



# Analyzing the **HOSPITAL LIFE SAFETY SURVEY**

**SECOND EDITION**

**BRAD KEYES, CHSP**

Analyzing the

# **HOSPITAL LIFE SAFETY SURVEY**

Second Edition

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**HCPro**

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# Contents

<b>About the Author .....</b>	<b>v</b>
<b>Chapter 1: Managing Life Safety Deficiencies.....</b>	<b>1</b>
<b>Chapter 2: Interim Life Safety Measures .....</b>	<b>9</b>
<b>Chapter 3: Life Safety Drawings .....</b>	<b>21</b>
<b>Chapter 4: The Roof and Penthouse Equipment Rooms .....</b>	<b>31</b>
<b>Chapter 5: The Nursing Care Units .....</b>	<b>39</b>
<b>Chapter 6: Behavioral Health and Nursery Units.....</b>	<b>53</b>
<b>Chapter 7: Intensive Care, Surgery, and ER Units.....</b>	<b>61</b>
<b>Chapter 8: The Laboratory, Pharmacy, and Medical Records.....</b>	<b>71</b>
<b>Chapter 9: Central Supply, Kitchen, and Receiving.....</b>	<b>81</b>



**CONTENTS**

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**Chapter 10: Maintenance Repair Shops, Boiler Rooms,  
Gas Manifolds, and Generators ..... 97**

**Chapter 11: Fire Alarm Test Reports ..... 109**

**Chapter 12: Fire Pumps, Sprinklers, and Standpipe Systems .....121**

**Chapter 13: Fire Extinguishers, Fire Dampers, Generators, and  
Medical Gas Systems .....141**

**Chapter 14: General *Life Safety Code* Compliance ..... 155**

**Chapter 15: The Fire Safety Document Review Session ..... 179**

**Chapter 16: Survey Etiquette and Clarification..... 193**

**Appendix..... 199**

    Above Ceiling Work Permit.....201

    Life Safety Deficiency–ILSM Decision Matrix.....202

    Construction Site Inspection Report (ICRA).....204

    Detailed Checklist for Fire Door Assembly Inspection (FDAI) .....206

    Fire Drill Report.....208

    Fire Watch Request.....210

    Fire Watch Log.....211

    Generator Monthly Load Test.....212

    Hot Work Permit .....213

    Interim Life Safety Measures Assessment.....214

    Infection Control Work Permit .....216

    Life Safety Testing Documentation Scorecard.....217

    Pre-Construction Risk Assessment for Safety and Infection Control .....222

    Risk Assessment Form.....224

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## About the Author



### Brad Keyes, CHSP

**Brad Keyes, CHSP**, is the owner and senior consultant for Keyes Life Safety Compliance and the senior life safety consultant for the Healthcare Facilities Accreditation Program (HFAP). For HFAP, Keyes' responsibilities include all areas of life safety as well as emergency management in directing accreditation decisions and policy.

Keyes presents at national seminars, regional conferences, and audio conferences and teaches the Life Safety Boot Camp series to various groups and organizations. He is the author or coauthor of the following HCPro books: *Analyzing the Life Safety Survey* (2011); *Chapter Leaders Guide to Life Safety* (2011); *Physical Environment Online: A Guide to the Joint Commission's Safety Standards* (2010); *The Joint Commission Survey Coordinator's Handbook*, Tenth Edition (2009); and *Life Safety Compliance Manual: A Guide to the Joint Commission Standards* (2008).

Keyes has also authored a variety of articles addressing features of life safety and fire protection, as well as white papers and articles on the Building Maintenance Program. Keyes is currently the senior editor of the monthly newsletter **Healthcare Life Safety Compliance** and is certified as a healthcare safety professional by the Board of Certified Healthcare Safety Management.

Prior to creating Keyes Life Safety Compliance and joining HFAP, Keyes worked in the healthcare field for more than 30 years, most recently as safety officer at a large Midwest hospital. He also was one of the original *Life Safety Code*® specialist surveyors for The Joint Commission and has been a life safety consultant for The Greeley Company.



## **DOWNLOAD YOUR MATERIALS NOW**

Readers of *Analyzing the Hospital Life Safety Survey*, Second Edition can download the following tools included in this book by visiting the HCPro website below:

- Above Ceiling Work Permit
- Detailed Checklist for Fire Door Assembly Inspection
- Fire Watch Request
- Generator Monthly Load Test
- Interim Life Safety Measures Assessment
- Life Safety Equipment Testing Matrix
- And more!

