

**ICF-IID  
Life Safety Code/  
Emergency Preparedness Update**

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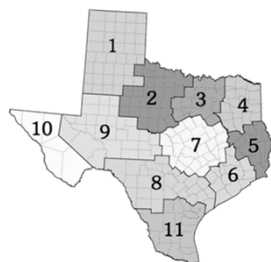
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**LTC Regulatory Regional Map**



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**Statewide Totals  
September 2017**

Adult Day Care (DAHS)	465
Assisted Living	1,885
ICF-IID/RC	810
<u>Nursing</u>	<u>1,241</u>
Total Facilities	4,405
HCSSA agencies	6,270

11/16/2017

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<b>ICF/IID</b>	<b>810</b>
Government Based Small	81
Privately Owned Large	3
Privately Owned Small	711
<u>Centers</u>	<u>15</u>
Total	810

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**Life Safety Code (LSC)**

**Purpose**  
Establish minimum requirements for safety to life from fire.



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**Life Safety Code (LSC)**

**Protection**

- Prevent ignition
- Detect fire
- Control fire development
- Extinguish fire
- Refuge or evacuation
- Staff reaction
- Fire safety information



11/16/2017 6

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**March 21, 2009  
Fire at Riverview IRA, Wells, NY**



11/16/2017

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**March 21, 2009  
Fire at Riverview IRA, Wells, NY**



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**March 21, 2009  
Fire at Riverview IRA, Wells, NY**

**Facts**

- Facility opened in May, 2008
- Fire sprinkler system complied
- Sprinklers worked
- Water supply was adequate
- Nine residents (Impractical E-Score)
- Two staff

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**March 21, 2009**  
**Fire at Riverview IRA, Wells, NY**

What went wrong?

- Fire started on covered porch
- Fire spread through attic
- Fire burned through ceiling into interior
- Residents relocated to mudroom
- Fire drill records not accurate

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**March 21, 2009**  
**Fire at Riverview IRA, Wells, NY**

Outcome

- Fire alarm activated at 5:25 a.m.
- Fire department arrived in eight minutes
- Four residents evacuated by fire department
- One resident survived in her bedroom
- Three residents were rescued but died from smoke inhalation
- Remaining resident was found deceased

11/16/2017

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**March 21, 2009**  
**Fire at Riverview IRA, Wells, NY**

Consequences

- Building was properly constructed and fire safety systems worked, yet fire ignited and developed through areas not requiring fire sprinkler protection
- Poor staff response to the emergency

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**March 21, 2009  
Fire at Riverview IRA, Wells, NY**

What could have changed the outcome?

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**NFPA 101, Life Safety Code, 2012 ed.  
Chapter 32, New Small ICF-IID**

NFPA 13D or NFPA 13R sprinkler systems

Protect roofed porches, decks and balconies

Protect attics

- Fire sprinklers connected to sprinkler system\*
- Heat detection system that activates fire alarm
- Constructed of non/limited-combustible construction or fire retardant-treated wood

\* Sprinklers required if natural gas- or propane-fired equipment in attic (furnaces, water heaters)

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**NFPA 101, Life Safety Code, 2012 ed.  
Chapter 33, Existing Small ICF-IID**

NFPA 13D or NFPA 13R sprinkler systems

Protect attics

- Fire sprinklers connected to sprinkler system\*
- Heat detection system that activates fire alarm
- ~~Constructed of non/limited-combustible construction or fire retardant-treated wood~~

\* Sprinklers required if natural gas- or propane-fired equipment in attic (furnaces, water heaters)

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## NFPA 101 2012 Edition

Code Book Cost \$101.00 + S&H  
<http://catalog.nfpa.org>  
1-800-344-3555



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<http://www.nfpa.org/>



11/16/2017

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### **CMS adopts 2012 edition of LSC**

The Centers for Medicare & Medicaid Services (CMS) adopted the 2012 edition by regulation effective July 5, 2016.

CMS and HHSC began surveying for compliance with the 2012 LSC on November 1, 2016.

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**CMS adopts 2012 edition of LSC**

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Buildings constructed before July 5, 2016 can meet Existing Occupancy requirements.

Buildings that received building permits for construction before July 5, 2016 can meet Existing Occupancy requirements.

All other building construction must meet New Occupancy requirements.

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**CMS adopts 2012 edition of LSC**

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Code of Federal Regulations (CFR) Title 42, §483.470 (j)(1)(iv)

Beginning July 5, 2019, an ICF-IID must be in compliance with Chapter 33.2.3.5.7.1 or Chapter 33.2.3.5.7.2 of the Life Safety Code.

11/16/2017

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**HHSC adopts 2012 edition of LSC**

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HHSC adopted amended rules in Texas Administrative Code, Title 40, Chapter 90, effective October 12, 2017.

Changed references to the edition of the Life Safety Code.

Changed the dates delineating New facilities from Existing facilities, matching the Federal rule.

