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# CMS Manual System

## Pub. 100-07 State Operations Provider Certification

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

Transmittal 101

Date: February 14, 2014

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**NOTE: Transmittal 101, dated February 14, 2014, is being re-issued to include revision information in the affected sections that was erroneously omitted. All other information remains the same.**

**SUBJECT: State Operations Manual (SOM) Appendix I revisions for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).**

**I. SUMMARY OF CHANGES:** The SOM Appendix I-Survey Procedures and Interpretive Guidelines for Life Safety Code Surveys will be revised to reflect the current ICF/IID nomenclature.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: February 14, 2014  
IMPLEMENTATION DATE: February 14, 2014**

*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/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix I-Survey Procedures and Interpretive Guidelines for Life Safety Code Surveys/Part II-Interpretive Guidelines/I. Introduction
R	Appendix I-Survey Procedures and Interpretive Guidelines for Life Safety Code Surveys/Part II-Interpretive Guidelines/II. The Survey Tasks/Task 2-Entrance Conference/Onsite Preparatory Activities
R	Appendix I-Survey Procedures and Interpretive Guidelines for Life Safety Code Surveys/Part II-Interpretive Guidelines/II. The Survey Tasks/Task 4-Information Gathering

**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

	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>One-Time Notification -Confidential</b>
	<b>Recurring Update Notification</b>

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

# State Operations Manual

## Appendix I – Survey Procedures and Interpretive Guidelines for Life Safety Code Surveys –

*(Rev. 101, Issued, 02-14-14)*

### Part II - Interpretive Guidelines

#### I. Introduction

*(Rev.101, Issued: 02-14-14, Effective: 02-14-14, Implementation: 02-14-14)*

Use the survey procedures in this appendix section for all Life Safety Code (LSC) surveys (initial and recertification) of facilities subject to Survey and Certification inspections for Medicare/Medicaid certification. This includes, but is not limited to, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs) whether freestanding, distinct parts, or dually certified, Intermediate Care Facilities for *Individuals with Intellectual Disabilities* (ICFs/IID), Ambulatory Surgical Centers (ASC), inpatient Hospice facilities, Program for All inclusive Care for the Elderly (PACE) facilities, Critical Access Hospitals (CAH), Psychiatric and General Hospitals, including validation surveys of accredited facilities. These procedures also apply to complaint investigations. When conducting LSC complaint investigations, focus your review on those requirements relevant to the complaint.

All SNF/NF and ICFs/IID surveys must be unannounced. The LSC survey of a SNF/NF **may** precede the survey of resident care requirements and can be done independent of a health survey. LSC surveys must be conducted and completed on consecutive days. Survey team members need not be onsite for the entire survey. For example special consultants participating in the survey (such as, a fire protection engineer, or fire alarm technician) have the option of being onsite only during that portion of the survey that require their area of expertise; however, they must conduct that portion while the rest of the LSC survey team is present. The special consultant(s) should present their findings to the team or team leader before departing the facility. If any deficiencies are to be cited, supporting documentation should be left with the team. The consultant should be available during the exit conference to supply any additional information required. This can be in-person or by telephone.

## II. The Survey Tasks

### Task 2 - Entrance Conference/Onsite Preparatory Activities

*(Rev.101, Issued: 02-14-14, Effective: 02-14-14, Implementation: 02-14-14)*

#### Entrance Conference:

Upon arrival at the facility, proceed to the Administrator's office and identify yourself and state the purpose of your visit: to perform a fire safety survey under the regulations of Medicare/Medicaid. The team coordinator or individual surveyor conducts the Entrance Conference, informing the facility's administrator about the survey and introducing any team members. The team coordinator then explains the survey process and answers any questions from facility staff.

While the team coordinator conducts the Entrance Conference, other LSC team members, may begin Task 3 - Orientation Tour.

Ask the Administrator to describe any special features of the facility's physical plant. For example, was the facility constructed at different times and were different types of construction used, or is the facility only partially sprinklered? Have any changes or remodeling occurred since the last inspection?

