



WHEN TRUST MATTERS

Preparing for Your Deemed Status Survey

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39th Annual FPC Seminar + Expo

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Clinton Butts is the Physical Environment Standards Application and Interpretation Specialist for DNV Healthcare, Inc. The Standards Application and Interpretations team at DNV Healthcare is responsible for our NIAHO Standards development, along with all formal interpretations and questions regarding the application of standards.

Clinton has over 30 years of experience in the higher education, fire service and healthcare industry. Clinton has experience in all the physical environment areas. He has been responsible for environmental health and life safety for a large multi-hospital system. Clinton has also served as a state fire marshal.

Clinton has a Bachelor of Science degree and is a Certified Fire Protection Specialist, Certified Healthcare Operations Professional and ISO 9001 Lead Auditor.

He began his career with DNV Healthcare in 2011 as a Physical Environment/Life Safety surveyor, surveying over 300 organizations. Prior to transitioning to his current position at DNV Healthcare, Clinton had served as a Team Leader since 2017.

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Objectives

- Review some of the requirements for construction projects in hospitals
- Prepare for accreditation surveys with regard to construction activities
- Importance of coordinating preconstruction assessment activities between multiple parties
- Recognize pitfalls and potential shortcomings regarding construction projects

Much of this material should be familiar, we are just going to look at it from a different perspective

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Why are we here?

- When an accreditation organization (AO) surveys your hospital, it has an obligation to ensure that a hospital is compliant with the CMS CoPs as well as its own Standards
- Ongoing or recently completed construction present additional risks that the AO may want to examine

AO's with Hospital Deeming Authority

- ACHC – Accreditation Commission for Healthcare
- CIHQ – Center for Improvement in Healthcare Quality
- DNV – DNV Healthcare
- TJC – The Joint Commission



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There are many variations of construction projects

- Construction projects within existing hospital
 - Single rooms in occupied areas
 - Entire floor
 - Attached wings
- New stand-alone facilities
 - Adjacent to existing hospital
 - New separated facilities

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Multiple Requirements and Guidance

- Local and State Building/Fire Codes
- State (AHCA) Licensing Requirements
- CMS Requirements
 - NFPA 101, Life Safety Code, 2012 Edition
- FGI Guidelines for Design and Construction of Hospitals
- CDC
- AO Requirements

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It starts with...

- CMS Conditions of Participation
- **482.41** *The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.*

How is this done? The CoPs are vague on this!

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Basis of Design

- Almost all states make some reference to the FGI
 - Some have wholly adopted an edition
 - Some only reference some sections
- Some states have their own construction and design requirements
 - Many based on the FGI
- In absence of State requirements AO's would require a hospital follow/consult nationally recognized standards
 - i.e., The current edition of the FGI

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In order to conduct a proper survey, the surveyor will need to understand the parameters the project was developed under

While there is flexibility in design, there are also a number of fairly prescriptive requirements to reference

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Required References

NFPA 101, Life Safety Code, 2012 Edition

NFPA 99, Health Care Facilities Code, 2012 Edition

NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition

NFPA 70, National Electric Code, 2011 Edition

NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition

NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition

NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition

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Code Differences

- If not using code/standards referenced by 2012 LSC
 - Can you speak to differences between referenced codes/standards and code/standard used
 - Is the most restrictive requirement being applied?
- Has the local AHJ approved any modifications to LSC or referenced codes?
 - The mere presence or lack of a feature on approved drawings does not necessarily indicate that it is code compliant
 - Modifications and exceptions to code requirements should be specifically called out

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Safety Risk Assessments

- Preconstruction Risk Assessments
- Infection Control Risk Assessments
 - Water Management Plans
- Security Risk Assessments
- Emergency Management Assessments
- Assessment for Alternative or Interim Life Safety Measures

If the project is active, and especially if it is in or adjacent to existing facilities, these assessments will likely be subject to greater scrutiny

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Assessments – Active Project

- In or Adjacent to Existing
 - The Assessments should not be viewed as static documents
 - Preconstruction Assessment
 - Are noise, vibration, utility disruption addressed, monitored and updated as phases change or unforeseen issues arise?
 - Are adjacent spaces evaluated and monitored if needed?
 - ICRA
 - Does the ICRA address phases, how are unforeseen issues handled, how are controls monitored?

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ASHE ICRA 2.0

- Use of a tool such as the ASHE ICRA 2.0, will help with compliance for preconstruction and infection control issues.

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Assessments

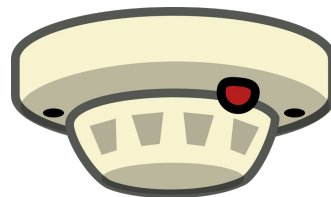
- Water Management Plan (Legionella and other opportunistic pathogens)
 - How does construction specifically affect the hospital's water supply?
- Does the Water Management Plan include the new construction area/building?
 - The inclusion of the new construction in the Water Management Plan should be complete before the area is occupied

Water Management Plans are required by CMS (QSO-17-30) and AO's



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Assessments



- Life Safety
 - For ongoing projects how is life safety being addressed?
 - Do measures change with the phases of the project?
 - Are there allowances for partial occupation prior to completion of the project?
 - If so, are there any specific measures taken and how are they documented?

