The background of the cover is a photograph of a hospital hallway, overlaid with a semi-transparent teal color. In the foreground on the left, a man in blue scrubs is walking away from the camera. In the background, other healthcare workers in scrubs are visible, and a gurney is parked in the center. The overall scene is brightly lit, typical of a hospital environment.

Analyzing the  
**HOSPITAL  
LIFE SAFETY  
SURVEY**

**THIRD EDITION**

Brad Keyes, CHSP

Analyzing the

# **HOSPITAL LIFE SAFETY SURVEY**

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**THIRD EDITION**

**BRAD KEYES, CHSP**

**H3CPro**  
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# Contents

<b>About the Author .....</b>	<b>v</b>
<b>Preface.....</b>	<b>vii</b>
<b>Chapter 1: The Federal Government and the Healthcare Accreditation Organizations .....</b>	<b>1</b>
<b>Chapter 2: Alternative Life Safety Measures .....</b>	<b>7</b>
<b>Chapter 3: Life Safety Drawings.....</b>	<b>19</b>
<b>Chapter 4: The Roof and Penthouse Equipment Rooms .....</b>	<b>29</b>
<b>Chapter 5: The Nursing Care Units .....</b>	<b>37</b>
<b>Chapter 6: Behavioral Health and Nursery Units.....</b>	<b>49</b>
<b>Chapter 7: Intensive Care, Surgery, and ER Units: Suites.....</b>	<b>59</b>
<b>Chapter 8: The Laboratory, Pharmacy, and Medical Records.....</b>	<b>69</b>
<b>Chapter 9: Central Supply, Kitchen, and Receiving.....</b>	<b>79</b>

**CONTENTS**

**Chapter 10: Maintenance Repair Shops, Boiler Rooms, Gas Manifold Rooms, and Generator Rooms..... 93**

**Chapter 11: Fire Alarm Test Reports ..... 107**

**Chapter 12: Fire Pumps, Sprinklers, and Standpipe Systems .....119**

**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 .....177**

**Chapter 16: Survey Etiquette .....191**

**Appendix..... 195**

    Above Ceiling Work Permit.....197

    Life Safety Deficiency–ILSM Decision Matrix .....198

    Construction Site Inspection Report (ICRA).....200

    Detailed Checklist for Fire Door Assembly Inspection (FDAI) .....202

    Fire Drill Report.....204

    Fire Watch Request.....206

    Fire Watch Log.....207

    Generator Monthly Load Test.....208

    Hot Work Permit .....209

    Interim Life Safety Measures Assessment.....210

    Infection Control Work Permit .....212

    Life Safety Documentation Requirements .....213

    Pre-Construction Risk Assessment for Safety and Infection Control .....219

    Risk Assessment Form.....221

## About the Author



### **Brad Keyes, CHSP**

**Brad Keyes, CHSP**, is the owner and senior consultant for Keyes Life Safety Compliance and the former engineering advisor for the Healthcare Facilities Accreditation Program (HFAP).

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 several HCPro books about life safety.

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 contributing 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 health-care 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*<sup>®</sup> specialist surveyors for The Joint Commission and has been a life safety consultant for The Greeley Company.



# Preface

*Chris is the facility director of a medium-sized hospital in the southwest area of the country, has a degree in engineering, and took the exam for the Certified Healthcare Facilities Manager (CHFM) certification. Chris was hired by the hospital to fill an opening they had for director of facility management, but did not have a lot of experience in healthcare-related compliance. Chris came from the construction industry, and formally managed the project to build the new replacement hospital on behalf of the construction company. The hospital VP of operations believed Chris was the ideal candidate for the job because Chris was well aware of the facility from a construction standpoint and compliance with the CMS and accreditation organization (AO) standards would be relatively easy since the building was a brand new hospital.*

*But soon after Chris began the new job, the hospital's AO arrived to conduct a triennial survey. The surveyor identified many deficiencies during the building tour, and cited the hospital for failing to conduct all of the testing and inspection activities required by the NFPA standards. Chris was perplexed as to why the hospital had so many findings, since it followed the same process to prepare for the survey as it had done many times before.*

The above scenario is real, and it plays out many times across the country each year. The point is, many hospitals are preparing for their triennial survey the same way they've always done it: They pull out the previous survey and make sure they fixed every deficiency that was cited. Compliance with the *Life Safety Code*<sup>®</sup> (LSC) can be challenging, especially for those individuals who have never experienced a survey where the surveyor(s) evaluates your facility for compliance with the LSC.

