARTMENT OF HEALTH".

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# Questions?



The slide features a dark blue header with the text "Questions?" in white. Below the header is a large, 3D blue question mark. A white, stylized human figure is sitting inside the question mark, appearing to be in deep thought. In the bottom right corner, there is a logo for the Pennsylvania Department of Health, which includes a stylized blue and white graphic of the state of Pennsylvania and the text "pennsylvania DEPARTMENT OF HEALTH".

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## Fall 2019



Presented by:  
Charlie Schlegel, Director  
Division of Safety Inspection  
PA Department of Health



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## Overview

- CMS Emergency Preparedness Update
- ABHR Placement
- Long Term Care Update
- Electronic Plan Review
- Online Occupancy Request Form



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## CMS Emergency Preparedness



Emergency  
Preparedness



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## CMS Emergency Preparedness

- CMS Letter QSO19-All Emergency Preparedness – Updates to Appendix Z of the State Operations Manual (February 1, 2019)
  - Updates to add emerging infectious diseases to the definition of all-hazards approach, new Home Health Agency citations and clarifications under alternate source of power and emergency standby systems



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## CMS Emergency Preparedness

- All-Hazards Approach: An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and, interruptions in the normal supply of essentials, such as water and food. Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others. All facilities must develop an all-hazards emergency preparedness program and plan.



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## CMS Emergency Preparedness

- **E-0004** – Applies to all facility types with the exception of transplant centers
- In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:



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## CMS Emergency Preparedness

- Natural disasters
- Man-made disasters,
- Facility-based disasters that include but are not limited to: Care-related emergencies;
- Equipment and utility failures, including but not limited to power, water, gas, etc.;
- Interruptions in communication, including cyber-attacks;
- Loss of all or portion of a facility; and
- Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).
- *EIDs such as Influenza, Ebola, Zika Virus and others. These EIDs may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures.*



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## CMS Emergency Preparedness

- **E-0015**
- It is up to each individual facility, based on its risk assessment, to determine the most appropriate alternate energy sources to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, and alarm systems, and sewage and waste disposal.
- *Facilities are not required to upgrade their alternate energy source or electrical systems, but after review of their risk assessment may find it prudent to make modifications. Regardless of the alternate sources of energy a facility chooses to utilize, it must be in accordance with local and state laws, manufacturer requirements, as well as applicable LSC requirements (for example, hospitals are required to have an essential electric system with a generator that complies with NFPA 99 – Health Care Facilities Code and associate reference documents).*



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## CMS Emergency Preparedness

- Facilities must establish policies and procedures that determine how required heating and cooling of their facility will be maintained during an emergency situation, as necessary, if there were a loss of the primary power source. *Facilities are not required to heat and cool the entire building evenly, but must ensure safe temperatures are maintained in those areas deemed necessary to protect patients, other people who are in the facility, and for provisions stored in the facility during the course of an emergency, as determined by the facility risk assessment. If unable to meet the temperature needs, a facility should have a relocation/evacuation plan (that may include internal relocation, relocation to other buildings on the campus or full evacuation). The relocation/evacuation should take place in a timely manner so as not to expose patients and residents to unsafe temperatures.*
- Note: For LTC under 483.10(i)(6), there are additional requirements for facilities who were initially certified after October 1, 1990 who must maintain a temperature range of 71 to 81 °F.*



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## CMS Emergency Preparedness

- If a facility risk assessment determines the best way to maintain temperatures, emergency lighting, fire detection and extinguishing systems and sewage and waste disposal would be through the use of a portable and mobile generator, rather than a permanent generator, then the LSC provisions such as generator testing, maintenance, etc. outlined under the NFPA guidelines requirements would not be applicable, except for NFPA 70 National Electrical Code.*



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## CMS Emergency Preparedness

- *Per NFPA 70, portable and mobile generators should:*
- *Have all wiring to each unit installed in accordance with the requirements of any of the wiring methods in Chapter 3.*
- *Be designed and located so as to minimize the hazards that might cause complete failure due to flooding, fires, icing, and vandalism.*
- *Be located so that adequate ventilation is provided.*
- *Be located or protected so that sparks cannot reach adjacent combustible material.*
- *Be operated, tested and maintained in accordance with manufacturer, local and/or State requirements.*
- *For requirements regarding permanently installed generators, please refer to existing Life Safety Code and NFPA guidance.*



