Joe Shelton Randy Davis Joshua Dirschell FIRE AWAY 2.0! Frequent Citations & Compliance Solutions

OUR TEAM OF LSC SURVEYORS

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WHERE DO WE GET THE AUTHORITY Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 483.90(a)

Physical Environment, Life Safety from Fire

Medicare and Medicaid Programs

Fire Safety Requirements for long term care (ltc) Health Care Facilities



WHAT'S THE CODE

NFPA 101, Life Safety code, 2012 Edition

Including all referenced publications listed in chapter 2

NFPA 99, *health care facilities code*, 2012 Edition



Improve Facility Fire Safety By

- EXPLAIN THE LIFE SAFETY SURVEY PROCESS
- IDENTIFY THE FREQUENT LIFE SAFETY SURVEY CITATIONS.
- DESCRIBE HOW FIRE SAFETY TRAINING AND EXERCISING THE FIRE PLAN WILL REDUCE THE NUMBER OF LIFE SAFETY SURVEY CITATIONS.

offsite survey preparati

- Review previous certification surveys and deficiencies, bed capacity, facility waivers, Complaint investigation, Floor plans if available.
- Determine what chapter of NFPA 101, 2012 the facility will be survey under

Entrance Conference

· Meet facility administrator and inform them of the purpose & process of the survey.

formation gatherin

- Review all documentation of facility Life Safety Systems including generator, oxygen, & emergency preparedness.
- Walking tour of the building checking room by room, floor by floor seeing all parts of the building including the exterior.

mation analysis & decision making:

Review all documentation and observations to determine any deficiencies the facility has.

Exit conferenc

 Present findings to facility administrator & anyone designated by the administrator to be present.

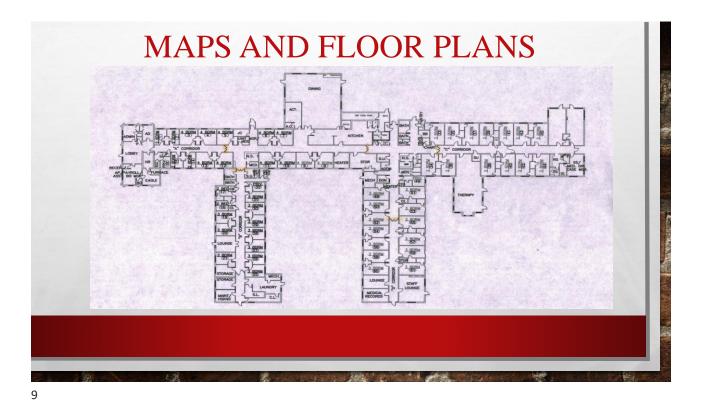
Post Survey Revisit

Follow-up survey or revisit to re-evaluate the specific deficient areas that were cited during the original survey.

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INSPECTION

PROCESS



REVIEW OF FACILITY POLICIES

- SMOKING POLICY
- ALCOHOL BASED HAND RUBS
- SPACE HEATERS
- FIRE WATCH

- RESPONSE TO FIRE / FIRE DRILLS
- FACILITY'S EMERGENCY PLAN
- EMERGENT EVENT AND FIRE REPORTING
- BUILDING PLANS AND MAPS



Contract of

TIPS FOR THE PHYSICAL WALK-THROUGH

- UP TO DATE MAP OF THE FACILITY WITH SMOKE COMPARTMENTS MARKED BY COLOR OR NUMBER.
- WRITING UTENSIL & POCKET NOTE PAD

NAME AND DESCRIPTION OF THE OWNER

- KEYS TO ACCESS ALL ROOMS IN THE FACILITY & BE FAMILIAR WITH ALL THE KEYS.
- KNOW YOUR BUILDING; FIRE DOORS, SMOKE BARRIER WALLS & DOORS.
- POCKET TOOLS; FLASHLIGHT, SAFETY GLASSES, MEASURING TOOL & ACCESS TO A LADDER.
- ACCESS TO ALL PAPERWORK.
- RECOMMENDATION: REGULARLY COMPLETE AN OBSERVATION WALK OF YOUR BUILDING JUST CHECKING & MAKING NOTES OF ALL SYSTEMS & THINGS OUT OF PLACE OR NEEDING ATTENTION.

