



LIFE SAFETY CODE AND CMS COMPLIANCE: ARE ASC PHYSICAL ENVIRONMENT SURVEYS GETTING TOUGHER?

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Are you under the impression that *NFPA 101® Life Safety Code®* (LSC) requirements are getting more stringent, and CMS is requiring things they never have before? If so, you are both right and wrong.

SURVEY SCOPE

Though CMS has not changed most of the ASC physical environment codes (yet), the scope of the CMS/LSC survey has undoubtedly expanded, and recent announcements point toward even more scrutiny. On top of that, CMS has made changes over time to the ASC Conditions for Coverage that continue to catch some facilities unprepared and in need of immediate correction.

Periodic adjustments. CMS makes periodic adjustments to Medicare-certified ASC requirements. The most significant change occurred in 2009 when the State Operations Manual, Appendix L, more than tripled in size to what it is today (*Rev. 99, 01-31-14*). While most of Appendix L is focused on the clinical operation, there are a few sections that dictate an ASC's physical environment.

Physical environment requirements. For instance, the “separate and distinct entity” requirement renders a shared (with the practice) waiting room non-compliant. Less well known until recently are the temperature and humidity requirements added in 2009, and the air “flow” requirement added in 2013. As a result of these changes, ASCs could need to upgrade the air-handling equipment for operating rooms and procedure rooms, no matter when the facility was built or regardless of prior compliance findings. In short, every Medicare-certified ASC must

- Assure the humidity in every OR/Procedure room is maintained within an accepted industry standard range (typically the Association of peri-Operative Registered Nurses' [AORN's] 20% to 60%).
- Provide a thermostat in every OR/Procedure room to maintain the temperature within an accepted industry standard range (typically AORN's 68–73 °F).
- Assure a positive pressure relationship between each OR/Procedure room and every adjacent space—meaning the air flows out of each OR/Procedure room through every opening at all times (i.e., the air-handler fan is always on).

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CHANGES TO SURVEY ASSESSMENTS

The most significant change since CMS adopted the 2000 edition of NFPA 101 LSC in 2003 is what surveyors are looking for, which generally boils down to “a lot more” than before. CMS now expects a “complete and comprehensive” assessment of overall LSC compliance with every ASC Medicare survey.

Upgraded processes, training, teams. Consequently, deemed status survey agencies have expanded their survey process, training, and teams to meet this requirement. Accreditation Association for Ambulatory Health Care (AAAHC) incorporated a specially trained LSC surveyor into every deemed status survey in March 2013. The Joint Commission recently announced it would follow suit, commencing January 2015. Other deemed status accrediting organizations likewise include specialized LSC surveyors on their Medicare survey team, and state agencies have also expanded their surveys to include separate LSC inspections with dedicated LSC surveyors. Medicare-certified ASCs, therefore, should expect a more intensive and comprehensive LSC survey with more knowledgeable and better-qualified surveyors. In the past the LSC survey focused almost exclusively on what was built. The LSC survey now includes long-standing but seldom checked requirements for the on-going inspection, testing, and maintenance of NFPA-required elements.

Ongoing maintenance. In essence, anything required by NFPA that can degrade or become less effective with time must be proactively assessed and maintained to assure continuous reliability and effectiveness. This starts with making sure any hole punched in fire-rated walls is properly sealed, and extends to follow-through on weekly to multi-year maintenance of numerous “systems” like fire alarm and sprinkler systems. The function of many things like door closers and latches, or even the gap between a pair of fire-rated doors, tends to fall out of compliance over time. The list of likely-failure candidates is extensive, and fairly predictable to a qualified LSC surveyor.

Documentation and implementation. You are required to keep documentation on-site of everything approved and/or maintained in your ASC, from the start of construction to the present day. This includes the initial certification documentation for your fire alarm system, fire sprinkler system, alternate source of power (generator set of battery-source unit), and piped medical gas system (as applicable) forever, and present them upon request. Failure to produce any of these documents may result in a citation. You are also responsible for services delegated to outside vendors, from weekly inspections of the fire alarm system, to every-fourth-year maintenance of fire and smoke dampers. It is your job

to make sure every aspect of LSC compliance is implemented and documented.

“FAIR GAME”

The oft-referred-to notion of “grandfathering” is a misconception. Everything is fair game in an LSC survey and prior findings of compliance are irrelevant. It behooves all ASCs to reexamine their LSC compliance. Consider consulting an expert as needed to avoid citations on future surveys. The challenge may seem daunting, especially to older ASCs, but everything required has been available in the public domain since its inception. It is truly a case of “*ASC beware!*” Take action now to assure that documentation and staff competency demonstrate initial and ongoing compliance with all CMS/LSC physical environment requirements. **AE**



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IN A BLINK

- Check the ASC’s physical environment: you might need to upgrade the air-handling equipment for operating rooms and procedure rooms.
- Expect more intensive and comprehensive LSC surveys with more knowledgeable and better-qualified surveyors.
- Proactively assess and maintain all equipment, systems, and structures to assure continuous reliability and effectiveness.
- Document everything.
- Re-examine your ASC’s LSC compliance, and consider consulting an expert as needed to avoid citations on future surveys.