

Life Safety Code Potpourri November 14, 2011





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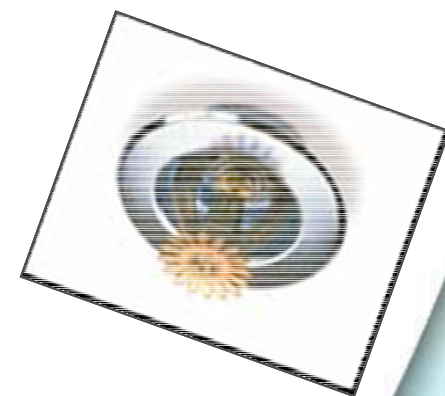


FMS TRENDS

	FFY 07	FFY 08	FFY 09	FFY 10	FFY 11
Federal Surveys	20	20	20	16	19
Deficiencies Cited	332	252	173	199	173
Deficiencies Per Survey	16.6	12.6	8.65	11.3	9.1
% Decrease		-24%	-31%	+15%	-13%

SPRINKLER MANDATE

- All certified nursing home's must be fully sprinkled by August 13, 2013.
- So far, of the 386 nursing homes
 - 371 are fully sprinkled
 - 11 are partially sprinkled and
 - 4 are not sprinkled
- We are getting there



LIFE SAFETY CODE WAIVERS

We have seen a significant change in how CMS responds to requests for waiver of Life Safety Code deficiencies

Some waiver requests are being denied outright with no opportunity to provide additional information in an effort to obtain approval

LIFE SAFETY CODE WAIVERS

In some instances, CMS is advising that the facility must now pass a Fire Safety Evaluation System (FSES) in order to remain in compliance with the Life Safety Code

LIFE SAFETY CODE WAIVERS

In other instances, CMS is requiring a significant amount of detailed additional information in order to evaluate the waiver request



LIFE SAFETY CODE WAIVERS

Although no one at CMS has confirmed our thoughts, we feel that CMS may be moving closer to eliminating approval of an annual waiver for a Data Tag K067 deficiency

LIFE SAFETY CODE WAIVERS

Some facilities are not waiting for this to happen. They are planning and budgeting for upgrades to the building HVAC system to comply with NFPA Standard 90A

TOP TEN LSC DEFICIENCIES FFY11

Although the order varies slightly between data for existing (before March 11, 2003) versus new (after March 11, 2003) buildings, the top ten (10) Life Safety Code deficiencies cited during federal fiscal year 2011 (October 1, 2010 through September 30, 2011) are as follows:

TOP TEN LSC DEFICIENCIES FFY11 (SNFNF)

- Data Tag K029 Protection of hazardous areas
- Data Tag K052 FA system installation, testing, maintenance
- Data Tag K050 Fire Drills
- Data Tag K067 Compliance with NFPA 90A (corridor plenum)



TOP TEN LSC DEFICIENCIES FFY11 (SNFNF)

- Data Tag K14 Generator inspection and testing
- Data Tag K056 Compliance with NFPA 13 (sprinkler protection)
- Data Tag K018 Corridor doors



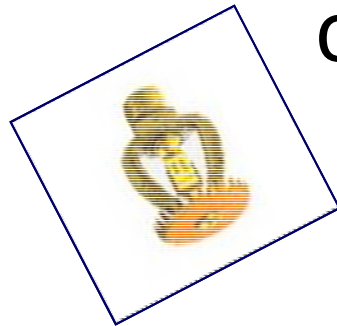
TOP TEN LSC DEFICIENCIES FFY11 (SNFNF)

- Data Tag K038 Exit access
- Data Tag K062 Sprinkler system
inspection, maintenance,
testing
- Data Tag K011 Occupancy separation