QUESTION #1

- WHICH OF THE ANSWERS IS ONE OF THE GOALS OF THIS PRESENTATION
- 1. REVIEW THE JOB DESCRIPTION OF A FACILITY MAINTENANCE DIRECTOR
- 2. IDENTIFY THE FREQUENT LIFE SAFETY SURVEY CITATIONS
- 3. WHAT ARE THE FIVE RULES OF A FIRE SAFETY PLAN
- 4. IDENTIFY THE FACILITY'S EMERGENCY ACTION PLAN

DO WE HAVE A PROBLEM ?



YES, THE UNITED STATES STILL HAS A FIRE PROBLEM

EACH YEAR, AN ESTIMATED 368,500 RESIDENTIAL BUILDING FIRES WERE REPORTED TO FIRE DEPARTMENTS WITHIN THE UNITED STATES FROM 2017 TO 2019. THESE FIRES CAUSED AN ESTIMATED 2,770 DEATHS, 11,650 INJURIES AND \$8.1 BILLION IN PROPERTY LOSS. FROM 2017 TO 2019, 77% OF ALL FIRE DEATHS AND 75% OF ALL FIRE INJURIES OCCURRED IN RESIDENTIAL BUILDINGS

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NURSING HOME FIRES PER YEAR FOR EACH YEAR FROM 2012 TO 2014, AN ESTIMATED 5,700 MEDICAL FACILITY FIRES WERE REPORTED TO FIRE DEPARTMENTS IN THE UNITED STATES. NEARLY HALF OF THOSE, 2,700 FIRES, WERE IN NURSING HOMES. IT IS ESTIMATED THAT THESE FIRES CAUSED FEWER THAN FIVE DEATHS, 125 INJURIES AND \$13 MILLION IN PROPERTY LOSS PER YEAR.

FREQUENCY OF CITATIONS 2020

- K0353 SPRINKLER SYSTEM MAINTENANCE AND TESTING 46.0%
- K0918 ELECTRICAL SYSTEMS ESSENTIAL ELECTRIC SYSTEM 34.1%
- K0712 FIRE DRILLS 31.3%
- K0324 COOKING FACILITIES 28.9%
- K0222 EGRESS DOORS 28.0%
- K0321 HAZARDOUS AREAS ENCLOSURE 26.1%
- K0223 DOORS WITH SELF-CLOSING DEVICES 23.7%
- K0372 SUBDIVISION OF BUILDING SPACES SMOKE BARRIER 23.7%
- K0920 ELECTRICAL EQUIPMENT POWER CORDS 23.2%
- K0511 UTILITIES GAS AND ELECTRIC 22.7%
- K0211 MEANS OF EGRESS GENERAL 22.3%

FREQUENCY OF CITATIONS 2021

- K0918 ELECTRICAL SYSTEMS ESSENTIAL ELECTRIC SYSTEM 46.9%
- K0353 SPRINKLER SYSTEM MAINTENANCE AND TESTING 38.5%
- K0324 COOKING FACILITIES 36.9%
- K0211 MEANS OF EGRESS GENERAL 33.1%
- K0321 HAZARDOUS AREAS ENCLOSURE 30.8%
- K0222 EGRESS DOORS 30.0%
- K0345 FIRE ALARM SYSTEM TESTING AND MAINTENANCE 24.6%
- K0712 FIRE DRILLS 21.5%
- K0291 EMERGENCY LIGHTING 18.5%
- K0223 DOORS WITH SELF-CLOSING DEVICES 17.7%



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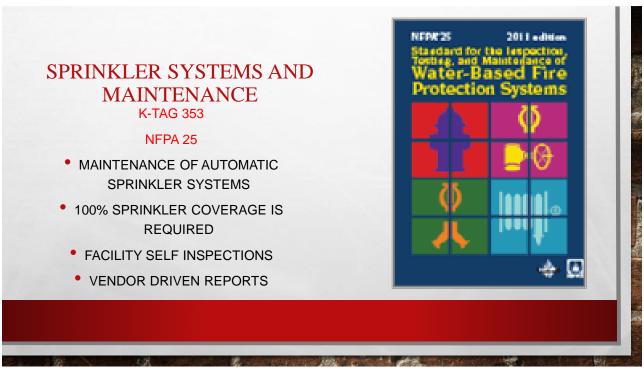