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## CMS Emergency Preparedness

- *Extension cords or other temporary wiring devices may not be used to connect electrical devices in the facility to a portable and mobile generator due to the potential for shock, fire, and tripping hazards when using such devices.*
- *The type of protection needed for the fuel stored by the facility for use by the portable and mobile generator will depend on the amount of fuel stored and the location of the storage, as per the appropriate NFPA standard.*
- *If a facility, has a permanent generator to maintain emergency power, LSC and NFPA 110 provisions such as generator location, testing, fuel storage and maintenance, etc. will apply and the facility may be subject to LSC surveys to ensure compliance is met. Please also refer to Tag E0041 Emergency and Standby Power Systems for additional requirements for LTC facilities, CAHs and Hospitals.*



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## CMS Emergency Preparedness

- **E-0018**
- *We also recommend facilities ensure they follow their evacuation procedures as outlined under this section during disasters and emergencies. Facilities are required follow all state/local mandates or requirements under most CoPs/CfCs. If your local community, region, or state declares a state of emergency and is requiring a mandatory evacuation of the area, facilities should abide by these laws and mandates.*



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## CMS Emergency Preparedness

- **E-0037**
- *Facilities may contract with individuals providing services who also provide services in multiple surrounding areas. For instance, an ICF/IID may contract a nutritionist who also provides services in other locations. Given that these contracted individuals may provide services at multiple facilities, it may not be feasible for them to receive formal training for each of the facilities for emergency preparedness programs. The expectation is that each individual knows the facility's emergency program and their role during emergencies, however the delivery of such training is left to the facility to determine.*



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## CMS Emergency Preparedness

- **E-0037**
- *Facilities in which these individuals provide services may develop some type of training documentation-i.e. the facility's emergency plan, important contact information, and the facility's expectation for those individuals during an emergency etc. which documents that the individual received the information/training. Furthermore, if a surveyor asks one of these individuals what their role is during a disaster, or any relevant questions, then the expectation is that the individual can describe the emergency plans/their role.*



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## CMS Emergency Preparedness

- **E-0039**
- Finally, an actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirement and exempts the facility for engaging *in a community-based full-scale exercise or individual, facility-based mock disaster drill* for one year following the actual event; and facilities must be able to demonstrate this through written documentation. *If a facility activates its emergency plan twice in one year, then the facility would be exempt from both exercises (community-based full-scale exercise and the secondary exercise-individual, facility-based mock disaster drill, table top exercise) for one year following the actual events.*



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## CMS Emergency Preparedness

- **E-0041**
- *If a Hospital, CAH or LTC facility determines that the use of a portable and mobile generator would be the best way to accommodate for additional electrical loads necessary to meet subsistence needs required by emergency preparedness plans, policies and procedures, then NFPA requirements on emergency and standby power systems such as generator installation, location, inspection and testing, and fuel would not be applicable to the portable generator and associated distribution system, except for NFPA 70 - National Electrical Code. (See E-0015 for Interpretive Guidance on portable generators.)*



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## CMS Emergency Preparedness

- **E-0041**
- NFPA 110 contains minimum requirements and considerations for the installation and environmental conditions that may have an effect on Emergency Power Supply System (EPSS) equipment, including, building type, classification of occupancy, hazard of contents, and geographic location. NFPA 110 requires that EPSS equipment, including generators, to be designed and located to minimize damage (e.g., flooding). *The NFPA 110 generator location requirements apply to EPSS (e.g. generators) that are permanently attached and do not apply to portable and mobile generators used to provide or supplement emergency power to Hospitals, CAHs and LTC facilities. (See E0015 for Interpretive Guidance on portable generators.)*



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## CMS Emergency Preparedness

- CMS proposals for “Burden Relief”
- These were proposals only
- Do not change your plan, policies or procedures based upon proposals
- CMS will formally notify states and providers if any proposals or changes are made to emergency preparedness



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## CMS Emergency Preparedness

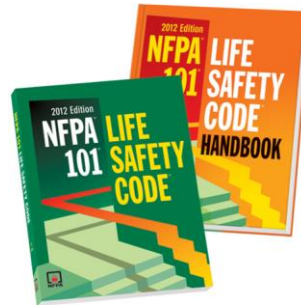
- CMS Emergency Preparedness survey (EP survey) is completed at every full federal certification survey – Initial Certification, Recertification and Validation Surveys
- This is a full survey in itself, with a separate 2567 Statement of Deficiencies
- The same rules for Condition Level deficiencies and Scope and Severity apply to the EP survey