Does the facility have an emergency generator or admit patients/residents that may require life support equipment? Request documentation of any existing fire safety evacuation plan; fire drills; disaster plan; smoking policy; fire alarm testing; sprinkler maintenance records if applicable; kitchen range hood maintenance; fire extinguisher maintenance and testing reports; generator testing logs; flame spread ratings of interior finishes; or attestations to elect CMS categorical waivers. The type of materials used for any smoke stopping or fireproofing should be obtained.

Obtain a list of key facility personnel and their location (that is, administrator, director of nursing services, dietitian and/or food supervisor, charge nurses, plant engineer, and housekeeping supervisor).

These individuals will be able to provide specific information about fire safety issues in their departments, which is needed by surveyors to complete the fire safety survey report form (Form CMS-2786).

Ask the administrator or building plant engineer to provide the surveyor with a copy of the facility's building layout, indicating the location of exits, individual resident rooms, and common areas if available.

The existence of any waivers of the LSC requirements should be confirmed at this time by the facility. Inform the facility that a detailed inspection will be conducted and that it may include any building used by the residents or patients. At this time, request that someone from the facility staff, preferably from the maintenance department, accompany

the surveyor. It is not mandatory that a representative from the facility accompany the surveyor on the facility inspection.

### **Determining Which LSC Chapter to Use and Which Building(s) to Survey**

Determine which LSC chapters apply for each building, including buildings that do not house residents or patients on a 24-hour basis. This situation is most common in large campus type facilities such as medical centers, teaching hospitals, or large state-operated ICFs/*IID*.

To determine which buildings to survey, the term “customary access” is critical. Buildings that house offices or spaces to which residents do not have normal access do not require a LSC survey. However, buildings which are used by residents (e.g., a school or therapy building, cafeteria, workshop, gym, chapel, etc.) must be surveyed.

In many cases, the health care chapters of the Code may not be the most appropriate sections to use as survey guides. Instead, the most appropriate chapter could be Chapter 14/15, Educational Occupancies or, possibly, Chapter 12/13, Assembly Occupancies, etc. Since there are no survey report forms for these chapters of the LSC, the chapters and their references serve as the source documents, and, if deficiencies are found, they are to be reported on the CMS Form-2567 and identified using the appropriate code reference number in the applicable chapter(s) of the code.

To determine which LSC chapters are applicable to ICFs/*IID*, the type and extent of services provided need to be determined. The New Residential Board and Care Occupancy Chapter (Chapter 32) or the Existing Residential Board and Care Occupancy Chapter (Chapter 33) of the 2000 edition of the LSC is applicable to a ICF/*IID* in the Medicaid program which provide “personal care services.” The LSC defines personal care as “protective care of a resident who does not require chronic or convalescent medical or nursing care.” Generally, protective oversight and personal care is defined as assistance in meeting daily needs (e.g., being aware of residents’ whereabouts, reminding them of appointments). This may include “transient medical care,” such as the kind of care provided in the home by one family member to another when he/she is sick. In an ICFs/*IID* this means supervising client’s movements and daily living skills. An RN or LPN on staff at the board and care home solely to dispense medication is not an indication of chronic medical or nursing care.

If a resident receives skilled/acute nursing or medical care such as is provided in a hospital, nursing home or an inpatient hospice, Chapter 18/19 (Health Care Occupancies) must be applied.

If the LSC surveyor determines that an ICFs/*IID* will be surveyed under the Residential Board and Care Occupancy of chapters 32 and 33, it must be further broken down into one of two categories based on size and evacuation capability before the survey can continue.

Small facilities are those with sleeping accommodations for not more than 16 residents (section 32.2 or 33.2). Large facilities are facilities with sleeping accommodations for more than 16 residents (section 32.3 or 33.3). This means that an apartment building containing several ICFs/*IID* in separate apartments must meet Section 32.2 or 33.2 for the individual units, and the apartment building must meet the requirements of Chapter 30/31 Apartment Buildings which are listed in section 32.4 or 33.4.