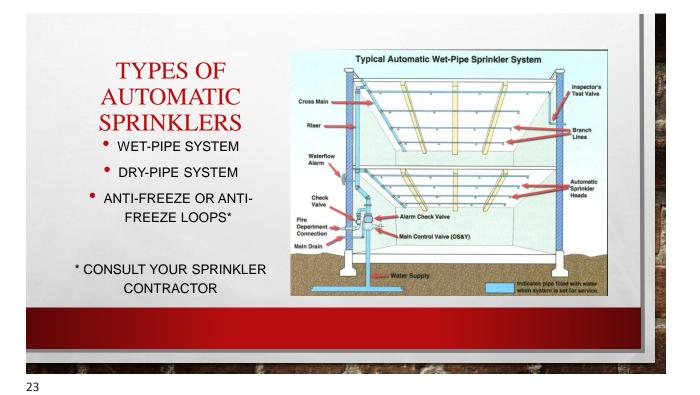
- NO DOCUMENTATION OF ANNUAL SERVICE OR MAINTENANCE
- NO DOCUMENTATION OF REQUIRED LOAD BANK TESTING
- MISSING WEEKLY AND MONTHLY INSPECTION RECORDS
- MONTHLY BATTERY INSPECTIONS- SPECIFIC GRAVITY OR COLD CRANK TESTING
- FUEL TESTING OR FUEL LEVELS

Construction of the construction

- PROPER LABELING OF GENERATOR EQUIPMENT
- PROPER EMERGENCY POWER FOR THE FACILITY (EPSS 1 OR EPSS 2)

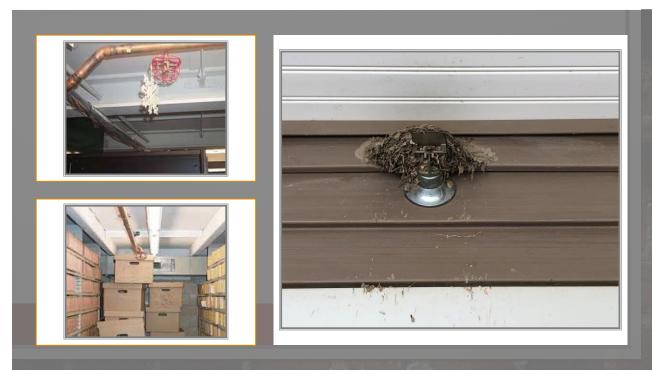


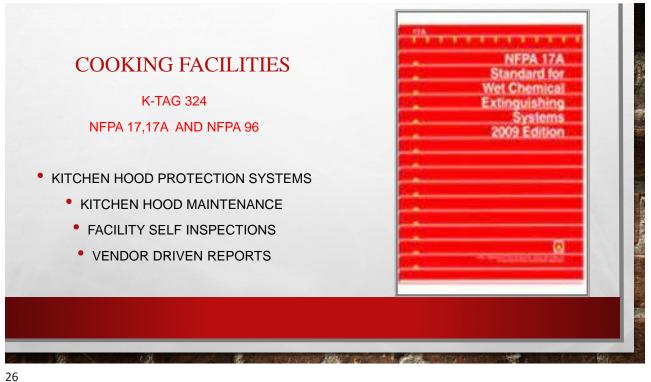






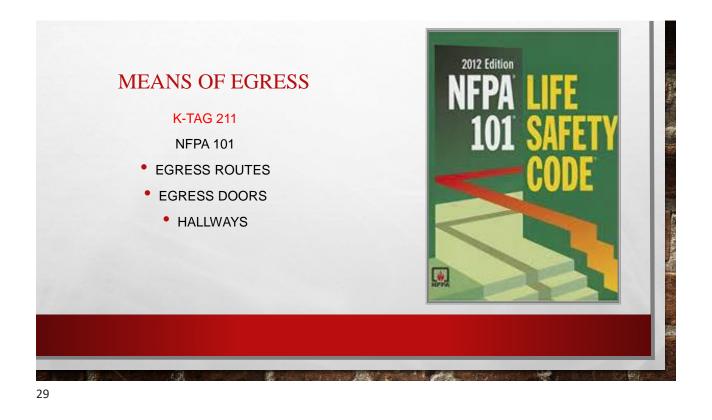
- LACK OF ANNUAL INSPECTION REPORTS
- MISSING QUARTERLY WATERFLOW REPORTS
- 5-YEAR INTERNAL PIPE INSPECTIONS OR HYDROSTATIC TESTS
- 3-YEAR TRIP TESTS ON DRY SYSTEMS
- FIRE PUMP DOCUMENTS-ANNUALS OR CHURN TESTS
- GAUGES OUT-OF-DATE
- DAMAGED OR MISSING SPRINKLER PARTS
- MISSING CEILING TILES AND ESCUTCHEON RINGS
- IMPROPER STORAGE