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## ABHR - LSC

- CMS adopted the 2012 LSC and Health Care Facilities Code (HCFC) with an effective date of July 5, 2016
  - Hospitals
  - Ambulatory Surgical Facilities (ASF's)
  - Nursing Homes



\*The HCFC is also known as NFPA 99



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## ABHR - LSC

- The 2012 LSC requirements for ABHR Dispensers are found at 18/19.3.2.6 for Hospitals/Nursing Homes and 20/21.3.2.6 for ASF's
- The requirements are the same



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## ABHR - LSC

- Where installed in a corridor, the corridor shall be 6 ft in width
- Maximum individual dispenser fluid capacity:
  - 1.2 L for dispensers in rooms and corridors
  - 2.0 L for dispensers in suites of rooms
- Where aerosol containers are used, maximum capacity shall be 18 oz and limited to Level 1 aerosol per NFPA 30B
- Dispensers must be at least 4 ft apart



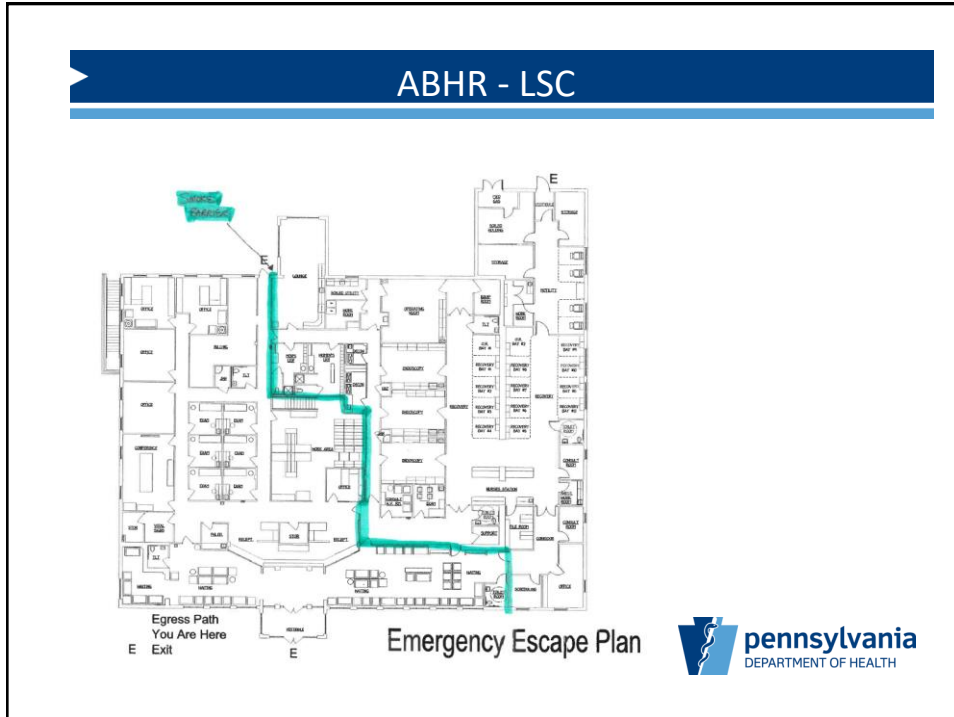
49

## ABHR - LSC

- Not more than 10 gallons of ABHR solution or 1,135 oz of Level 1 aerosols, or a combination of solution and aerosols, shall be used outside of a storage cabinet in a single smoke compartment, with exception of the following:
  - One dispenser per room and located in that room shall not be included in the aggregate total




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## ABHR - LSC

- Storage greater than 5 gallons in a single smoke compartment must comply with NFPA 30 (rated storage cabinet)
- Dispensers cannot be installed one inch above, below or to the side of an ignition source
- Dispensers cannot be installed over carpet unless the smoke compartment is fully sprinklered
- ABHR solution shall not exceed 95% alcohol content by volume


  
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## ABHR - LSC

- The dispenser shall not release its contents except when the dispenser is activated, manual or touch-free activation
- Activation shall only occur when an object is placed within 4 inches of the sensing device
- An object placed within the activation zone shall not cause more than one activation
- The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions



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## ABHR - LSC

- The dispenser shall be designed, constructed and operated in a manner that ensures that accidental or malicious activation of the device is minimized
- The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed



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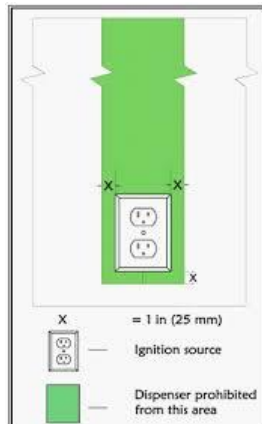
## ABHR - LSC

- Doing the math...
- 1.2 L dispensers
- 10 gallons per smoke compartment in use and in storage = 31, 1.2 L dispensers
  - Remember that one dispenser per room does not count towards the total
  - Also note that rooms have 4 walls and a door
  - Storage within a fire-rated cabinet does not count towards the aggregate total (5 gallons or more must be stored in such a cabinet)



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## ABHR - LSC



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## Receptacle Testing

- 2012 NFPA 99, Section 6.3.4.1
- 6.3.4.1.1 – Where hospital-grade receptacles are required at patient bed location and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement or servicing of the device



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## Receptacle Testing

- 2012 NFPA 99, Section 6.3.4.1
- 6.3.4.1.2 – Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data.
- 6.3.4.1.3 – Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months



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## Receptacle Testing

- 2012 NFPA 99, Section 6.3.4.1
- If you do not have documented performance data, the facility cannot define testing intervals and will be reviewed as not exceeding 12 months
- If you do have documented performance data and it is poor performance, testing will be reviewed as not exceeding 12 months or less if defined by the facility as such



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## Firestop Systems

- Through-penetration firestop systems for penetrations of fire-rated assemblies
- For new work and occupancies, it is important to maintain documentation on the firestop systems used
- It is important to remember that it is a system and not just a product



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## Firestop Systems

- Products are routinely being used outside of tested firestop systems and are not valid
- If you have questions, contact your firestop product manufacturer or research the proper use of the product
- There have been multiple trainings throughout PA on the proper use of firestop systems



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## NFPA 25 – Sprinkler Maintenance

- Internal inspection of piping added to the 2011 edition of NFPA 25
- With the July 5, 2016 adoption of the 2012 LSC, facilities need to have this new inspection requirement completed prior to July 5, 2021
- Inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material



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## NFPA 25 – Sprinkler Maintenance

- Alternative nondestructive examination methods shall be permitted – must be approved by the AHJ
- Tubercules or slime, if found, must be tested for indications of microbiologically influenced corrosion
- If the presence of sufficient foreign material is found to obstruct pipe or sprinklers, obstruction investigation must be conducted – note that most piping systems may contain some material or evidence of corrosion but not sufficient to trigger obstruction investigation



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## Annual Fire Door Inspection/Testing

- Inspection and testing requirements for fire-rated door assemblies in accordance with NFPA 80
- This is an item that initially became part of the survey process beginning July 5, 2017, but this date was extended to January 1, 2018 per CMS Survey and Certification Letter 17-38-LSC, dated July 28, 2017
- The letter also clarifies that the requirement is specific to fire-rated doors and not smoke doors that are non-rated



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## Annual Fire Door Inspection/Testing



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## Annual Fire Door Inspection/Testing

- Fire-rated door assemblies
  - Applies to new and existing installations
  - Inspected and tested not less than annually
  - Written record shall be signed and kept for inspection by the AHJ – This is a comprehensive document
  - Functional testing by knowledgeable individuals
    - Not required to hold a certification although there are classes that are becoming available to obtain a certification
  - Repairs shall be made “without delay”



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## Annual Fire Door Inspection/Testing

- Fire-rated door assemblies – Swinging doors
  - Prior to testing, a visual inspection of both sides must be performed, to include the following:
    - No holes or breaks in surfaces of door or frame
    - Glazing, vision light frames and glazing beads
    - No visible signs of damage to the door, frame, hinges, and hardware
    - No parts are missing or broken
    - Door clearances are appropriate
    - Self-closing device operating properly



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## Annual Fire Door Inspection/Testing

- Fire-rated door assemblies – Swinging doors
  - Visual inspection continued:
    - If installed, the coordinator is working
    - Latching hardware operates
    - No auxiliary hardware installed that would interfere with proper door operation
    - No field modifications that would void the label
    - Gasketing and edge seals, if required, are inspected



