



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 14-38-OPT

DATE: July 3, 2014
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Rehabilitation Agencies: Fire Alarm Systems, SOM Appendix E Revision -
Advance Copy

Memorandum Summary

- **SOM Appendix E** – The interpretive guidance for OPTs is revised to clarify the fire safety requirements. Surveyors should review the revised Appendix to view the requirements in their entirety.
- **Rehabilitation Agencies – Fire Safety Requirements:** Rehabilitation Agencies are required to have an automatic extinguishing system or an enclosure with a 1-hour fire resistance rating in hazardous areas as well as fire extinguishers, a fire alarm system, and a fire evacuation plan.
- **Air Horns as a Fire Alarm System:** Air horns will not serve in place of a fire alarm system for Rehabilitation Agencies.
- **Certification/Recertification:** Rehabilitation Agencies cannot be certified or recertified and extension locations cannot be approved if they do not meet the minimum fire protection requirements.

Rehabilitation Agencies must meet certain fire safety requirements to protect the health and safety of patients, personnel, and the public. According to regulations at §485.723, Rehabilitation Agencies are required to have a permanently attached automatic fire-extinguishing system in hazardous areas, fire extinguishers, fire regulations that are prominently posted, and a fire alarm system with local alarm capability.

Facilities must provide a higher degree of protection in areas of the facility that pose a degree of hazard that is higher than normal to the general use areas within the Rehabilitation Agency. This protection may be achieved by an automatic fire-extinguishing system or an enclosure with a 1-hour fire resistance rating. These hazardous areas may include, but are not limited to, areas used for storage or use of: a) combustibles or flammables; b) toxic, noxious or corrosive materials; or c) heat producing appliances. The Centers for Medicare & Medicaid Services (CMS) does not consider rooms used to store routine office supplies as being areas with special fire hazards.

Portable fire extinguishers should be provided in every Rehabilitation Agency and should be distributed so that the distance between extinguishers is no more than seventy five feet. Extinguishers must be installed, inspected, and maintained in a fully charged and operable condition and kept in their designated places at all times when they are not being used.

Extinguishers must be conveniently located on each floor of the premises and should be conspicuously located where they are readily accessible; preferably located along normal paths of travel to exits.

Extinguishers should be securely installed on brackets or placed in cabinets or wall recesses, and installed so the top of the extinguisher is no more than five feet above the floor. Extinguisher operating instructions should be located on the front of the extinguisher and be clearly visible. Maintenance, servicing, and recharging of the extinguishers should only be performed by specially trained personnel. However, monthly “quick checks” or inspections can be performed by agency personnel with basic knowledge of fire extinguishers. Extinguishers should be inspected when initially placed in service and thereafter at approximately 30-day intervals. The inspection should include the following:

- the extinguisher is located in a designated space;
- there is no obstruction to access or visibility;
- the operating instructions on the nameplate are legible and facing outward;
- safety seals and tamper indicators are not broken or missing;
- fullness of the extinguisher is determined by weighing or lifting;
- examination for obvious damage, corrosion, leakage, or clogged nozzle; and
- observation of the pressure gauge reading or indicator to ensure it’s in the operable range or position.

Personnel making the inspections should keep records of all inspections which include the date the inspection was performed and the initials of the person performing the inspection. The records should be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system that provides a permanent record. In addition, all employees shall be periodically instructed in the use of portable fire extinguishers. Documentation of the instruction should include the personnel that received instruction and the date.

A written copy of a plan for the protection of all facility occupants and their evacuation in the event of fire should be in effect and readily available to all personnel in every Rehabilitation Agency. The plan should provide for, at a minimum: the use of alarms, notification of the fire department, response to alarms, isolation of fire, evacuation, and extinguishment of fire. All employees should be periodically instructed regarding their duties under the plan.