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Assessments

- Emergency Management

- Has the new construction been accounted for in the organization's emergency management planning?
 - HVA
 - Mitigation
 - Preparedness
 - Response
 - Recovery

The FGI contains guidance to assist in preparing an emergency preparedness assessment

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Training

- Is there documentation of training of staff in:
 - Fire Procedures in newly constructed area
 - Emergency Preparedness procedures
 - New equipment – both clinical and facility
 - Has the new equipment been added to the facilities inventory?
 - What about maintenance rationales?
 - Are copies of OEM manuals provided prior to opening on new area?

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Certificate of Occupancy

- Has a Certificate of Occupancy been issued by local AHJ?
- If a Temporary Certificate of Occupancy has been issued, have any conditions have been set by the AHJ?
 - Full use of area under the TCO?
 - Staff only?

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Acceptance Documents

- Acceptance documents for all new and modified systems should be available for review.
 - Not all codes have requirements for acceptance documentation retention
 - It is advisable to maintain acceptance documentation for the life of the system so the basis of the system is understood
- Surveyor may review some documents before touring the facility, others may be asked for based on observations made during the building tour
- Often times acceptance documents are not readily available as the project manager or contractor has possession of them
- Be sure acceptance documentation is complete, if it requires an AHJ signature the AHJ signature should be there

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Acceptance Documentation includes, but is not limited to:

- Fire Alarm
 - Including documentation of device testing
- Fire Suppression
 - Sprinkler
 - Fire Pump
 - Clean Agent
 - Kitchen Hood
- Electrical Systems
 - Generator systems
 - Line Isolation Monitors
 - Electrical receptacle testing, including GFCI

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Acceptance Documentation (cont.):

- Commissioning Reports
 - HVAC Testing and Balance
 - Integrated Systems Testing
- Medical Gas and Vacuum Systems

It is important that these documents are available for review.
They can provide both current and future evidence of compliance.

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Building Tour

- After initial document review comes the building tour
- It will likely mimic the inspections completed by the AHJ prior to issuance of an occupancy permit
- It is just as important as the AO must validate that the building meets CMS and AO requirements.

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Building Tour

- Expect a top to bottom building tour
- Make sure all spaces are accessible to surveyor
- Provide ladders and PPE as needed
- Make sure accurate construction drawings are available during the building tour
- Depending on overall focus of survey, building tour may be more intense than a regular accreditation survey

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Are materials installed correctly and ready for use?



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Building Tour

- Roof / Penthouse
- Proper means of egress
- Labeling of exhaust fans
- Air Handlers / Filter Storage
- Cleanouts on kitchen hood exhaust
- Medical Air intake properly separated and protected
- Sprinkler protection – obstructions to discharge
- Structural Steel Protection
- Protection of fire rated assemblies
 - Be sure to have documentation of the fire stop systems used

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Building Tour

- Mechanical and Support Spaces
 - Proper separation, if applicable
- Chiller Rooms
 - Proper ventilation, refrigerant detection and warning systems
- Fire Pumps
 - Proper supervisory signals monitored
- Fire Sprinkler System
 - Means for conducting forward flow test installed (non-fire pump systems)
 - Adequate number of spare sprinkler heads with inventory of spare sprinklers

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Building Tour

- Patient Floors
 - Smoke Compartment
 - Suite size and separation
 - Hazardous area protection
 - Corridor door latching
 - Smoke Barrier Continuity
 - Pre-occupancy may be only chance to confirm integrity from outside wall to outside wall.
 - Fire Doors
 - Is entire assembly, including hardware, properly installed?
 - Medical gas piping and valves
 - Proper labeling, unobstructed, electrically insulated

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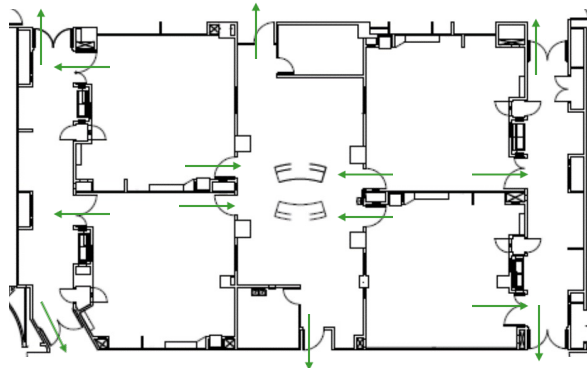
Building Tour

- Patient Rooms
 - Proper amount of medical gas inlets/outlets
 - Proper amount of receptacles, normal and emergency
 - Is there documentation of receptacles being tested?
 - GFCI receptacles where required
- Nutrition areas
 - Appliances listed for their use?
 - If open to the corridor meet NFPA 101 requirements
- Corridors
 - Is seating fixed in place per NFPA 101?
 - ABHR dispensers properly installed and quantities adhered to?
- Staff interviews
 - Staff roles in fires, emergencies, etc

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• Operating Rooms

- Governing Body designation of anesthetizing locations
- Protected as wet locations
 - Unless documented risk assessment conducted by the health care governing body determines otherwise
- Battery-powered lighting installed in locations where deep sedation and general anesthesia is administered
- Pressure Relationships



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Final Thoughts

- This presentation was designed to promote some critical thinking with regard to AO visits to new facilities.
- There are multiple triggers that determine whether or not an AO will need to visit new construction before it opens
 - Are beds being expanded
 - Are existing services being relocated
 - What is the extent of construction
 - Where you are in your survey window
- Keep your AO apprised of any projects so that neither you or the AO are surprised!

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Questions



Additional questions can be sent to: Clinton.Butts@dnv.com

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