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## Annual Fire Door Inspection/Testing

- Similar requirements for horizontal sliding, vertically sliding and rolling doors
- Recommend that facilities begin preparing for the door testing and inspection requirements – do not wait to get cited first



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## Fire Door Maintenance

- NFPA's Health Care Interpretations Task Force (HITF)
- *MISSION: To provide consistent interpretations on national codes and standards referenced by CMS, JCAHO and state and territorial authorities having jurisdiction. This will be accomplished through the evaluation of field conditions, surveyor/inspector/fire marshal interpretations, and questions by consumers of these services generated through a member of the task force.*
- July 15, 2016 HITF meeting discussed fire doors that no longer were required to be fire-rated



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## Fire Door Maintenance

- **QUESTION.** Is it permissible to remove the label on a fire protection rated door that is installed in a location where a fire protection rated door is not required?
- **RESPONSE.** YES. Removing the label can be considered the same as rendering the door as other than a fire protection rated door. Covering the label is not an option. It should also be noted that the provisions of NFPA 80 do not apply.



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## Fire Door Maintenance



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## Fire Door Products

- Facilities must be very careful that they are using fire door products in accordance with their testing or listing, especially door gaps
- Just because a product is rated for use on a fire door does not mean that it can be installed to take up door gaps
- Only certain, specific products have been tested for this use at this time



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## Long Term Care Update

- CMS Survey and Certification Letter 17-07-NH, November 9, 2016
- First comprehensive review and update of the CMS long term care regulations since 1991, despite substantial changes in service delivery



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## Long Term Care Update

- This update contained massive changes to the health survey requirements, to include new deficiency tags and a new survey process
- Many have missed the changes in Physical Environment to resident rooms
- Update on the CMS proposed rule change that clarifies this newer requirement



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## Long Term Care Update

- F462
- §483.90(e) Bathroom Facilities Each resident room must be equipped with or located near toilet and bathing facilities. **For facilities that receive approval of construction from State and local authorities or are newly certified after November 28, 2016, each residential room must have its own bathroom equipped with at least a commode and sink.**



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## Long Term Care Update

- F457
- §483.90 (d)(1) Bedrooms must-
- §483.90(d)(1)(i) Accommodate no more than four residents; . For facilities that receive approval of construction or reconstruction plans by State and local authorities or are newly certified after November 28, 2016, bedrooms must accommodate no more than two residents.



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## Long Term Care Update

- 2012 Life Safety Code definition of Reconstruction
  - Section 43.2.2.1.4: The reconfiguration of a space that affects an exit or a corridor shared by more than one occupant space; or the reconfiguration of a space such that the rehabilitation work area is not permitted to be occupied because existing means of egress and fire protection systems, or their equivalent, are not in place or continuously maintained.



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## Long Term Care Update

- "Reconstruction" means the facility undergoes reconfiguration of the space such that the space is not permitted to be occupied, or the entire building or an entire occupancy within the building, such as a wing of the building, is modified. The requirement applies to the reconstructed area, so that where reconstruction involves a limited area within a building, we would not expect the entire building to upgrade to the new requirements of no more than two residents per room.



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## Long Term Care Update

- CMS interpretive guidance for Health Tag F911
- GUIDANCE: §483.90(e)(1)(i)
- "Reconstruction" means the facility undergoes reconfiguration of the space such that the space is not permitted to be occupied, or the entire building or an entire occupancy within the building, such as a wing of the building, is modified. The requirement applies to the reconstructed area, so that where reconstruction involves a limited area within a building, we would not expect the entire building to upgrade to the new requirements of no more than two residents per room.



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## Long Term Care Update

- CMS interpretive guidance for Health Tag F911
- When a facility undergoes a change of ownership under §489.18 and the new owner does not accept assignment of the existing provider agreement and requires a "new initial certification" for a new provider agreement that would be effective after November 28, 2016, the facility would be expected to be upgraded to meet these new requirements of each bedroom accommodating not more than two residents. This would also apply when the provider agreement was terminated by CMS and another provider is working to reopen the facility.
- For facilities that receive approval of construction or reconstruction plans from State and local authorities or are newly certified after November 28, 2016 each resident room must meet the new requirements of no more than two residents per room.