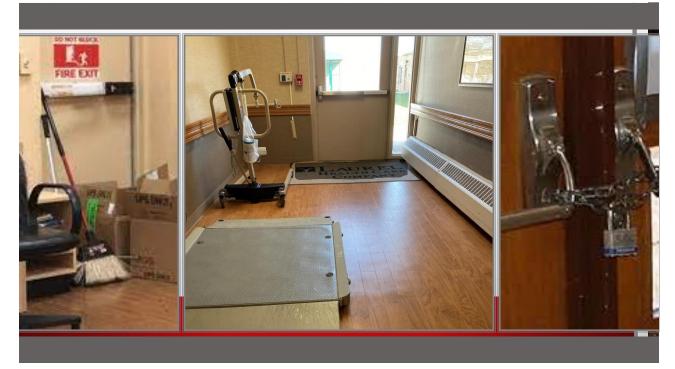


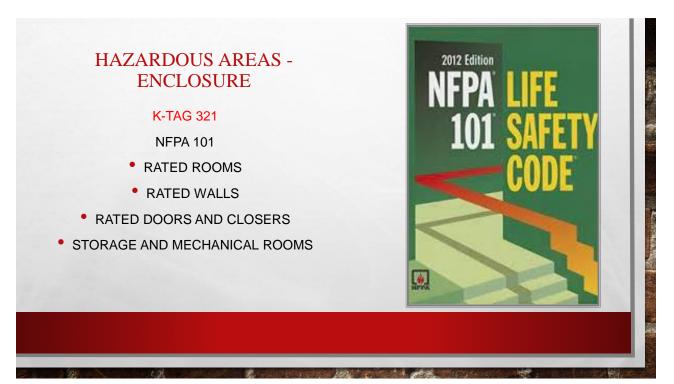
- LACK OF INSPECTION REPORTS (6-MONTH)
- LACK OF HOOD CLEANING REPORTS
- GREASE BUILD-UP IN DUCT AND PLENUM
- GREASE BUILD-UP ON FILTERS AND APPLIANCE SURFACES
- OBSTRUCTED REMOTE PULL STATIONS FOR HOOD SYSTEMS
- INSUFFICIENT KITCHEN STAFF TRAINING TO A FIRE EMERGENCY
- COOK-LINE CHANGES



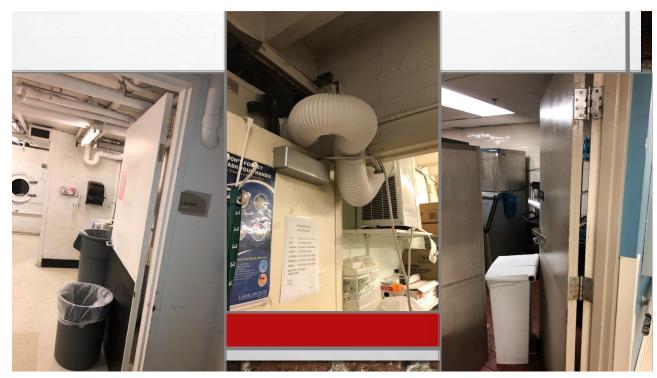


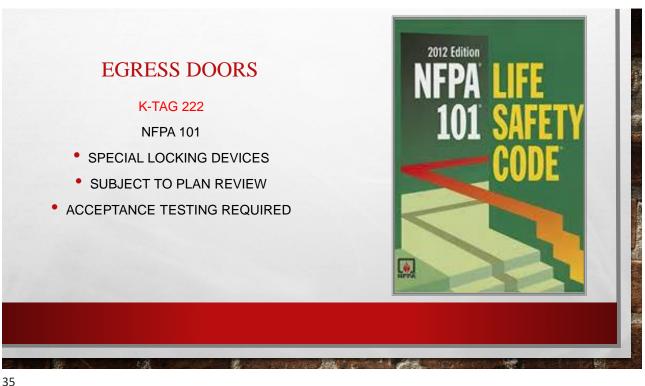
- EXIT DOORS STUCK OR HARD TO OPEN
- CLUTTERED HALLWAYS
- OUTSIDE GATES WITH LOCKING DEVICES
- IMPROPER LIGHTING (DURING NORMAL OPERATION AND EMERGENCIES)
- MISSING EXIT SIGNAGE (DIRECTIONAL)
- STORAGE IN A STAIRWELL





