# CMS Manual System

## Pub. 100-07 State Operations Provider Certification

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

**Transmittal- 159** **Date: September 9, 2016**

**SUBJECT:** Revisions to the State Operations Manual (SOM), Appendix I – Survey Procedures for Life Safety Code Surveys

**I. SUMMARY OF CHANGES:** Revisions to the State Operations manual (SOM 100-07) to reinstate guidance to life safety code surveyors regarding the survey procedures for Task 4, Information Gathering, and add more specific information regarding sharing specific regulatory references or tags during the exit conference within Appendix I of the SOM.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: September 9, 2016**
**IMPLEMENTATION DATE: September 9, 2016**

***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/Task 4- Information Gathering |
| R | Appendix I/Task 6- Exit Conference |

**III. FUNDING: No additional funding will be provided by CMS.**

**IV. ATTACHMENTS:**

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

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

## Task 4 - Information Gathering

***(Rev. 159, Issued: 09-09-16, Effective: 09-09-16, Implementation: 09-09-16)***

*Upon completion of the review of the documentation provided by the facility, the more detailed inspection begins. Using the layout of the building as a guide, begin an observation tour that includes the outside of the building as well as the inside.*

*At this time determine the type of building construction. This can be accomplished by review of the construction drawings, if available, and must be confirmed by direct observation of the structure and building materials used in constructing the building (exposed areas above the ceilings or vertical pipe shafts may provide insight).*

*Check floor-to-floor separations, corridor wall construction, smoke barrier locations, construction and condition, and any vertical opening construction including access doors. If multiple buildings or wings are involved, any fire barriers present should be inspected for construction materials used, the protection of penetrations through the barriers and the type and arrangement of any doors thru the barriers. Buildings separated by a vertical two-hour fire barrier can be considered separate buildings for the purposes of a Life Safety survey. (Note: If the two-hour fire barrier has been so severely compromised by penetrations or other construction defects that it may not provide the required fire protection, it may be necessary to ignore this feature and consider combining the two buildings together. If this is done, the two buildings will be surveyed as if there were only one building. The facility may elect to repair the two-hour separation and have the buildings surveyed as two separate buildings.)*

*When separate buildings are surveyed, each building requires the use of an individual set of reporting forms.*

*Proceed next to a complete room-by-room, floor-by-floor, walk through of the facility. This includes a representative sample of bedrooms (Table 1). At a minimum, inspect: one smoke barrier, including doors, on each floor or wing; all fire barriers; all hazardous areas including doors into the area; all exit stairs, doors, signs; resident room doors for condition, latching and fit in the door frame; the fire alarm system; the sprinkler system; the emergency power generator set; corridor walls; emergency lighting; and medical gas storage, if applicable.*

*Inspect the smoke and fire barriers for construction materials and continuity, completeness from outside wall to outside wall and from the floor to the bottom of the floor above where applicable. Inspect any penetrations to determine if they are sealed properly. Where ductwork penetrates the barrier, inspect any dampers, fire or smoke that have been installed in the ductwork.*

*For each room inspected, check the corridor door for latching, operation and fit into the doorframe. The fire rating of the door should also be inspected if applicable. The interior of the room should then be inspected for hazards such as electrical outlets, extension cords, oxygen in use signs (posted where applicable), and portable space heaters.*

*Wastebasket size, drapes and cubicle curtains are checked for flammability. Where applicable cubicle curtains are checked for the correct mesh opening size. If the facility is sprinklered, the*

*location of the sprinkler head in relation to the cubicle curtain and walls are checked for obstruction or interference to the water spray pattern. The walls and ceilings are inspected for unsealed penetrations and proper construction.*

*Inspect the corridor walls and ceilings for proper construction. This inspection should include areas above the ceiling.*

*Inspect all hazardous areas for proper door type and, where applicable, sprinkler installation or fire separation construction.*

*Note the maintenance of fire extinguishers and exit signs on an ongoing basis throughout the inspection.*

*Inspect the fire alarm pull stations and alarm devices while moving along the corridors. Similarly, review smoke detectors where they are required or provided.*

*Note any corridor obstructions and the distances to exits. At the same time the exitways, including the doors and door hardware are inspected, as well as the exitway lighting and exterior walkways.*

*Inspect the fire alarm control panel noting any areas/zones not covered by the detection system. Inspection tags or labels should be reviewed. Any system trouble lights should be noted and the facility questioned. Determine if the fire alarm system is connected to the fire department or a remote station outside of the facility.*

*Review sprinkler systems to determine if the system is providing complete coverage or only partial coverage. Complete coverage means that the entire facility, including all closets, storage areas, and walk-in coolers and freezers, is sprinklered. Proper testing and maintenance records must be maintained by the facility. The connection between the sprinkler system and fire alarm system should be confirmed. Tamper switches and waterflow detection devices must be operational.*

*Inspect the facility kitchen range hood fire extinguisher system to determine if the proper maintenance of the system is being carried out and the activating mechanism is in a clearly marked location. The staff should be questioned regarding the operation of any fire suppression systems in an emergency.*