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## Long Term Care Update

- When a facility undergoes a change of ownership under §489.18 and the new owner does not accept assignment of the existing provider agreement and requires a "new initial certification" for a new provider agreement that would be effective after November 28, 2016, the facility would be expected to be upgraded to meet these new requirements of each bedroom accommodating not more than two residents. This would also apply when the provider agreement was terminated by CMS and another provider is working to reopen the facility.



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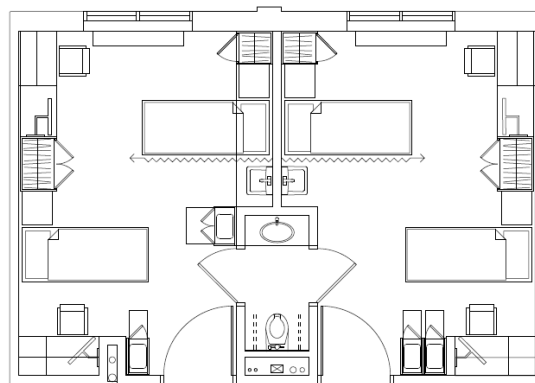
## Long Term Care Update

- For facilities that receive approval of construction or reconstruction plans from State and local authorities or are newly certified after November 28, 2016 each resident room must meet the new requirements of no more than two residents per room.



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## Long Term Care Update

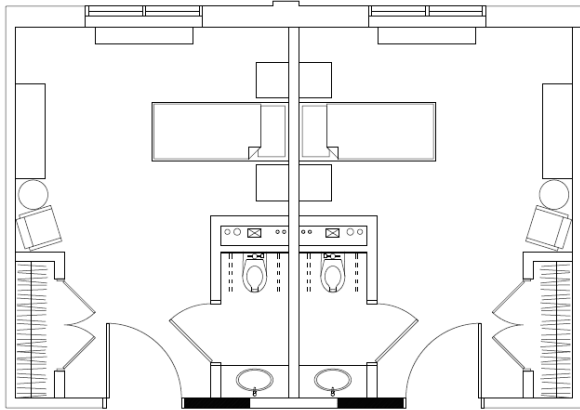


EXISTING UNIT




84

## Long Term Care Update




PROPOSED SINGLE OCCUPANCY UNITS



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## Long Term Care Update

- CMS issued a proposed rule change in the Federal Register on July 18, 2019
- Comments closed on September 16, 2019
- For Physical Environment, there are two significant proposed changes



86

## Long Term Care Update

- Revision to the requirements that newly constructed, reconstructed or newly certified facilities accommodate no more than two residents in a bedroom and equip each resident room with its own bathroom with commode and sink



87

## Long Term Care Update

- CMS proposed to only apply this requirement to newly constructed and newly certified facilities that have never been a nursing home before
- This potential change would create a lot more flexibility in renovations of existing nursing homes



88

## Long Term Care Update

- The second CMS proposed change is to permit existing nursing homes to continue to use the 2001 Fire Safety Evaluation System (FSES) mandatory values when determining compliance for containment, extinguishment and people movement requirements



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## Long Term Care Update

- This proposal would allow older facilities who may not meet the FSES requirements in the recently adopted 2012 Life Safety Code (LSC) to remain in compliance with the older FSES without incurring substantial expenses to change their construction types, while maintaining resident and staff safety.



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## Long Term Care Update

- Note that this is still a proposed CMS rule change
- Until such time that it becomes final, the current requirements apply and not the proposed changes
- CMS must review all comments received, respond to the comments and post a final determination
- The next slides will review FSES compliance that apply at this time



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## FSES Update


- CMS S&C Letter 17-15-LSC
- Updates FSES requirements from 2001 NFPA 101A to 2013 NFPA 101A to reflect adoption of the 2012 LSC
- FSES can be completed by the facility, a trained consultant or the SA at their discretion
- FSES is submitted to the SA for review
- New requirement:
  - The SA must send the FSES to the CMS RO for final approval as part of the Plan of Correction
  - FSES must be completely new at each annual (or other survey frequency depending on facility type) survey and must reflect the results of the SA LSC survey



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## FSES Update

- ▀ New 2013 NFPA 101A mandatory values for existing high rise buildings and existing nursing homes have created issues with facilities failing to comply
- ▀ Note that even though the facility may have complied with previous versions of the FSES, the facility may still fail the 2013 version, especially for multi-story Type of Construction issues
- ▀ S&C 17-15-LSC provides the opportunity for existing Long Term Care Facilities (Nursing Homes) to request and receive a time-limited waiver for up to 5 years to correct certain deficiencies
- ▀ With the proposed rule change, facilities that fall into the 5 year waiver category will be back into compliance if they previously met the 2001 FSES