- PENETRATIONS IN WALLS
- DOORS THAT WON'T AUTOMATICALLY CLOSE AND LATCH WHEN TESTED
- PENETRATIONS IN CEILINGS
- DOORS PROPPED OPEN, UNAUTHORIZED HOLD-OPEN DEVICES

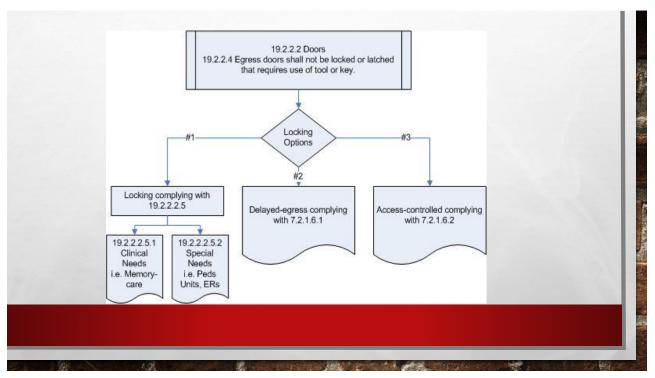




- - Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:
 - CLINICAL NEEDS OR SECURITY THREAT LOCKING
 - Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.
 - 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6
 - SPECIAL NEEDS LOCKING ARRANGEMENTS
 - Where special locking arrangements for the safety needs of the patient are used, all of the clinical or security locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.

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18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4



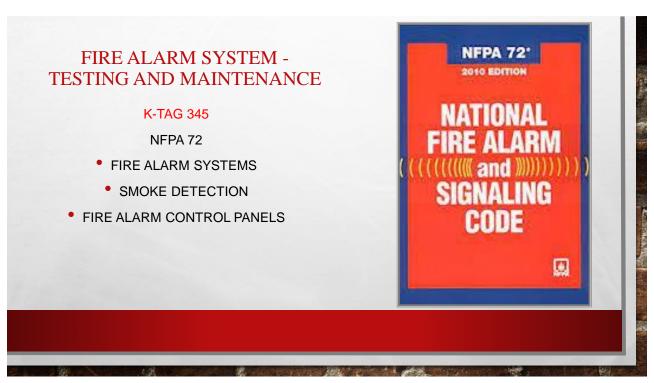
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SPECIAL LOCKING DEVICES

- 18/19.2.2.5.1* door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, provided that staff can readily unlock doors at all times in accordance with 18/19.2.2.2.6.
- A. 18 / 19.2.2.2.5.1 Psychiatric units, Alzheimer units, and dementia units are examples of areas with patients who might have clinical needs that justify door locking. Forensic units and detention units are examples of areas with patients who might pose a security threat. Where Alzheimer or dementia patients in nursing homes are not housed in specialized units, the provisions of 18/19.2.2.2.5.1 should not apply. (See 18/19.2.2.2.5.2.)

