



**Center for Medicaid, CHIP, and Survey & Certification/Survey & Certification Group**

**Ref: S&C- 11-07-LSC**

**DATE:** December 17, 2010

**TO:** State Survey Agency Directors  
State Fire Authorities

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** 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

**Memorandum Summary**

- **Clarifies Policy on Interior Finish** -- this memorandum clarifies policy regarding existing interior finish for fire safety purposes.
- **No Requirement to Document Flame Spread Rating** -- existing interior finish materials.
- **Documentation of Flame Spread Rating Required** -- only for newly installed interior finish materials.

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. The requirements for interior finish for existing Healthcare occupancies is found in the 2000 edition, Life Safety Code (LSC), National Fire Protection Association (NFPA) 101 at 19.3.3.1 which requires compliance with the requirements of Section 10.2 Interior Finish. CMS adopted the 2000 edition of the LSC in March, 2003. Recently, we have received several inquiries concerning how this requirement applies to existing facilities and whether documentation of existing interior finish is required by this edition of the LSC.

The NFPA has issued clarifying language concerning this subject at section 10.2.1 Exception No. 2 which states "Approved existing installations of materials applied directly to the surface of walls and ceilings in a total thickness of less than 1/28 in. (0.9 mm) shall be permitted to remain in use and the provisions of 10.2.2 through 10.2.3.5.3 shall not apply."

This language should minimize the burden on existing facilities which may or may not have documentation for previously installed interior finish, as this documentation was not required by previous editions of the LSC. Previous LSC language may have created a situation in which a facility may be in compliance with the interior finish requirements, but does not have documentation of the flame spread classification of the installed interior finish.

Generally these finishes are renewed on a regular basis when the facility updates and refreshes its interior and can obtain the needed documentation at that time.

We hope this information is useful in clarifying this issue. If you have further questions regarding this matter, please contact James Merrill at [James.Merrill@cms.hhs.gov](mailto:James.Merrill@cms.hhs.gov).

**Effective Date:** The information contained in this memorandum is current policy and is in effect for all healthcare facilities. State Survey Agencies should disseminate this material within 30 days of the date of this memorandum.

**Training:** This clarification should be shared with all Survey & Certification staff, fire authorities, surveyors, their managers, and the State/RO training coordinators.

/s/

Thomas E. Hamilton

cc: Survey & Certification Regional Office Management