



Office of Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 12-04-NH

**DATE:** November 10, 2011  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Survey and Certification Group  
**SUBJECT:** Alert: Smoking Safety in Long Term Care Facilities

**Memorandum Summary**

- **Interpretive Guidelines:** This memo reviews current interpretive guidelines for F323, re-emphasizing adequate supervision of all residents.
- **Facility obligations:** Facilities must include assessment of smoking areas and provision of emergency equipment in the designated smoking areas. Facilities should also document the means by which individual residents are assessed as safe to smoke without supervision.
- **Known Hazards:** Oxygen use and smoking.

The Centers for Medicare & Medicaid Services is revisiting smoking safety in long term care facilities. A resident death related to smoking was reported to us recently. In this situation, a resident was smoking outside the building without supervision and accidentally ignited her clothing. Staff members who were inside the building attempted to assist but could not reach the resident in time and she died as a result of her injuries. The resident was not wearing a smoking apron and her wheelchair was blocking the fire extinguisher in the vicinity. The resident had been deemed appropriate to smoke unsupervised. Survey agencies must do all that they can to remind and encourage nursing homes with residents who smoke to take reasonable precautions to ensure the safety of residents to the maximum extent possible.

This case prompted our review of current regulations and Guidance to Surveyors (Interpretive Guidelines) at 42 CFR, Part 483.25(h), F323, Accidents and Supervision. This Guidance describes appropriate precautions such as smoking only in designated areas, supervising residents whose assessment and plans of care indicate a need for supervised smoking, and limiting the accessibility of matches and lighters by residents who need supervision when smoking.

The facility's assessment of each smoking resident's capabilities and deficits determines whether or not supervision is required. A resident deemed incapable of independent smoking should have this information documented in the care plan or other designated location, so that staff know the correct procedure for each individual. This information must be kept current and updated as needed in accordance with any variance in the individual's capabilities and needs.

Facility policies must describe the methods by which residents are deemed safe to smoke without supervision. These methods may include assessment of a resident’s cognitive ability, judgment, manual dexterity and mobility. Frequency of reassessment to determine if any change has occurred should also be documented. Surveyors may request to see documentation of the assessment that resulted in a resident being permitted to smoke without supervision. Facilities should err on the side of caution and provide staff, family or volunteer supervision when unsure of whether or not the resident is safe to smoke unsupervised.

Oxygen use is prohibited in smoking areas for the safety of residents (NFPA 101, 2000 ed., 19.7.4). An oxygen-enriched environment facilitates ignition and combustion of any material, especially smoking products such as matches and cigarettes. Facilities should ensure resident safety by such efforts as informing visitors of smoking policies and hazards to prevent smoking related incidents and/or injuries.

Additional guidance about resident smoking can be found at 42 CFR, Part 483.15(b), F242 Self-Determination and Participation. Surveyors are reminded that according to the Interpretive Guidelines at F242, a change in the facility’s policy to prohibit smoking does not affect current residents who smoke. Current residents are allowed to continue smoking in a designated area that may be outside, weather permitting. Residents admitted after the policy change must be informed, during the admission process, of the policy prohibiting smoking.

The facility is obligated to ensure the safety of designated smoking areas which includes protection of residents from weather conditions and non-smoking residents from second hand smoke. The facility is also required to provide portable fire extinguishers in all facilities (NFPA 101, 2000 ed., 18/19.3.5.6). The Life Safety Code (NFPA 101, 2000 ed., 19.7.4) requires each smoking area be provided with ashtrays made of noncombustible material and safe design. Metal containers with self closing covers into which ashtrays can be emptied must be readily available.

A new issue concerns the use of electronic cigarettes (e-cigarettes). These products are designed to deliver nicotine or other substances to the user in the form of a vapor. They are composed of a rechargeable, battery-operated heating element, a replaceable cartridge that may contain nicotine or other chemicals, and an atomizer that, when heated, converts the contents of the cartridge into a vapor. The vapor has a light odor that dissipates quickly. These e-cigarettes are not considered smoking devices, and their heating element does not pose the same dangers of ignition as regular cigarettes.

**Effective Date:** Immediately. This reminder should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management