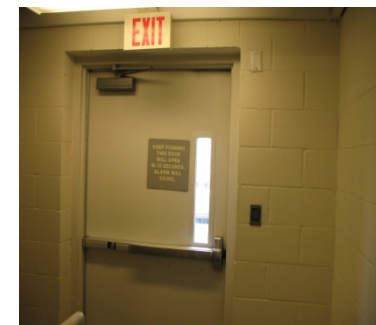
TOP TEN LSC DEFICIENCIES IN FFY11 (HOSPITAL)

- Data Tag K029 Protection of hazardous areas
- Data Tag K056 Compliance with NFPA 13 (sprinkler protection)
- Data Tag K033 Construction of exit components (e.g. stairs)



TOP TEN LSC DEFICIENCIES IN FFY11 (HOSPITAL)

- Data Tag K011 Occupancy separation
- Data Tag K018 Corridor doors
- Data Tag K038 Exit access
- Data Tag K050 Fire drills



TOP TEN LSC DEFICIENCIES IN FFY11 (HOSPITAL)

- Data Tag K052 FA system installation, maintenance, testing
- Data Tag K076 Compliance with NFPA 99 (medical gas system)
- Data Tag K020 Construction of vertical openings

TOP TEN LSC DEFICIENCIES IN FFY11 (FMS IN SNFNF)

- Data Tag K052 FA system installation, maintenance, testing
- Data Tag K062 Sprinkler system inspection, maintenance, testing
- Data Tag K144 Generator inspection and testing



TOP TEN LSC DEFICIENCIES IN FFY11 (FMS IN SNFNF)

- Data Tag K029 Protection of hazardous areas
- Data Tag K038 Exit access
- Date Tag K025 Construction of smoke barrier



TOP TEN LSC DEFICIENCIES IN FFY11 (FMS IN SNFNF)

- Data Tag K050 Fire drills
- Data Tag K054 Smoke detector maintenance, inspection, testing
- Data Tag K069 Cooking facilities
- Data Tag K011 Occupancy separation



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

The issues associated with cooking food items outside of the main dietary kitchen have been in the spotlight for many months



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

The main concern that was identified during a federal monitoring survey is that of cooking operations that result in the production of grease laden vapors in areas not protected by a Type I hood with an automatic extinguishing system



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

In an effort to eliminate confusion associated with this issue, the Department will soon publish an Information Bulletin that addresses what we hope is all aspects of this issue. Following are some highlights

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

Cooking operations that use canola oil based spray coatings such as PAM, butter, lard, cooking oil, or other animal fat or oil based coatings are prohibited in ANY area not protected by a Type I hood with an automatic extinguishing system. This includes neighborhood kitchens

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

Cooking raw meat, such as bacon, sausage links, or sausage patties is prohibited in ANY area not protected by a Type I hood with an automatic extinguishing system. This includes neighborhood kitchens



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

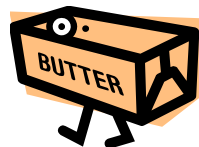
The use of small residential grade appliances, such as a fry pan, waffle iron, or electric griddle is acceptable in areas not protected by a Type I hood with automatic extinguishing system with qualifiers



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

The appliances may be used only to prepare five (5) breakfast food items.

Canola oil based spray coatings such as PAM, butter, lard, cooking oil, or other animal fat or oil based coatings may not be used.



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

These five breakfast foods may be prepared ala carte for more than 25 residents. In other words, these appliances may be set up on a counter top in a large dining room

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

Baking desserts, such as cookies, bars, cakes, etc. as an activity is still acceptable in neighborhood, activity, serving, or occupational therapy kitchens



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

The Department has determined that it is now also acceptable to serve these desserts as part of a published dietary meal



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

The electric range in a neighborhood, activity, serving, or occupational therapy kitchen may be used to heat up canned food items, such as soup, chili, and stew provided that the food item is prepared upon request for an individual resident

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

A residential grade microwave oven may be used to warm up pre-cooked food or food dishes, such as a sandwich, pizza, soup, or coffee. It may not be used to cook raw meats or to warm precooked meats



COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

The Information Bulletin provides examples of operations where a Type I hood with an automatic extinguishing system is required and where it is not required

COOKING OUTSIDE OF THE MAIN DIETARY KITCHEN

The Information Bulletin will be posted on
the Minnesota Department of Health website



Patrick Sheehan
Fire Safety Supervisor
Health Care Fire Inspections
Minnesota State Fire Marshal Division

Pat.Sheehan@state.mn.us

Office: 651-201-7205

Cell: 651-470-4416

Plans of Correction (POC)

Safety PoC's, K-tags, must be submitted to the State Fire Marshal Division for receipt of the Statement of Deficiency.

Directly
10 days
s.

to:

Patrick Sheehan, Supervisor
Health Care Fire Inspection
State Fire Marshal Division
444 Cedar St., Suite 100
St. Paul, MN 55101-5100

PoC's

- POC's may be scanned and send by email to:

- pat.sheehan@state.mn.us

or

Faxed to: 651-215-0525

PoC's

- Date stamp your receipt of the statement of deficiencies at the top of the right hand column on page 1.
- SFM date stamps receipt of all PoC's

PoC's

SC items must be corrected within 30 days of the MDH survey regardless of the date that you received the statement of deficiencies.

For correction dates, not exact receive verbal approval from corrections supervisor.

within

,

50 days

PoC's

Do not use a correction date that is prior to the SFM inspection date.

the same

For each deficiency, including temporary work items, specify (one) date for correction. Also specify a date of completion.

Just have
others don't

Do not use correction dates that are between the exit date. Could result in DoP

90 days

Waivers

- Waived deficiencies are considered to be in compliance with the code.
- However, temporary waivers will have a follow-up on the correction date, which most often will be a second PCR.

Temp. Waivers

- Correction dates between 91 and 365 days are considered "temporary waivers".
- Temporary waivers are approved by the Health Care Fire Inspections Supervisor.

50 to 90 days

- Correction dates within this time frame could result in penalties, i.e., Denial of Payment for New Admissions (DOPNA).

Annual Waivers

-are only good for one year and must be renewed after each survey.
-maximum is 365 days from MDH exit date.

Waiver notification

- The facility Administrator will be notified as a 'CC' on the email to CMS notifying them of the waiver request.
- Be sure to provide the Fire Inspector with a correct email address.

Waiver Forms

- All waivers must be on the waiver form.
- No exceptions.
- Blank form is available from SFM

Waiver Forms

- Waiver forms must include two parts:
- Part A: All of the positive reasons why the waiver will not jeopardize resident safety.
- Part B: All of the hardships & reasons why, including current costs.

Problem PoC's

- Any questions on the PoC will be directed to the facility Administrator.

Problem PoC's

- A delay in returning a call to the Inspection Supervisor to answer a question on the PoC could result in penalties being assessed.
- Denial of Payment for New Admissions
(DOPNA)

PCR's

- Post Recertification Re-visits
- Conducted approximately 5 days after the latest correction date for non-waiver items.
- If you correct an item early, don't call.
- Changing correction dates is too much work.

3 Types of PCR's

Mandatory On-site PCR

Random On-site PCR

Off- site PCR by PoC

Conducted from Inspector's office

Correction Dates

- Never let a correction date pass without:

Either having corrected the deficiency, or

Letting the SFM Supervisor know that you need more time.

Pat.Sheehan@state.mn.us

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Fire Safety Supervisor
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Plans of Correction must be submitted directly to the State Fire Marshal Division within 30 days of the issuance of the Statement of Deficiency.

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444 Cedar St., Suite 100
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Must be the same

For each deficiency, including temporary workarounds, specify (one) date for correction. Also specify a date of completion.

Must have a date of completion. If not, then they don't

Do not use correction dates that are between the exit date and the date of completion. Could result in DoP

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QUESTIONS ?????



THANK YOU FOR
HAVING US HERE
TODAY