Most large facilities tend to fall into the category of health care, while smaller facilities tend to be residential board and care occupancies.

## **Task 4 - Information Gathering**

*(Rev.101, Issued: 02-14-14, Effective: 02-14-14, Implementation: 02-14-14)*

### **Determining the ICFs/*IID* “E” Score**

The technique for surveying and determining compliance with the LSC of ICFs/*IID* is very similar to previous parts of this protocol with several additional requirements. After determining the type and size of the ICF/*IID*, determine the level of evacuation difficulty if the facility chooses to comply with the requirements for residential board and care. This is done for each of the types of facilities; small, large, and a Board and Care facility in an apartment house. The three levels of evacuation difficulty are known as Prompt (level A), Slow (level B) and Impractical (level C). CMS regulations require the use of NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 Edition, Chapter 6, Evacuation Capability Determination for Board and Care Occupancies to determine the evacuation difficulty index (EDI).

- The E Score of the facility is determined by using the six worksheets found in Chapter 6 of NFPA 101A. The worksheet for rating residents contains a cover sheet for the inclusion of facility information and date of the survey.
- When completing the worksheet “Rating the Residents Risk Factors,” Form CMS-786, interview the staff person who is most familiar with the resident’s risk factors, whenever possible. Rate each resident on each of the six risk factors (Risk of Resistance, Impaired Mobility, Impaired Consciousness, Need for Extra Help, Response to Instructions, and Response to Alarm) by checking the appropriate circle on each line. Calculate the score and write the score for each circle checked in the boxes in the far right column. For the seventh parameter (Response to Fire Drills) write the checked scores in the three large circles. Write the sum of the three scores in the box to the right. **NOTE:** In a small facility complete one form for each resident.
- The Residents Overall Need for Assistance is now determined by comparing the seven score boxes in F-1A and writing the HIGHEST score in the box labeled “Evacuation Assistance Score.”

- The worksheet for “Calculating Evacuation Difficulty Score” (E-score) is now filled out. The five questions must all be answered “Yes” to satisfy the requirements for obtaining the E-score.
- Complete F-2A (page 4) Finding the Total Resident Score by listing each resident’s name and score in the Score sheet (F-2A) and total the individual scores. Enter the total at the bottom in the box to the right of the word “Total.”
- Complete F-2B Finding the Staff Shift Score (page 4) by listing the names of each staff member required to remain in the facility for the shift being evaluated. Evaluate the shift with the highest E-Score (least amount of staff), usually the night shift. Enter the appropriate rating for the effectiveness of the alarm system (as determined by the table on the lower left) for each staff member. The terms “assured” and “not assured” are used in the alarm rating. “Assured” means that the alarm is “easily noticeable” in all locations where staff is allowed to go, regardless of the ratings on the promptness of response. “Not assured” means the alarm does not satisfy the conditions of “assured.” Then add the scores and enter the total in the box marked “Total.”
- Complete F-2C finding the Home’s Evacuation Difficulty Score by completing the chart at the top of page 5. Indicate the vertical distance of bedrooms (that is the stories) from the exits. Proceed to section F-2C Calculation of E-score. Enter the Evacuation Assistance Total (F-2A) score and the vertical distance score in the 2 boxes, which compose the numerator of this fraction and multiply them by each other. Enter the Staff Shift Total (F-2B) in the denominator and divide them into the product of the numerator. This is the E-Score.
- The Evacuation Difficulty Score is found by using the chart at the bottom of page 5 and entering the level of evacuation difficulty in the box at the bottom right. A score equal to or less than 1.5 is Prompt. A score greater than 1.5 but not more than 5 is Slow. A score of greater than 5 is Impractical. Transfer the score to the cover page of the Survey Report Form CMS-2786. As an additional safeguard, the health facilities surveyor, who visits the facility before the fire authority’s visit, should complete Items I thru VI on the Worksheet for Rating Residents for each client included in the health facility survey sample. This will help to corroborate the findings of the fire authority obtained through their interviews with staff about residents. This is done to determine if there is any cause to question the validity of staff reports of predicted client behavior. The health facilities surveyor is not required to complete all of the forms or calculate the Evaluation Difficulty Index unless required to by State regulations, but simply completes item I to VI.