**Website available upon the purchase of this product.**



**Thank you for purchasing this product!**

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# Managing Life Safety Deficiencies

The U.S. Government Accountability Office (GAO) is the investigative arm of Congress, charged with examining matters relating to the receipt and payment of public funds. In July 2004, the GAO issued a report that examined the effectiveness of The Joint Commission's accreditation program, and it concluded that the Centers for Medicare & Medicaid Services (CMS) needed additional authority over The Joint Commission to adequately oversee patient safety in hospitals. The GAO report eventually led Congress to pass a Medicare reform bill that became law in 2009; this law requires The Joint Commission to apply for deeming authority from CMS for its hospital accreditation program. Although The Joint Commission challenged the GAO report and claimed the findings were misleading, it did agree that improvements in hospital assessment were needed to ensure compliance with National Fire Protection Association (NFPA) 101, *Life Safety Code*®—or *LSC* for short.

Until 2004, The Joint Commission used administrators, nurses, and/or physicians to conduct the building tour and evaluate a healthcare organization's compliance with the *LSC*. But starting in 2005, The Joint Commission began a process to add experienced life safety specialists to the basic survey team. This approach was met with general approval from hospitals as they recognized the advantage of having a qualified individual who understood not only the ins and outs of the *LSC*, but also the complexities of a hospital's day-to-day operations performing the life safety assessment. Ultimately, The Joint Commission found these life safety specialists in hospitals across the country, where they generally served as facilities managers, plant operations managers, project managers, and



safety officers in similar positions. Thus, the life safety specialist who shows up on your doorstep together with his or her survey team may have a background very similar to yours.

The Joint Commission and the other accreditation organizations (Healthcare Facilities Accreditation Program and Det Norske Veritas) are bound to enforce compliance with the 2000 edition of the *LSC* because that is what CMS has adopted. In 2012, CMS announced it is reviewing the 2012 edition of the *LSC* for potential adoption. But the process to change editions of the *LSC* is time-consuming and costly, requiring notices of intention, public responses, creation of a bill (which must be passed by Congress), and finally a date of compliance. It took nearly three years to adopt the 2000 edition of the *LSC*, so a good guess for when the 2012 edition might be adopted is late 2014 or 2015.

On the day of the survey, the *LSC* surveyor will want to get started as soon as possible. He or she will have at least two days at your hospital (critical access hospitals included), or three days if your facility is more than 1.5 million square feet. Another day will be added to the *LSC* surveyor's agenda for every three buildings classified as healthcare occupancies. The typical *LSC* surveyor will have a background in facilities and the environment of care; he or she will also hold a CHFM or equivalent certification. Finally, although he or she will obviously survey to the Life Safety chapter of the accreditation standards, select portions of the Environment of Care chapter will be surveyed as well.

### **The *Statement of Conditions***

The first item of business for the *LSC* surveyor is to review your *Statement of Conditions*<sup>™</sup> (*SOC*). Prior to 2007, the *SOC* was a four-part document that was updated by the hospital prior to the survey and signed by the surveyor; unfortunately, this document would frequently be lost or misplaced after it was completed. Starting in 2007, The Joint Commission introduced a Web-based electronic *SOC* available only through the accreditor's secure website. This has proven to be a great improvement: An electronic *SOC* can't be lost, and keeping track of start and completion dates is much easier. In addition, the online *SOC* has been streamlined to just two parts, outlined below.

#### ***Basic Building Information***

The first section of the *SOC* is the Basic Building Information (BBI). This is where the hospital lists all of its buildings related to the facility's operation. The occupancy designation of each

building must be identified, and the BBI then asks questions that are relevant to the operation of each building. On the last BBI screen for buildings designated as hospitals, there is a comments section where the hospital should enter the following information:

- Location of the life safety drawings
- Summaries of any equivalencies submitted to or granted by The Joint Commission
- Summaries of any extensions granted for a Plan for Improvement (PFI)
- The *SOC* preparer's name and qualifications
- A statement concerning any occupancies other than healthcare that are separated from the healthcare occupancies by two-hour fire-rated barriers
- Other information as deemed appropriate

A surveyor will want to see that the information in this box is addressed in the comments section of the BBI. This section

An *equivalency* is a documented analysis of a known life safety deficiency that results in an equivalent method of protection (i.e., one that provides an equal or greater level of safety). After The Joint Commission approves an equivalency, the organization does not have to resolve the issue until major renovation is conducted in that particular area. There are two types of equivalencies used by The Joint Commission:

1. Traditional equivalency
2. Fire Safety Evaluation System (FSES)

The traditional equivalency requires you to write a letter to the Joint Commission identifying the deficiency and proposing an alternate solution. You also need to include a written opinion from a fire protection engineer, registered architect, or local authority having jurisdiction on fire safety; this opinion must state that your proposed alternate solution either meets the intent of the *LSC* or will provide an equivalent level of life safety.