## PREFACE

The face of accreditation is changing across the country and the force behind the change is the Centers for Medicare & Medicaid Services (CMS). All of the AOs receive their authority to survey hospitals on behalf of the federal government from CMS, which is responsible for distributing the reimbursement payments for Medicare and Medicaid services. CMS believes very strongly that each AO represents CMS during these surveys. Therefore, CMS is stepping up its game to ensure the AOs not only comply with the CMS standards, but are actively involved in writing and rewriting the AO standards and interpretations.

Foretelling the future is for prognosticators, but it doesn't take a psychic to see that routine triennial accreditation surveys are a thing of the past. With CMS getting serious in attempting to lower the disparity rate between accreditation surveys and state agency surveys, you can be sure that the accreditors will have to be tougher on life safety evaluations if they want to keep their deeming authority from CMS.

Facility managers are being told they have to do more with less resources every year. Often the new facility manager is inexperienced in healthcare regulatory compliance and has to learn on-the-job as they go. This book will be very useful for all new facility managers, as well as experienced and seasoned individuals.

We start out explaining the survey process and how CMS is very active behind the scenes with the AOs. We explain:

- What Alternative Life Safety Measures (ALSM) are and how to prepare for them
- What's required for the new Fire Watch process
- How to create excellent life safety drawings
- What a hazardous room is
- Why corridors have to be clear
- What you may and may not do regarding locked doors
- Eyewash stations and how to maintain them

Not only do we walk you through the building tour process and what surveyors are looking for, but we also show you what testing and inspection documentation you will need. And we provide you with some valuable templates that you can use to conduct your own evaluation. It is my hope and desire that the knowledge I have learned over my career is transferred down to you through these pages.

Let me know how we hit that mark. After you've read this book, send me an email describing how these pages have helped you prepare for your next life safety survey.

**Brad Keyes, CHSP**

November 2017

*brad@keyeslifesafety.com*



# The Federal Government and the Healthcare Accreditation Organizations

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 hospital accreditation organizations (AO) (Healthcare Facilities Accreditation Program, Det Norske Veritas GL, and the Center for Improvement in Healthcare Quality) are bound to enforce compliance with the 2012 edition of the *LSC* because that is what CMS has adopted. Since the AOs receive their authority from CMS to assess healthcare organizations for compliance with the CMS *Conditions of Participation (CoP)* standards, then the AO standards must meet (at a minimum) the CMS *CoP* standards. Therefore, the AOs must enforce the edition of the *LSC* that CMS says to enforce, which is the 2012 edition, even though there have been two more recent editions published by the National Fire Protection Association (NFPA).

For years, CMS has compared the AO survey results to the state agency validation survey results of the same healthcare facility and developed a ratio when the AO results do not match up with the state agency results, which CMS refers to as the disparity rate. CMS has said it wants this disparity rate near 20%, which would mean 80% of the AO findings match up with state agency findings. But in reality, the disparity rate is much higher, sometimes around 60%, which CMS does not like.

Contributing factors that make inaccurate comparisons for a disparity rate include:

- The state agency validation survey can occur two to three months after the AO survey, and a lot of changes can happen during that time.
- The number of surveyors and the on-site days these surveyors spend at the facility can vary widely. The AOs usually send one life safety surveyor for two or perhaps three days, which equates to three surveyor days. The state often sends four or five (or more) life safety surveyors for a week (or more), which equates to 25 surveyor days. It is obvious that more *LSC* deficiencies will be discovered if you have more opportunities to find them.
- The makeup of every survey team is unique. A life safety surveyor who has a background in facility management will focus more toward operational issues, such as fire alarm and sprinkler system maintenance, installation, and testing. A life safety surveyor who has been

trained as an architect or engineer will focus more toward building design and construction issues, such as construction type and travel distances to exits. It is natural to realize that different surveyors will tend to focus on different issues.

- Ironically, while the disparity rate is poor for the AOs, the same can be said for the state agencies when their findings are compared to the AOs. It appears that CMS considers the state agency survey results to be “better” than the AO survey results, and considers the state agency surveyors to be the gold standard to which all others are compared. There is no basis for this, as experience and evidence shows that the AOs have many qualified and trained life safety surveyors.