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## FSES Update

WORKSHEET 4.7.7 INDIVIDUAL SAFETY EVALUATIONS

Safety Parameters	Containment Safety (S <sub>1</sub> )	Extinguishment (S <sub>2</sub> )	People Movement Safety (S <sub>3</sub> )	General Safety (S <sub>4</sub> )
1. Construction				
2. Interior Finish (Corr. and Exit)				
3. Interior Finish/Rooms				
4. Corridor Partitions/Walls				
5. Doors to Corridor				
6. Zone Dimensions				
7. Vertical Openings				
8. Hazardous Areas				
9. Smoke Control				
10. Emergency Movement Routes				
11. Manual Fire Alarm				
12. Smoke Detection and Alarm				
13. Automatic Sprinklers			+ 2 =	
<b>Total Value</b>	S <sub>1</sub> =	S <sub>2</sub> =	S <sub>3</sub> =	S <sub>4</sub> =


WORKSHEET 4.7.8A MANDATORY SAFETY REQUIREMENTS — NEW HOSPITALS, EXISTING HOSPITALS, OR NEW NURSING HOMES

Zone Location	Containment (S <sub>1</sub> )		Extinguishment (S <sub>2</sub> )		People Movement (S <sub>3</sub> )	
	New	Exist.	New	Exist.	New	Exist.
1st story	11	5	15(12) <sup>a</sup>	4	8(5) <sup>a</sup>	1
2nd or 3rd story <sup>b</sup>	15	9	17(14) <sup>a</sup>	6	10(7) <sup>a</sup>	3
4th story or higher	18	12	19(16) <sup>a</sup>	8	11(8) <sup>a</sup>	4
base-to-high rises						
High rise	18	17	19(16) <sup>a</sup>	16	11(8) <sup>a</sup>	7

<sup>a</sup> Use ( ) in zones that do not contain patient sleeping rooms.  
<sup>b</sup> For a 2nd story zone location in a *sprinklered* EXISTING hospital, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be used: S<sub>1</sub> = 7, S<sub>2</sub> = 10, and S<sub>3</sub> = 7.

WORKSHEET 4.7.8B MANDATORY SAFETY REQUIREMENTS — EXISTING NURSING HOMES

Zone Location	Containment (S <sub>1</sub> )	Extinguishment (S <sub>2</sub> )	People Movement (S <sub>3</sub> )
1st story	0	10	0
2nd story	2	10	2
3rd story	6	14	2
4th story or higher	8	16	2



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## Long Term Care Update

- Code language was adopted in the 2015 LSC to permit murals on egress doors to disguise the doors
- Limited to areas where the clinical needs of the patients/residents require specialized security measures or where they pose a security threat



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## Long Term Care Update

- The adopted edition of the LSC by CMS and PADOH is the 2012 edition
- Later editions, such as the 2015 are not used for state licensure or federal certification purposes
- If facilities are interested in this section or other sections in later editions, organizations will need to reach out to CMS to demonstrate the importance of these changes and request the use of categorical waivers



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## Long Term Care Update



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## Long Term Care Update

- There has been a recent trend towards dialysis services within a nursing home
- CMS issues two letters of guidance on this topic:
  - QSO-18-22-ESRD
  - QSO-18-24-ESRD



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## Long Term Care Update

- In-Center Dialysis – may involve either:
  - Transporting the resident to and from an off-site certified ESRD facility for dialysis treatments; or
  - Transporting the resident to a location within or proximate to the nursing home building which is separately certified as an ESRD facility providing in-center dialysis



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## Long Term Care Update

- Home Dialysis in a Nursing Home – The resident receives dialysis treatments in the nursing home. These dialysis treatments are administered and supervised by personnel who meet the criteria for qualifications, training, and competency verification as stated in this guidance and are provided under the auspices of a written agreement between the nursing home and the ESRD facility.