The FSES is a NFPA document entitled NFPA 101A, *Alternative Approaches to Life Safety*. For the 2000 edition of the *LSC*, the 2001 edition of NFPA 101A is used. The FSES evaluates your current level of safety and assigns numerical values to multiple parameters. These values are then plugged in to different mathematical formulas, and if the resultant value is 0 or greater, you have demonstrated an acceptable level of safety even if deficiencies have been identified.

Whatever method of equivalency you decide to use, additional supporting information needs to be included, such as life safety drawings and copies of the *SOC* PFI list. It is important to understand that equivalencies do not waive or get rid of *LSC* requirements. An equivalency should only be used when a code deficiency cannot be resolved without significant hardship or excessive cost. Also, note that an equivalency approved by The Joint Commission is not automatically approved by CMS. If the same life safety deficiency is cited during a CMS survey, then a separate equivalency will need to be submitted as part of the Plan of Correction.

will guide the surveyor as he or she becomes familiar with your hospital and forms an opinion regarding the organization of your program. If the hospital fails to enter this information, the surveyor may determine that the *SOC* is not being properly maintained and cite the hospital for failure to do so. Once all of the questions are answered, it is time to take a look at the next section.

### ***Plan for Improvement***

The first screen of the PFI section is where the hospital lists the life safety deficiencies in its buildings. When the hospital discovers a life safety deficiency, such as a defective fire alarm system or an inoperative fire damper, The Joint Commission allows it to resolve the deficiency using the hospital's normal work order method. If the hospital is unable to resolve the deficiency within 45 days after discovering it, then the deficiency needs to be entered as a PFI. It is important to note that only life safety deficiencies (i.e., actual *LSC* deficiencies) may be entered into the PFI section; non-life safety deficiencies are not permitted. It is possible that the *LSC* surveyor will ask to review the work orders on deficiencies that have yet to be entered into the PFI list, to ensure the 45 days have not been exceeded.

The second screen of the PFI section is where the hospital identifies how it will resolve each deficiency. Once entered, a realistic projected completion date needs to be assigned to each PFI. A date that is too far into the future will incur surveyor scrutiny and the organization will have to explain its reasoning. Moreover, an unreasonable completion date may lead to the hospital being cited for performance improvement under The Joint Commission's Leadership chapter. This is where the accreditor holds leadership responsible for failing to provide adequate resources, funding, and/or priority to the resolution of issues.

The most important *SOC* issue that a surveyor will want to review is the status of open (incomplete) PFIs and how close to the projected completion date they are. If the open PFI is more than six months past its projected completion date and the organization has not officially requested an extension from The Joint Commission Standards Interpretation Group (SIG), then this may result in an automatic adverse survey decision, which could lead to a follow-up survey. The projected completion dates for PFIs are very important to monitor and maintain. The Joint Commission takes the *SOC* very seriously and considers it a written contract between the accreditor and the hospital.

In 2011, The Joint Commission modified its accreditation decisions, as follows:

- **Accredited:** The organization is found to be in compliance with all the Joint Commission standards at the time of the survey, or has successfully completed all of the Requirements for Improvement findings.
- **Accreditation with Follow-Up Survey:** Certain standards require a follow-up survey, usually within 30 or 60 days. If the organization is not in compliance with these standards at the time of the initial triennial survey, then it can expect a revisit by the accreditation organization.
- **Contingent Accreditation:** If the organization failed to address all of the findings identified in the survey for the Accreditation With Follow-Up Survey, then a Contingent Accreditation decision will be made, and the organization may expect another survey within 30 days.
- **Preliminary Denial of Accreditation:** This accreditation decision is made when an immediate threat to patient health or safety exists, when an organization fails to resolve the findings of an Accreditation With Follow-Up Survey or Contingent Accreditation decision, or when an organization demonstrates other significant lack of compliance with Joint Commission standards.
- **Denial of Accreditation:** The organization has been denied accreditation. All attempts at the appeal process have been made.