*Inspect the emergency lighting or power system for operability and coverage; including on-site generators. Review records of testing and maintenance of the generator(s). A demonstration of the emergency power system should not be requested due to the large amount of computerization and the use of life support equipment that may be affected.*

*Inspect laboratories for proper sprinklering, fire separation construction, door type, emergency eye wash equipment, storage of flammable liquids and gases, and fume hood ventilation.*

*Inspect medical gas storage areas for proper construction, ventilation, gas system controls/alarms and proper restraint of cylinders.*

*Review the facility fire plan including fire drill records and staff interviews to determine staff actions and responsibilities during a fire or emergency. The surveyor may request an actual fire drill demonstration based on a review of the facility fire drill records and interviews with the staff to verify the adequacy of staff response. This should be done only if there is a question of the adequacy of staff response found in the documentation of the monthly fire drills.*

**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.

| Number of Bedrooms in the Facility | Bedrooms to be Checked |
|---|---|
| 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 |

## Task 6 - Exit Conference

***(Rev. 159, Issued: 09-09-16, Effective: 09-09-16, Implementation: 09-09-16)***

### General Objective

The purpose of the exit conference is to inform the facility of the survey team's observations and findings.

### Conduct of Exit Conference

Conduct the exit conference with the facility administrator or anyone designated by the administrator. Also, invite an Officer of the organized residents group, if one exists, or a representative of the residents of the facility to the exit conference.

Provide the facility with specific information necessary for POC, if there is a need for a POC. Do not provide the facility worksheets that contain surveyor notes.

*For life safety code surveys, the survey team may follow the procedures for either non-LTC or LTC described in Chapter 2, Section 2724C - Presentation of Findings. This would be determined depending on the degree to which, in the judgment of the team, the tag codes are important in helping the provider/supplier to understand the nature and location of the deficiency, and the corrective actions that would be necessary. Facility representatives are typically invited to accompany life safety code surveyors during building tours, to improve familiarity with preliminary findings and exit conference proceedings.*
*Under no circumstances should you make general statements about the facility such as, "Overall*

*the facility is very good." Stick to the facts. Do not rank regulatory requirements, but treat requirements as equally as possible. Cite problems that clearly violate regulatory requirements. The surveyors must not make statements such as, "The condition was not met," or "The standard was not met."*

Provide the facility with the opportunity to discuss and supply additional information, if necessary, and attempt to resolve differences regarding deficiencies.

Review with the facility alternatives to compliance with the prescriptive requirements of the LSC if appropriate, such as, waivers of specific life safety code requirements or the suitability of the facility to achieve compliance using the FSES.

*If the provider asks for the specific regulatory basis or the specific tag code, the surveyors should generally provide this information (except as noted in Chapter 2, Presentation of Findings), but must always caution the facility that such coding classifications are preliminary and are provided only to help the provider gain more insight into the issues through the information provided in the interpretive guidance. If the facility does not specifically ask for the regulatory basis or tag, the survey team may use its own judgment in determining whether this information would provide additional insight for the facility.*

The level of scope and severity will be determined in accordance with procedures found in SOM, Chapter 7, §7400. The level of scope and severity will depend on the extent of the deficient practice and its impact on the health and safety of the residents. This can occur on-site or presented to the facility on the Form CMS-2567.

In accordance with your Agency's policy, present the Form CMS-2567, on site or after supervisory review, no later than 10 calendar days following the survey.

## III. Complaint Investigations

If a complaint alleges a deficient practice in fire safety, and the complaint is of a specific nature, use your discretion to investigate the complaint independent of the standard fire safety survey (a special survey) or incorporate the investigation of the complaint into that specific task that covers that issue in the standard fire safety survey.

The scope, duration and conduct of a complaint investigation are at the discretion of the State survey team. The investigation should be widespread enough to resolve the complaint. Base any citation of deficiencies upon observations at the time of the survey. If it can be determined that the facility was out of compliance at the time of the complaint but, is no longer out of compliance, this should be noted.

A Form CMS-2567 should be completed and forwarded to the facility in accordance with Agency policy if deficiencies are found.

## IV. Post Survey Revisits

The purpose of the follow-up survey or revisit is to re-evaluate the specific deficient areas that were cited, as deficient, during the original survey. Determine the status of corrective actions being taken on all deficiencies cited on the original surveys Form CMS-2567. The nature of the deficiencies dictates the timing and scope of the follow-up survey. For example, LSC deficiencies that involve structural changes may require long construction periods, whereas maintenance driven items may be corrected fairly quickly. Focus on the previously cited deficiencies but the surveyor is not prohibited from gathering information related to any of the LSC requirements during a follow-up survey. If, after completing the follow-up activities, you determine that the cited deficiencies were not corrected by the date specified in the facility's approved plan of correction, initiate adverse action procedures, as appropriate. Document the revisit to the facility using the appropriate CMS forms. It may be possible, if the need for documentation is minimal, to use the Surveyor Notes Worksheet (Form CMS-681) to record the results of the revisit survey.

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

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

| Number of Bedrooms in the Facility | Bedrooms to be Checked |
|---|---|
| 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 |