These issues have been brought to CMS’ attention several times, with no apparent effect in their attitude toward disparity rates. On an annual basis, CMS reports the disparity rate for all of the AOs, for the previous year, to Congress. The media picks up on these disparity rate reports since they are public knowledge and reports these rates to all who have a concern. The fact that CMS does not respond to the AOs’ argument that there will always be a high disparity rate when the deck is stacked against the AOs, suggests that CMS will be cracking down harder on the AOs regarding life safety surveyor qualifications and training.

Since the AOs receive their deeming authority from CMS, the assumption is the AOs will not do anything to upset CMS and will follow whatever directive CMS issues regarding changes to the life safety survey. So here are a few changes that may occur in the years to follow regarding life safety surveys conducted by AOs:

- The life safety survey will likely become much more difficult for healthcare organizations as the AOs will be focused on the quantity of findings rather than the quality of the survey. If the AOs have more findings per survey, then that would likely lower the disparity rate.
- The life safety survey portion will likely be longer, with more surveyor days. If the AO does not just add more days to the survey for the life safety surveyor, then you will likely see more life safety surveyors on the survey. Again, this will equate to more findings that will likely lower the disparity rate.
- CMS will likely become more actively involved in setting the criteria and requirements for individuals to become the AO life safety surveyors. They already have an in-depth training

session for state agency life safety surveyors, and it is likely that they will impose that requirement in the AOs.

Many of the AOs pride themselves in delivering a collegial, educational, and consultative survey. With these changes that CMS will likely impose on the AOs, the survey process may likely trend toward enforcement and quantity of findings, which is exactly what most of the AOs try to avoid. Keeping in mind that an AO survey is voluntary, and the healthcare organization actually pays for that service (as compared to state agency surveys, which are free to the healthcare organizations and paid by CMS), any cost for the additional surveyor days by the AOs will only be passed down to the healthcare organizations. Marginal healthcare organizations will not be able to shoulder this additional cost and may consider discontinuing the accreditation survey process, and seek their Medicare and Medicaid certification through the free state agency process.

What can be done with an overbearing federal agency that imparts unreasonable changes that are based on unsubstantiated data? Don't count on the AOs leading the protest since CMS can make it more difficult for them to receive their deeming authority. Support your member organizations such as the American Society for Healthcare Engineering (ASHE), which will challenge the federal agency and be an advocate on your behalf. Get involved with your regional ASHE chapter. Write letters of protest explaining the additional hardships to your organizations that the unreasonable pursuit of lower disparity rates will bring.

## The Survey Process

On the day of the survey, the life safety surveyor will want to get started as soon as possible. He or she will want to review your life safety drawings to get acclimated to your rated walls plans, suite of rooms locations, smoke barriers, stairwell, etc. No longer will Joint Commission surveyors be interested in reviewing any of the information in the *Statement of Conditions*, Plan for Improvement (PFI) section. Surveyors may review some of the information in the Basic Building Information (BBI) section, but for the most part, they are no longer interested in reviewing these documents.

Most life safety surveyors will want to start the building tour, beginning at the top and working their way down the building checking out as much of the building as they can, utilizing the life safety drawings that you have provided.