Before the survey, you are permitted (and encouraged) to make changes in the PFIs that you have entered. You can change start dates, projected completion dates, estimated funds, and every other entry that you created. Once the surveyor arrives on-site and reviews your *SOC*, he or she will lock the PFIs so the only item you can enter is the actual completion date. Any changes to the PFI after the surveyor has accepted them must be made through the SIG.

If an organization believes it cannot resolve a deficiency by the projected completion date, then it has two options:

1. If the PFI in question has not been locked by a surveyor, then the organization can simply change the projected completion date without any problems. The Joint Commission considers this part of the management of the deficiency.
2. If the PFI in question has been locked by a surveyor, then the organization will have to apply online to the SIG for an extension of the projected completion date. The Joint Commission will likely grant a one-time extension, but historically will not grant any further extensions.



Keep in mind that you already have an automatic six-month extension for each and every PFI, so you do not have to submit an official request for an extension.

**Myth:** Once the information is entered into the *SOC*, a Joint Commission employee reviews the information and takes notes on all of your entries. This is simply not true. The Joint Commission does not have the time and or staffing resources to do this. The only time anyone from The Joint Commission looks at this information is when a surveyor arrives on-site for a survey.

### PFI for broken processes

Some enterprising individuals have had the idea of writing a blanket PFI to cover possible life safety deficiencies in the event one is found during the survey, such as unattended items in the corridor. The Joint Commission does not allow this. Each PFI must be written for a specific life safety deficiency. The accreditor will, however, allow one PFI for the same deficiency in multiple locations, such as unsealed penetrations in a smoke compartment barrier, *provided* you identify the precise location for each deficiency in the Additional Description box of the deficiency screen.

The Joint Commission also allows a PFI to be written for a “broken process,” provided the hospital has a preapproved plan to resolve the process. For example, a hospital that has a chronic problem with unattended items in the corridor may submit a plan for resolution to the SIG. The PFI provides a short-term protection against any surveyor findings while the hospital comes up with alternative solutions to eliminate the problem. However, in order for this process to work, all of the following conditions must be met:

- The hospital has to have a written plan, approved by administration, that identifies the long-term solution to the problem
- Interim life safety measures must be implemented
- A PFI must be created with reasonable projected completion dates
- The local authorities (e.g., fire department) must approve the plan
- The Joint Commission must review and approve each situation on a case-by-case basis

The Standards Interpretation Group (SIG) is a group of Joint Commission employees who interpret the standards for accredited organizations. Among other professionals, the SIG has environment of care, life safety, and emergency management specialists who answer questions online (on The Joint Commission website under the "Standards" heading) or by phone (call 630-792-5900 and ask to talk with a specialist). These specialists offer free advice and specific recommendations on compliance. The information you discuss with them is not shared with the team members for your next survey. You can document your SIG discussion via email or letter. Remember, if it's not documented, it's hearsay.

Be warned that CMS inspectors will not approve of this "broken process" approach. They will expect all life safety deficiencies to be resolved when they inspect your hospital. The *SOC* is strictly a Joint Commission document—in fact, it is advised that you do not present the *SOC* for review to a CMS inspector, as some CMS inspectors will take the life safety deficiencies listed in the PFI section and cite the organization for each one.

### Summary

The *LSC* surveyor is very interested in the *SOC*, as it provides a thumbnail introduction to the life safety features of your facility. It also provides the surveyor a degree of insight as to how your hospital identifies and resolves issues via support given by leadership. The *LSC* surveyor will check to see that all of the questions in the BBI section are answered. He or she may have follow-up questions about your building based on those answers. The surveyor will then check the PFI section for open (incomplete) PFIs and see if any of them are more than six months past their projected completion dates. If so, this may result in an adverse survey decision.







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SECOND EDITION

BRAD KEYES, CHSP

This book by former Joint Commission life safety surveyor and current life safety consultant **Brad Keyes, CHSP**, provides a practical, strategic approach to the life safety survey process. Keyes offers a room-by-room, floor-by-floor analysis of the life safety measures you need to have in place to avoid costly citations. He simplifies confusing Joint Commission standards and CMS requirements and reveals what you should be focusing on to pass your next life safety survey.

**THIS BOOK WILL HELP YOU:**

- Avoid citations by learning the life safety survey process from a former Joint Commission surveyor
- Comply with complex standards by taking a survey-driven approach to life safety
- Ensure your documentation withstands surveyor scrutiny
- Recognize potential citations through photographs of real-life problem areas
- Complete a successful life safety survey by focusing your efforts in the right areas

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