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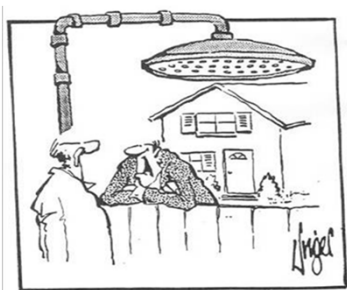
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### I got a great deal on insurance



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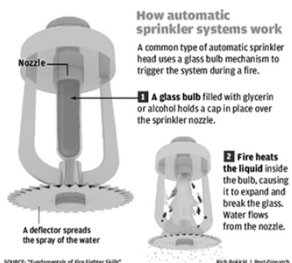
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### How sprinklers work



SOURCE: "Fundamentals of Fire Fighter Skills"

Rich Rokki | Post-Dispatch

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### Sprinkler Maintenance

§90.74(b)

The facility must have a program to inspect, test, and maintain the sprinkler system, and must execute the program at least once every three months for large facilities and at least once every six months for small facilities.

11/16/2017

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### **Sprinkler Maintenance**

§90.74(b)(1)

The facility must contract with a company that is registered by the State Fire Marshal's Office to execute the program.

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### **Sprinkler Maintenance**

§90.74(b)(2)

The person who performs a service under the contract must be licensed by the state Fire Marshal's Office to perform the service, and must complete, sign, and date an inspection form similar to the inspection and testing form in NFPA 25 for services provided under the contract.



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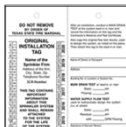
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### **Sprinkler Maintenance**

§90.74(b)(7)

The facility must maintain onsite documentation of compliance with this subsection.



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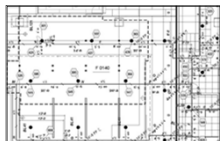
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### **Sprinkler Maintenance**

The facility must retain one set of the fire sprinkler system plans and hydraulic calculations on the property in accordance with NFPA 25.



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### **Fire Alarm Maintenance**

§90.74(a)

The facility must have a program to inspect, test, and maintain the fire alarm system, and must execute the program at least once every three months for large facilities and at least once every six months for small facilities.

11/16/2017

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### **Fire Alarm Maintenance**

§90.74(a)(1)

The facility must contract with a company that is registered by the State Fire Marshal's Office to execute the program.

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### Fire Alarm Maintenance

§90.74(a)(2)

The person who performs a service under the contract must be licensed by the State Fire Marshal's Office to perform the service, and must complete, sign, and date an inspection and testing form similar to the inspection and testing form in NFPA 72 for a service under the contract.



11/16/2017

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### Fire Alarm Maintenance

§90.74(a)(7)

The facility must maintain onsite documentation of compliance with this subsection.



11/16/2017

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### Top 10 Most Frequently Cited ICF LSC Tags FY 2016



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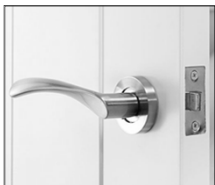
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**Top 10 Deficiencies (Cert.)  
FY 2016**

1. The facility failed to provide doors to sleeping rooms that met LSC for latching hardware or closers.



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**Top 10 Deficiencies (Cert.)  
FY 2016**

2. The facility failed to provide a working manual fire alarm as required.



11/16/2017

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**Manual Pull Disguised**



11/16/2017

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**Manual Pull Disguised**



11/16/2017

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**Manual Pull with Spider**



11/16/2017

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**The facility failed to provide a working manual fire alarm as required.**



11/16/2017

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The facility failed to provide a working manual fire alarm as required.



11/16/2017

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Flow Switch



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**Top 10 Deficiencies (Cert.)  
FY 2016**

3. The facility failed to meet applicable requirements for sprinkler coverage.



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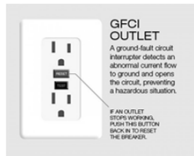
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**Top 10 Deficiencies (Cert.)  
FY 2016**

4. The facilities failed to provide utilities that met the requirements of the Life Safety Code.



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The facility failed to provide utilities that met the requirements of the Life Safety Code.



11/16/2017

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You're getting a legendary desk.  
Some of these cords go back six, seven managers ago.



11/16/2017

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The facility failed to provide utilities that met the requirements of the Life Safety Code.



11/16/2017

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**Top 10 Deficiencies (Cert.)  
FY 2016**

5. The facility failed to provide approved smoke detectors in all the required areas, or failed to ensure that they met requirements for power, or failed to ensure they were audible in all sleeping areas.



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**Top 10 Deficiencies (Cert.)  
FY 2016**

6. The facility failed to ensure that evacuation drills were held in the manner and with the frequency required for fire safety.



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**Top 10 Deficiencies (Cert.) FY 2016**

7. The facility failed to provide an acceptable means of escape from every sleeping room or living area as required for fire safety.

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**Top 10 Deficiencies (Cert.) FY 2016**

8. The facility failed to provide appropriate receptacles for smoking materials in all areas where smoking is permitted.

11/16/2017

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**Ash Tray and Metal Container**



11/16/2017

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**Top 10 Deficiencies (Cert.) FY 2016**

9. The facility failed to have a written fire safety plan that was updated, readily available, understood by all employees, and the subject of required staff instruction.