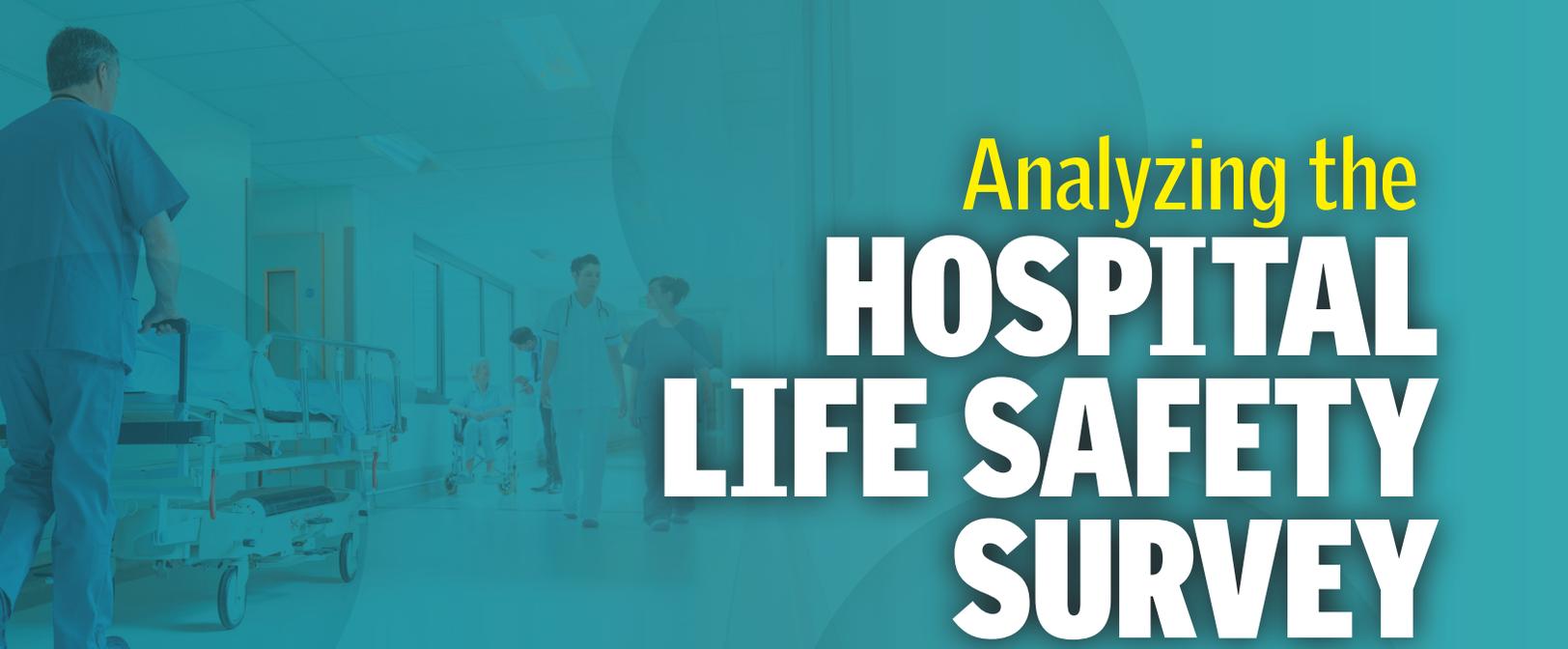
At some point, the building tour will end and they will want to review the life safety testing and inspection documentation, demonstrating that you have conducted the required service over the past three years.

If you have off-site locations, most AOs will send surveyors to these off-site locations, whether they be healthcare occupancies (e.g., hospitals) or ambulatory healthcare occupancies (e.g., surgery centers) or business occupancies (e.g., physician offices). Life safety compliance is just as important in these off-site locations as they are at the main hospital. The testing and inspection frequencies on features of life safety are pretty much the same regardless where they are located.

At the end of the survey, the life safety surveyor will conduct an exit conference, summarizing all of the findings he or she observed, and in most cases, answer any questions the organization may have.

The survey process has been established for decades, and achieves the purpose set by the federal government in that all healthcare organizations must be assessed for compliance on a once-every-three-year basis. This three-year frequency is to determine that the healthcare organization is fit and suitable to continue to receive its Medicare and Medicaid reimbursements.





# Analyzing the HOSPITAL LIFE SAFETY SURVEY

**THIRD EDITION**

Your facility is explored from top to bottom for life safety compliance when life safety surveyors arrive on-site. Beat them to the punch with assistance from *Analyzing the Hospital Life Safety Survey, Third Edition* by doing your own in-depth analysis of your organization.

Former Joint Commission and HFAP life safety surveyor and independent consultant Brad Keyes, CHSP, provides a practical, strategic approach to the life safety survey process. He walks you through a room-by-room, floor-by-floor analysis of the life safety measures you must have in place to avoid costly citations. The book simplifies Joint Commission standards and CMS requirements and focuses on ways to pass your next life safety survey.

**This book will provide readers with:**

- A floor-by-floor analysis to help all staff better prepare for a life safety survey
- Expert analysis by a life safety expert with experience in multiple accrediting organizations as well as CMS
- Photos illustrating where citations can happen to help you better understand potential trouble spots during survey
- Tools and tips for more efficient survey preparation

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