A fire alarm system with local alarm capability must be available in every Rehabilitation Agency. Initiation of the fire alarm system may occur by manual means (i.e., pull box), smoke detection, or extinguishing system operation, as applicable. Once initiated, the fire alarm system should notify facility occupants of the fire or other emergency by activation of the system’s audible and visible devices (e.g., flashing lights). The electrical power supply for the fire alarm system should be provided by both normal and emergency power. Emergency power may be

supplied by the building's emergency power or battery power to ensure the fire alarm system remains operational in the event of normal power failure.

CMS has become aware that some Rehabilitation Agencies are utilizing hand-held air horns in lieu of a fire alarm system. The word "system" was intentionally included in the regulatory language and is intended to require a fire alarm system which is integrated into the building. Use of an air horn in lieu of a fire alarm system is not acceptable.

Rehabilitation Agencies and their extension locations must not be approved for Medicare certification or recertification if they do not meet the minimum fire protection requirements as provided in the regulations and as discussed in this memorandum. If, during a certification or recertification survey, the surveyor determines that the fire protection features do not meet the CMS requirements, the State Survey Agency will notify the CMS Regional Office (RO). If the Rehabilitation Agency cannot have the fire protection requirements installed within the time-frame determined by the RO, the RO will initiate termination procedures.

Contact: Questions or comments regarding this memorandum should be addressed to James Cowher at (410) 786-1948 or james.cowher@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated immediately with all survey and certification staff, their managers and the State/RO training coordinators.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal Advance Copy

Date:

SUBJECT: Rehabilitation Agencies - Fire Alarm Systems

I. SUMMARY OF CHANGES: Revisions have been made to Appendix E for interpretive guidance at 485.723(a) and 485.727(a) to update the fire safety requirements for Rehabilitation Agencies.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: Immediately
IMPLEMENTATION DATE: Immediately

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R	Appendix E

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Interpretive Guidelines §485.723(a)

A – General

Areas of the organization considered to *pose a degree of hazard higher than that normal to the general use areas* are to be equipped with a State fire authority approved, **permanently attached**, automatic fire extinguishing system; or shall be separated from the rest of the building by 1-hour rated fire resistant barrier. *These hazardous areas may include, but are not limited to, areas used for storage or use of: a) combustibles or flammables; b) toxic, noxious or corrosive materials; or c) heat producing appliances. It is not CMS's intent that rooms used to store routine office supplies have sprinklers.*

All areas occupied or accessible to the organization for use during emergency or non-emergency activity, including corridors and stairwells, are to be protected by easily accessible fire extinguishers. *Extinguishers should be distributed throughout every rehabilitation agency so that the distance between extinguishers is no more than 75 feet. Extinguishers should be installed, inspected, and maintained in a fully charged and operable condition, and kept in their designated places at all times when they are not being used. Extinguishers should be conspicuously located where they are readily accessible; preferably located along normal paths of travel to exits.* State or local laws should define what type of fire extinguisher is considered to be easily accessible and appropriate for the organization's building.

Extinguishers should be securely installed on brackets or placed in cabinets or wall recesses, and installed so the top of the extinguisher is no more than five feet above the floor. Extinguisher operating instructions should be located on the front of the extinguisher and clearly visible. Maintenance, servicing, and recharging of the extinguishers should only be performed by specially trained personnel. However, monthly "quick checks" or inspections can be performed by agency personnel with basic knowledge of fire extinguishers. Extinguishers should be inspected when initially placed in service and thereafter at approximately 30-day intervals. The inspection should include the following:

- *the extinguisher is located in a designated space;*
- *there is no obstruction to access or visibility;*
- *the operating instructions on the nameplate are legible and facing outward;*
- *safety seals and tamper indicators are not broken or missing;*
- *fullness of the extinguisher is determined by weighing or lifting;*
- *examination for obvious damage, corrosion, leakage, or clogged nozzle; and*
- *observation of the pressure gauge reading or indicator to ensure it's in the operable range or position.*

Personnel making the inspections should keep records of all inspections which include the date the inspection was performed and the initials of the person performing the inspection. The records should be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system that provides a permanent record. In addition, all employees shall be periodically instructed in the use of portable fire extinguishers. Documentation of the instruction should include the personnel that received instruction and the date.