The fire authority should obtain from the state survey agency health surveyors the completed “Worksheet for Rating Residents” and compare the results obtained from the two surveys. If there is a pattern of discrepancies in any of items I to VI for one or more of the clients in the sample, the state agency cannot certify the facility until these

discrepancies are reconciled. Both the Fire Authority and the State Survey Agency must be satisfied that the EDI score is representative of client capability.

### **ICFs/~~IID~~ Survey Procedures**

After you determine the size of the facility and level of evacuation difficulty, rate the building. There are two alternative methods of rating the building.

- Use the prescriptive requirements in the appropriate section of Chapter 32/33, Prompt, Slow or Impractical; or
- Use NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 Edition, Chapter 7, A Fire Safety Evaluation System for Board and Care Occupancies (FSES/BC).

There are two separate series of forms for completion and certification of the facility depending on which method above was followed. If the survey was completed using chapter 32/33 the prescriptive requirements method then complete the fire safety report-chapter 32/33, as well as the Worksheets for Rating Residents, Staff and Determining the E-Score of the group from Chapter 6, NFPA 101A. In addition, complete a Statement of Deficiencies and Plan of Correction (CMS-2567), in the usual manner if deficiencies are found.

If the facility is certified or is to be certified using the FSES/BC, Chapter 7, NFPA 101A and you have determined an Evacuation Difficulty Score for the facility, and completed a prescriptive survey of the facility you may apply the FSES/BC (Chapter 7, NFPA 101A), to determine compliance. Please note that the entire Fire Safety Survey Report must be completed when applying the FSES/BC. This is no different from the usual survey procedure for health care facilities. Complete a Form CMS-2786 along with the FSES/BC worksheets, which are part of the form, for each facility certified as a Residential Board and Care Occupancy.

Multiple buildings or parts of buildings on a campus are sometimes used by a facility to house clients. In such cases, rate each building separately. On a large campus, such as a State School for the Mentally Disabled or State Developmental Center, a large building may be surveyed under Chapter 18/19 Health Care and a small building may be surveyed as a Residential Board and Care Facility under Chapter 32/33. In some cases, buildings may be divided into separate wings, with one wing housing Residential Board and Care occupants and the other wing housing Health Care patients. You may use different chapters for different wings only if there is a 2-hour fire wall separating the two parts.

Large buildings previously meeting health care requirements such as a facility with 17 beds or more, which currently meets the health care provisions of the LSC, can continue to be surveyed either under the Health Care Chapter or the FSES/Health Care. If the large facility qualifies as Residential Board and Care occupancy, it may elect to be surveyed under Health Care.

If the facility is to be certified based upon achieving a passing score on the FSES/BC, complete a Statement of Deficiencies, Form CMS-2567, for both the regular Survey Report and the FSES/BC for any deficiencies found. The provider will indicate whether it chooses to correct the deficiencies on the Form CMS-2786, or the deficiencies on the FSES/BC.

There are no provisions for the granting of waivers when using the prescriptive requirements under the Residential Board and Care Occupancies Chapters 32/33. Providers may elect to be surveyed under the Health Care chapters to take advantage of the ability to obtain waivers.

Only surveyors that have completed CMS's basic Life Safety Code and the FSES/HC and if appropriate the FSES/BC training courses may apply the FSES in Medicare/Medicaid facilities.

**TABLE 1  
SAMPLE SIZE OF RESIDENT/PATIENT ROOMS**

The table below gives the sample size (number of patient/resident rooms to be checked) needed.

<b>Number of Bedrooms in the Facility</b>	<b>Bedrooms to be Checked</b>
20	19
40	36
60	52
80	66
100	80
200	132
300	169
400	196
500	217
600	234
800	260
1000	278
2000	322