11/16/2017

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All employees shall be periodically instructed and kept informed with respect to their duties under the plan.



11/16/2017

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**Top 10 Deficiencies (Cert.) FY 2016**

10. The facility failed to ensure that no door providing escape from the facility in the event of fire was ever locked.

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**Open with a single motion**

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11/16/2017

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**CMS Emergency Preparedness Rule**

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**Understanding the Emergency Preparedness Final Rule**

11/16/2017

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**Final Rule**

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Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

Publication Date: September 8, 2016

Effective Date: November 16, 2016

Compliance and Implementation Date: November 15, 2017

11/16/2017

57

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## **Provider Letter**

PL 17-33 – The Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Requirements

Publication Date: November 3, 2017

No change to licensing standards—contain main elements of the federal program

Facilities must comply with both the Federal rule and current state rules

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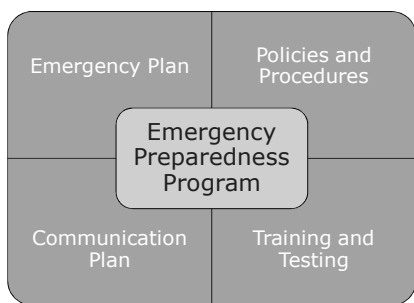
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### **Four Core Elements of Emergency Preparedness**



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### **Establishment of the Emergency Program (EP)**

Develop an emergency preparedness program that meets all the standards specified in the Condition of Participation (42 CFR §483.475)

Refer to Interpretive Guidance in State Operations Manual, Appendix Z.

- All-Hazards Approach
- Specific to the location of the facility
- Address challenges to mobility during emergencies
- Comprehensive—facilities must try to identify every possible event that could occur

11/16/2017

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### Establishment of the Emergency Program (EP)

All-Hazards approach—identify hazards and develop emergency preparedness capacity/capabilities to address those hazards as well as a wide spectrum of emergencies and disasters.

- Natural, man-made or facility emergencies
- Care-related emergencies
- Equipment and power failures
- Interruptions in communications
- Loss of a portion or all of a facility
- Interruptions in normal supply of essentials

11/16/2017

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March 22, 2017—Fire because of careless smoking at an ICF-IID causes \$100,000 damage Overland Park, Kansas



11/16/2017

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January 14, 2017—Diesel fuel spill in garage at Sunrise of La Jolla ALF in San Diego, CA. Fuel vendor overfilled tank by 200 gallons.



11/16/2017

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January 16, 2017—Most of the fuel had been cleaned up immediately, but firefighters returned to deal with leftover fuel in the drainage system.



11/16/2017

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December 30, 2016—A sport utility vehicle (SUV) crashed into group home 2901 Konnoak Drive in Winston-Salem, NC.



11/16/2017

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April 17, 2013—Explosion at West Fertilizer Co. destroys assisted living facility and nursing home West, Texas



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**Emergency Plan**  
Develop and maintain a plan that is reviewed and updated annually

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Document facility-based and community-based risk assessments using all-hazards approach, including missing residents

Strategies to address emergencies

Address special needs of resident population—types of services required; continuity of operations

Cooperation and collaboration with emergency preparedness officials at all levels—who to contact and how; pre-planning

11/16/2017 67

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**Policies and Procedures**  
Develop and implement policies and procedures that support the plan

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Subsistence needs for staff and residents, whether they evacuate or shelter in place

A system to track the location of on-duty staff and residents

Safe evacuation procedures

Means to shelter in place

System of medical documentation

The use of volunteers

Sheltering arrangements with other facilities

Facility role under an 1135 waiver

11/16/2017 68

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**Communication Plan**  
Facility interaction and coordination within facility and with outside parties

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Names and contact info—staff, service providers, physicians, other facilities, volunteers, governmental emergency preparedness staff, other sources of assistance, HHSC, Disability Rights Texas

Primary/alternate means of communication—something in addition to telephones

Method for sharing info and medical documentation with health care providers

Means to release patient info within HIPAA

Means to contact SOC—occupancy, needs, ability to help—and families/responsible parties

11/16/2017 69

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**Training and Testing**  
Develop a program based on emergency plan

Initial training for all new and existing staff and volunteers

Additional training at least annually

Maintain documentation of training

Demonstrate staff knowledge of emergency procedures

Two drills each year—one live full-scale drill with option to perform live full-scale drill or a tabletop exercise for the second

Analyze facilities response, maintain documentation of drills, revise plan as needed

11/16/2017 70

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**State Operations Manual**  
**Appendix Z**



11/16/2017 71

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**Changes to Survey Process**  
Survey process does not change how facilities are currently surveyed

Surveyors will VERIFY all the required elements are included and training/testing requirements are completed

The EP requirements might be evaluated by Health surveyor or LSC surveyors

Must comply with the two training exercise requirements by November 15, 2017

Will issue a separate CMS Form 2567 for E-tags

11/16/2017 72

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**Be Emergency Ready!**

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11/16/2017 73

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**Thank you**

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**Any Questions?**

11/16/2017 74

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