



**Center for Clinical Standards and Quality/QUALITY & SAFETY SPECIAL ALERT**

**MEMO**

**Ref: QSSAM-26-02-ALL**

**DATE:** March 09, 2026

**TO:** Providers and Suppliers Subject to Life Safety Code Regulations

**FROM:** Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

**SUBJECT:** Reminder: Upcoming Deadline for Sprinkler System Requirement for Existing Health Care Occupancies in High-Rise Buildings

**Memorandum Summary**

- This memorandum is intended to remind CMS-certified facilities classified by the Life Safety Code (LSC) as existing health care occupancies and located in high-rise buildings of an upcoming requirement. This memorandum does not impose new or additional requirements.
- The 2012 edition of the LSC included a new provision in Section 19.4.2.1, which requires all high-rise buildings containing existing health care occupancies to be protected throughout by an approved, supervised automatic sprinkler system within 12 years of CMS' adoption of this Code.
- CMS adopted the 2012 LSC on July 5, 2016, therefore all CMS-certified facilities classified as new or existing health care occupancies located in a high-rise building must have an approved, supervised automatic sprinkler system throughout the entire building **by July 5, 2028**.
- Facilities subject to this LSC provision that have not begun to install a sprinkler system or expanded existing sprinkler coverage, as necessary, are highly encouraged to begin the process. The installation of sprinklers can take a significant amount of time and resources, and may involve other building systems such as the fire alarm system.

**Note:** The Quality, Safety & Oversight Group is introducing a new memorandum type, *Quality and Safety Special Alert memos* (QSSAM). These memos will be geared towards specific provider types and will often serve as reminders of existing obligations or requirements. These QSSAM memos will not have any modifications to existing survey and certification policies.

**Background:**

CMS adopted the 2012 edition of National Fire Protection Association (NFPA) Life Safety Code (LSC) by regulation. The LSC is applicable to CMS-certified Hospitals, Critical Access Hospitals, Rural Emergency Hospitals, Long-term Care, Inpatient Hospice, Ambulatory Surgical Centers, End-Stage Renal Disease, Intermediate Care Facilities for Intellectuals with Disabilities, Programs for All-Inclusive Care of the Elderly, and Religious Nonmedical Health Care Institutions.

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The 2012 LSC included a new provision in Section 19.4.2.1, which now requires all high-rise buildings containing existing health care occupancies to be protected throughout by an approved, supervised automatic sprinkler system within 12 years of CMS' adoption of this Code.

CMS adopted the 2012 LSC on July 5, 2016, therefore all CMS-certified facilities classified as new or existing health care occupancies located in a high-rise building must have an approved, supervised automatic sprinkler system throughout the entire building **by July 5, 2028**, as discussed in the Final Rule (<https://www.federalregister.gov/documents/2016/05/04/2016-10043/medicare-and-medicaid-programs-fire-safety-requirements-for-certain-health-care-facilities>).

**Discussion:**

This memorandum is intended to remind CMS-certified facilities classified by the LSC as existing health care occupancies (e.g., hospitals) and located in high-rise buildings of this upcoming requirement. This memorandum does not impose new or additional requirements.

The LSC defines a high-rise as a building where the floor of an occupiable story is greater than 75 ft (23 m) above the lowest level of fire department vehicle access. High-rise buildings present an increased risk to life safety in health care occupancies as patients are likely to be incapable of self-preservation in the event of an emergency, and the building height inherently limits first responder access and evacuation capability.

LSC minimum construction provisions have required high-rise buildings containing new health care occupancies to be protected throughout by an approved, supervised automatic sprinkler system. However, certain high-rise buildings classified as existing health care occupancies with non-combustible, protected construction were previously not required to provide sprinkler protection throughout the building.

The 2012 LSC, Section 19.4.2.1, introduced a new requirement that addressed this difference and now requires all high-rise buildings containing existing health care occupancies to be protected throughout by an approved, supervised automatic sprinkler system within 12 years of adopting this Code. This section also requires these sprinkler systems to be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, Section 4.1 requires sprinklers in all areas of the building except where specific sections of this standard permit the omission of sprinklers. As with other federal regulations, this requirement supersedes any less stringent state or local fire regulations.

Hospitals are expected to be most affected by this new requirement, however other facility types co-located within existing health care occupancies may also be subject to this requirement. Nursing Facilities and Skilled Nursing Facilities should not be affected by this new provision as regulation 42 CFR 483.90(a)(6) required these facility types to have a sprinkler system installed throughout the building by August 13, 2013.

Facilities subject to this new LSC provision that have not begun to install an approved, supervised automatic sprinkler system or expanded existing sprinkler system coverage, as necessary, are highly encouraged to begin the process. The installation of sprinklers can take a significant amount of time and resources and may involve other building systems such as the fire alarm system. Facilities should consider factors such as funding, budgeting, planning, designing, approvals, permitting, lead-time for material and labor acquisition, phased installation/area

closures, systems integration, and other unexpected challenges that may impede timely compliance.

While this is an important safety effort needed to modernize health care facilities because of an update to the Life Safety Code in 2012, we know there may be some situations where this kind of retrofit may be extremely challenging because of the building layout. We encourage you to communicate with CMS early before this deadline if you feel like this may be the case for your facility so we can discuss your individual circumstances.

**Contact:**

For questions or concerns relating to this memorandum, please contact [EP-LSC@cms.hhs.gov](mailto:EP-LSC@cms.hhs.gov).

**Effective Date:**

Immediately. Please communicate to all appropriate staff within 30 days.

	/s/	
Karen L. Tritz		Melissa Daly
Director, Survey & Operations Group		Acting Director, Quality, Safety & Oversight Group

**Resources to Improve Quality of Care:**

*Check out CMS's new [Quality in Focus](#) interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.*

*Learn to:*

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

*See the [Quality, Safety, & Education Portal Training Catalog](#), and select [Quality in Focus](#)*

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