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## Long Term Care Update

- The review of dialysis services in a nursing home should be considered an extension of the ESRD core survey and as such will require additional survey time.
- The ESRD survey tasks for review of dialysis in a nursing home involves the following activities: (1) survey tasks at the ESRD facility prior to the on-site visit at the nursing home,



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## Long Term Care Update

- (2) survey tasks conducted at the nursing home, and (3) survey tasks conducted at the ESRD facility after the on-site nursing home visit.



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## Long Term Care Update

- **Important Note:**

- If your facility plans on providing this service, **contact plan review**
- The companies wanting to provide the dialysis services are not the best at providing nursing homes with good guidance on steps for approval
- They will tell you that it is CMS approved, no real construction is occurring, they have done it elsewhere, etc.



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## Long Term Care Update

- The LTC state licensure requirements have been completely rewritten and are going through the process to be approved for use
- Largest change for physical environment:
  - Requiring renovations, new construction and alterations to meet the FGI Guidelines



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## Long Term Care Update

- LSC is the same
- Plan review and occupancy requirements are the same
- Much of the state licensure requirements are removed where there are overlapping federal requirements
- When it makes it to the comment period, notifications will be sent out – *your opportunity to request changes*



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## Electronic Plan Review

- Starting October 1, 2016, the process for plan review changed from paper submittal to electronic submittal
- Plan submitters must set up a library with DSI to submit and retrieve reviewed plans
  - One library per architectural office, engineer office, health care facility or other submitter
  - The library account can be a resource account
  - Any questions can be directed to the plan review clerk at 717 787-1911



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## Electronic Plan Review

– This...



To this...



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## Electronic Plan Review

– **One printed set of approved plans must continue to be onsite at all times**

- No final occupancy approval will be granted if approved plans are not onsite
- If this issue is found during the construction project, construction will be stopped until such time that DOH approved plans are onsite
- This includes any approved revisions

– If a facility wishes to propose an alternate source of supplying onsite approved plans that are readily accessible to LSC surveyors, they are to contact their field office for prior approval



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## Electronic Plan Review

- Required documentation for plan review remains the same
- Functional program narrative per FGI Guidelines
- Any DAAC exceptions for a final plan review are received before final plan submittal
  - Submit as a preliminary review
- Safety Risk Assessment (SRA) – not just an Infection Control Risk Assessment
- New Plan Review Checklist requires that the submitter check the box stating that an SRA was completed and available onsite to the survey team



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## Occupancy Surveys

- Requests for occupancy surveys are electronic
- All requests will be submitted electronically through the DOH website – **no exceptions**
  - Provides consistency
  - Eliminates confusion on requests
  - Better tracking of occupancies
  - Goal is to streamline the process
- [http://www.health.pa.gov/facilities/Licensees/Building%20Safety/Pages/default.aspx#.WAUxsqPD- 5](http://www.health.pa.gov/facilities/Licensees/Building%20Safety/Pages/default.aspx#.WAUxsqPD-5)



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# Occupancy Surveys

**DIVISION OF SAFETY INSPECTION**

The Department of Health, Division of Safety Inspection, has the responsibility of surveying health care facilities to determine compliance with the Life Safety Code, NFPA 101, 2012 Edition for federal certification and state licensure. In addition to the survey process, the Division also has the responsibility of reviewing and approving construction drawings for all health care facilities in the Commonwealth.

The Division's central office controls and coordinates the activities of five regional offices. These offices are located in Harrisburg, Jackson Center, Norristown, Pittsburgh and Wilkesport. [Click here for a list of the Division's central office and five regional offices.](#) The division surveys more than 1,300 facilities, with over 3,000 individual buildings.

The division provides sophisticated building analysis in accordance with the federal and state mandated Life Safety Code. This analysis constitutes a review of the structural design and fireproofing. Within that framework, the electrical systems, plumbing, heating, ventilation, fire alarm, sprinkler system and smoke-detection systems must be evaluated. The division's plan review staff meet daily with architects and engineers in the Harrisburg central office to determine the acceptability of designs for health care facilities.

Miscellaneous additional information for facilities:

- [National Fire Protection Association](#)
- [Facility Guidelines Institute](#)

**QUICK LINKS**

- [Approved Healthcare Facility Construction Plans](#)
- [Contact Us](#)
- [DSI Occupancy Checklist](#)
- [Plan Review Requirements](#)
- [Occupancy Request Form](#)
- [Request for Electronic Plan Review](#)
- [Instructions for Uploading Downloading Plans](#)

[Main Form](#)

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# Questions?

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## Contact Information

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