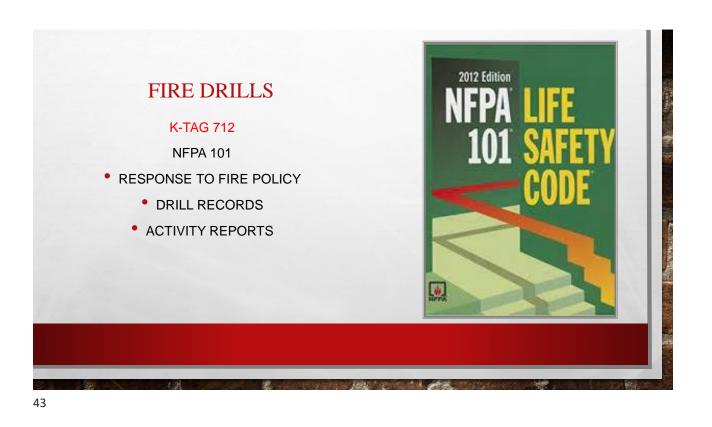
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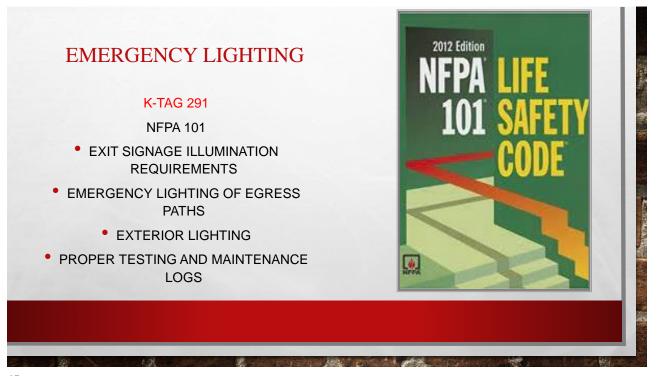
- MISSING ANNUAL INSPECTION REPORTS
- MISSING 2-YEAR SENSITIVITY REPORTS
- BLOCKED PULL-STATIONS AND NOTIFICATION DEVICES
- FACILITY HAS CHANGED USE OF AREAS
- QUARTERLY DIALER TESTING
- SINGLE STATION SMOKE ALARM NOT MAINTAINED
- DEFICIENCIES NOT CORRECTED FROM A VENDOR'S REPORTS







- MISSING REQUIRED QUARTERLY DRILLS
- FIRE DRILL TIMES NOT RANDOM
- NO ACTIVITY REPORTS
- REQUIRED ANNUAL REVIEWS AND UPDATES
- DRILLS DO NOT REFLECT THE FACILITY'S POLICY



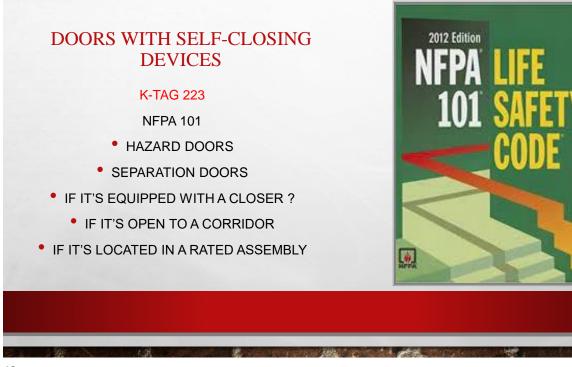




- MISSING EMERGENCY LIGHTING
- NO RECORD OF REQUIRED MONTHLY OR ANNUAL TESTING
- BLOCKED LIGHTING
- FAILS TO OPERATE DURING TESTING BY THE SURVEYOR

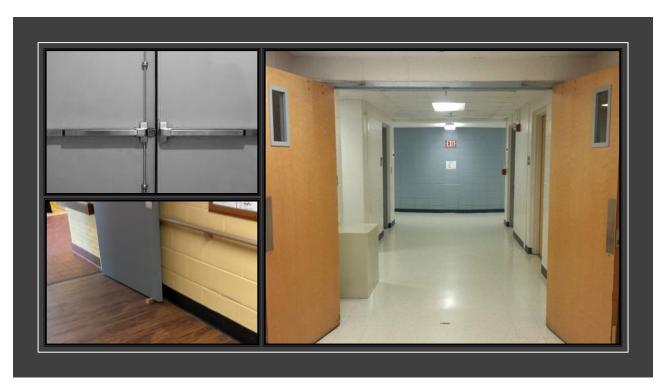
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- DOORS DON'T CLOSE TO A REASONABLE SMOKE-TIGHT FIT
- DOORS BLOCKED BY OBJECTS/ CAN'T CLOSE COMPLETELY
- WEAK OR MISSING CLOSERS
- GAPS OR MISSING SEALS
- SELF-CLOSING DOORS PROPPED OPEN WITH UNAPPROVED HOLD-OPEN DEVICES
- MAGNETIC HOLD-OPENS NOT TIED INTO THE FIRE ALARM SYSTEM





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PREVENTION TIPS

- WALK YOUR FACILITY DAILY
- SCHEDULE YOUR SYSTEMS MAINTENANCE ASAP
- KEEP YOUR REPORTS ORGANIZED AND MAINTAIN YOUR DOCUMENTS
- EDUCATION LEARN WHAT THOSE CITATIONS ARE AND ABLE TO IDENTIFY THEM DURING SELF-INSPECTION