The doorways and passageways shall be free of obstruction to allow for ease in patient movement (into and within the organization), and shall be wide enough to accommodate wheelchairs, gurneys or stretchers, etc. Stairwells should include handrails on at least one side, and should be free from obstruction at all times.

During emergency operation, an emergency power source (e.g., battery or auxiliary generator) is available to assure adequate lighting within the treatment areas and those passageways, stairwells, and exits (as noted above) that are accessible to the organization. In cases of power outage, the emergency power source should respond either automatically or require only minimal activation effort.

A fire alarm system with local alarm capability must be available in every Rehabilitation Agency to alert personnel in time to permit safe evacuation of the building. Initiation of the fire alarm system may occur by manual means (i.e., pull box), smoke detection, or extinguishing system operation, as applicable. Once initiated, the fire alarm system should notify facility occupants of the fire or other emergency by activation of the system's audible and visible devices (e.g., flashing lights). In the absence of State or local requirements, the above system must be approved by the State Fire Marshal's Office. The electrical power supply for the fire alarm system should be provided by both normal and emergency power. Emergency power may be supplied by the building's emergency power or battery power to ensure the fire alarm system remains operational in the event of normal power failure.

CMS has become aware that some Rehabilitation Agencies are utilizing hand-held air horns in lieu of a fire alarm system. The word "system" was intentionally included in the regulatory language and is intended to require a fire alarm system which is integrated into the building. Use of an air horn in lieu of a fire alarm system is not acceptable.

Fire regulations are prominently posted and facilities must have a fire protection plan that is an integral part of the organization's disaster plan.

The building housing the organization should be free of hazardous occupancies or activities such as the manufacturing of combustible materials.

Verify that applicable State and local building, fire, and safety codes are met and review available reports of State and local personnel responsible for enforcement of the above.

Anytime a patient is being treated by the organization, at least two organization staff will be on duty on the premises. This requirement is for the safety of the patients. It is not a new requirement, but is sometimes overlooked, at either the primary site of the rehabilitation agency or the rehab agency's extension location(s).

This duty requirement can be verified by requesting staff or personnel time cards. The staff time cards can be compared against patient sign-in sheets if there are concerns regarding the two person duty requirement.

B – Major Sources of Information

- *State/local building, fire and safety code; and*
- *Staff schedules and patient logs.*

§485.727(a) Standard: Disaster Plan

The organization has a written plan in operation, with procedures to be followed in the event of fire, explosion, or other disaster. The plan is developed and maintained with the assistance of qualified fire, safety, and other appropriate experts, and includes:

- (1) Transfer of casualties and records;**
- (2) The location and use of alarm systems and signals;**
- (3) Methods of containing fire;**
- (4) Notification of appropriate persons; and**
- (5) Evacuation routes and procedures.**

Interpretive Guidelines §485.727(a)

A – General

The disaster plan must be developed with the assistance of fire, safety, and other appropriate experts. Ensure that the written disaster plan (which includes each of the five specified items under this standard) is operational, contains procedures to be followed, evacuation routes, and assignment of staff responsibilities in the event of a disaster. Verify that the description of the location of the alarms systems is accurate.

One component of the disaster plan is the fire protection plan. A written copy of the fire protection plan should be in effect and readily available to all personnel. The plan is designed for the protection of all facility occupants and their evacuation in the event of fire and should provide for, at a minimum: the use of alarms, notification of the fire department, response to alarms, isolation of fire, evacuation, and extinguishment of fire. All employees should be periodically instructed regarding their duties under the plan.

B – Major Sources of Information

- Organization's disaster plan;*
- Organization policies and procedures; and*
- Surveyor observations.*