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- SURVEY READY EVERYDAY
- PARTICIPATE IN REGIONAL OR LOCAL TRAININGS
- DEVELOP, REVIEW AND PRACTICE SOUND FIRE PREVENTION POLICIES



REPORTING A FIRE EVENT

• NOW IS NOT THE TIME TO PRACTICE WHAT TO DO DURING A FIRE

• EMERGENT EVENT REPORTING: LARA - FIRE WATCH AND EMERGENT EVENT REPORTING SYSTEM (MICHIGAN.GOV)

• 800-882-6006 (PRESS #4)

R 29.1809 FIRE REPORTING. RULE 9

- (1) UPON DISCOVERY OF ANY UNWANTED FIRE, REGARDLESS OF MAGNITUDE, THE PERSON IN CONTROL OF THE BUILDING SHALL IMMEDIATELY NOTIFY THE LOCAL FIRE DEPARTMENT.
- (2) WHENEVER AN UNWANTED FIRE OCCURS, OR UPON DISCOVERY OF A UNWANTED FIRE, EVEN THOUGH IT HAS BEEN EXTINGUISHED, THE PERSON IN CONTROL OF THE BUILDING SHALL IMMEDIATELY NOTIFY THE LOCAL FIRE DEPARTMENT OF THE EXISTENCE OF THE FIRE, CIRCUMSTANCES, AND THE LOCATION OF THE FIRE. THIS REQUIREMENT DOES NOT PROHIBIT THE FACILITY FROM USING ALL DILIGENCE NECESSARY TO EXTINGUISH THE FIRE PRIOR TO THE ARRIVAL OF THE FIRE DEPARTMENT.
- (3) THE ADMINISTRATOR OR DESIGNEE SHALL NOTIFY THE BUREAU OF FIRE SERVICES OF ALL DETAILS OF THE FIRE NOT LATER THAN THE END OF THE NEXT BUSINESS DAY FOLLOWING THE INCIDENT.

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FIRE WATCH AND EMERGENT EVENT REPORTING SYSTEM

- WHAT TO REPORT
- NATURAL DISASTERS LASTING MORE THAN 6 HOURS THAT MAY REQUIRE EVACUATION OF RESIDENTS SUCH AS LOSS OF HEAT, POWER, WATER, OR FOOD SERVICE
- OUTSIDE/EXTERNAL THREATS TO RESIDENT/PATIENT WELL-BEING SUCH AS BOMB THREATS, ACTIVE SHOOTER IN FACILITY, SUSPICIOUS MAIL/WRITTEN VERBAL THREATS
- CRITICAL LACK OF STAFF DUE TO SEVERE WEATHER, LABOR DISPUTES, OR WIDESPREAD ILLNESS THAT HAS CRITICAL IMPACT ON RESIDENT/PATIENT CARE

TEMPORARY BARRIERS AND STRUCTURES

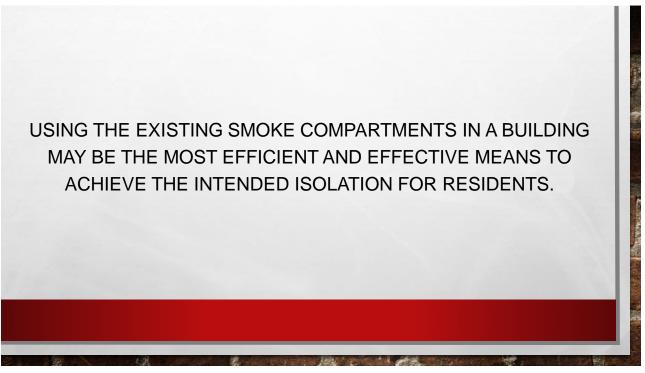
NURSING HOME PROVIDERS ARE ENCOURAGED TO UTILIZE EXISTING PHYSICAL BARRIERS FOR COMMUNICABLE DISEASE ISOLATION AND AVOID DIVIDING A SMOKE COMPARTMENT.

NURSING HOMES ARE DESIGNED AROUND THE REQUIRED AIR FLOWS AND AIR MOVEMENT FOR BOTH HEATING AND COOLING. THE SMOKE COMPARTMENTS ARE DESIGNED WITH THE HEATING VENTILATION AIR CONDITIONING (HVAC) SYSTEMS DUCTED INTO EACH SMOKE COMPARTMENT AND RESIDENT ROOMS.

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THE SMOKE COMPARTMENT PROVIDES THE RESIDENT PROTECTION AND ISOLATION IN THE ROOMS, PROVIDES FOR FIRE SAFETY WITH THE SPRINKLER SYSTEM, SMOKE DETECTOR COVERAGE, ROOM DESIGNED TO SUPPORT SHELTERING IN PLACE IN THE EVENT OF FIRE OR OTHER HAZARDOUS CONDITIONS, AND HAS THE APPROPRIATE EXITING WIDTHS AND PATHWAYS

NAMES OF THE OWNER



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THE CMS 1135 BLANKET WAIVERS ALLOW FACILITIES TO WAIVE REQUIREMENTS THAT WOULD OTHERWISE NOT PERMIT TEMPORARY WALLS AND BARRIERS BETWEEN PATIENTS. REFER TO 2012 LSC, SECTIONS 18/19.3.3.2. THIS REFERENCED LSC SECTION IS FOR INTERIOR WALL AND CEILING FINISHES BEING REQUIRED TO BE CLASS A OR CLASS B. IT IS IMPORTANT TO NOTE THAT THIS IS THE ONLY LSC SECTION REFERENCED FOR THIS TEMPORARY CONSTRUCTION BLANKET WAIVER.

Menters and

THE USE OF THE TEMPORARY BARRIERS/WALLS (PLASTIC WITH ZIPPERS INSTALLED) POTENTIALLY CREATES SEVERAL AREAS OF CONCERN

1. MATERIAL USED TO CONSTRUCT THE BARRIER IS REQUIRED TO BE CLASS C RATED AS AN INTERIOR FINISH.

2. LOCATION OF THE TEMPORARY BARRIER MAY IMPACT THE FOLLOWING:

- OBSTRUCT THE PATH OF EGRESS.
- REDUCE THE CLEAR WIDTH OF THE CORRIDOR.
- CREATE TRIP HAZARDS WITH THE EXTRA BARRIER MATERIAL BUNCHING AT THE FLOOR LEVEL.
- COMPROMISE THE SPRINKLER SYSTEM COVERAGE AND OPERATING FEATURES.

THE USE OF THE TEMPORARY BARRIERS/WALLS (PLASTIC WITH ZIPPERS INSTALLED) POTENTIALLY CREATES SEVERAL AREAS OF CONCERN

Providence and a second s

- COMPROMISE SMOKE DETECTOR COVERAGE (REQUIRED ON BOTH SIDES OF THE BARRIER).
- OBSTRUCT THE FIRE ALARM SYSTEM NOTIFICATION DEVICES.
- OBSTRUCT THE ACCESS TO FIRE ALARM MANUAL ALARM DEVICES (PULL STATIONS).
- OBSTRUCT THE DOORS FROM CLOSING (RESIDENT ROOM DOORS, CROSS CORRIDOR DOORS, SERVICE AREA HAZARD DOORS, ETC.

Carlo and the second second

- MAY OBSTRUCT OR ALTER THE HVAC AIR FLOWS IN THE FACILITY.
- MAY ALTER THE FACILITY'S EMERGENCY PLAN AND EVACUATIONS PLANS.

THE USE OF THE TEMPORARY BARRIERS/WALLS (PLASTIC WITH ZIPPERS INSTALLED) POTENTIALLY CREATES SEVERAL AREAS OF CONCERN

3. OBSTRUCTS THE EXITS, MAY REQUIRE THE USE OF ANOTHER EXIT.

4. CREATES DEAD-END CORRIDORS.

5. MAY IMPEDE/DELAY THE CLOSING OF ALL RESIDENT ROOM DOORS IN THE EVENT OF AN EMERGENCY.

6. COMPLICATES THE MOVEMENT WITHIN THE SMOKE COMPARTMENT

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QUESTION #3

on entry sectors and the sector strategies and

 THE FACILITY'S BEST CHOICE TO PROVIDE ISOLATION DURING A PANDEMIC IS:

and the second second second second

- 1. THE RAPID APPLICATION OF PLASTIC SHEETING BOUGHT AT A BIG BOX STORE
- 2. WOOD AND SHEET ROCK DIVIDERS
- 3. THE USE OF EXISTING SMOKE COMPARTMENTS AND SEPARATIONS
- 4. DISCONTINUE USE OF THE BUILDINGS HVAC SYSTEM