



Instructions for the Facility Demographic Report

Introduction and Overview

(Revision 2017)

Each healthcare facility is responsible for providing an environment in which to deliver healthcare services that are safe and hazard free as much as possible, for patients, staff and visitors. Management of the physical environment includes, but not limited to, having an environment that is in compliance with the National Fire Protection Association (NFPA) 101 *Life Safety Code*®, 2012 edition and NFPA 99 Health Care Facilities Code, 2012 edition.

The Healthcare Facilities Accreditation Program (HFAP) monitors the organization's management of the physical environment through the use of the Facility Demographic Report (FDR), accreditation requirements, worksheets and tools designed to provide pertinent and detailed information concerning the facility. While these worksheets and tools are mandatory, they are only designed to assist in assessing the organization's compliance with the *Life Safety Code*, and do not by themselves represent or demonstrate complete compliance. Only onsite, field review and inspection of the facility and supporting documentation can confirm compliance.

The HFAP Life Safety Assessment (LSA) form found in previous HFAP manuals is no longer a required document that organizations need to complete. While some organizations may find it useful as a tool while conducting their own evaluation, HFAP will no longer require organizations to complete it, nor will HFAP surveyors ask to review it.

Organizations must still perform their own assessment for compliance with the 2012 edition of the *Life Safety Code*, and they may use whatever tool they wish to perform this assessment. Organizations may even choose to contract with Life Safety professionals to perform this assessment. HFAP surveyors will assess the organization's level of compliance with the *Life Safety Code* based on visual inspections and review of pertinent documentation.

Following are documents that must be completed and maintained by the organization at their own facility and available for review by a surveyor. Contrary to statements made in previous editions of this manual, HFAP will no longer accept any other accreditation organization's documents to demonstrate compliance with the *Life Safety Code*, or any HFAP document.

Step 1- Facility Demographic Report

The Facility Demographic Report requests specific engineering information to be provided. It references detailed information about the facility and should be completed by individuals who have a working knowledge of the respective NFPA codes and standards and understanding of the buildings being evaluated. The Facility Demographic Report should only be completed by individuals who qualify with these requirements.

Begin by completing the Facility Demographic Report to provide basic information about the organization. Use one form per facility. Each building that is designated a healthcare occupancy or an ambulatory healthcare occupancy is required to have a Facility Demographic Report completed. Free-standing business occupancies are not required to have a Facility Demographic Report completed. If the organization has more than one location, then individual forms should be used for each location. However, do not use more than one form per facility location. Additions and wings that are contiguous to healthcare facilities should all be included on the same report even if they are separated by fire rated barriers. Each question or request for information on this report must be completed. This Facility Demographic Report must be reviewed and updated annually. Permission is granted for organizations to make as many photo copies of this report as needed to complete the required documentation.

Definitions of different occupancy classifications commonly used in healthcare facilities:

Definition of Healthcare Occupancy:

An occupancy used to provide medical or other treatment or care simultaneously to four (4) or more patients on an inpatient basis, where such patients are mostly incapable of self-preservation due to age, physical or mental disability, or because of security measures not under the occupants' control.

The health care facilities regulated by this occupancy chapter are those that provide sleeping accommodations for their occupants and are occupied by persons who are mostly incapable of self-preservation because of age, because of physical or mental disability, or because of security measures not under the occupants' control. The requirements established by this chapter do apply to all hospitals, nursing homes, and limited care facilities.

Examples of Healthcare Occupancies:

- Hospitals
- Psychiatric hospitals
- Specialty hospitals
- Inpatient hospices
- Nursing homes
- Skilled nursing facilities
- Long term care facilities
- Inpatient substance abuse facilities

Definition of Ambulatory Health Care Occupancy:

An occupancy used to provide services or treatment simultaneously to four or more patients that provides, on an outpatient basis, one or more of the following: (1) treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others; (2) anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others; (3) emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.

Examples of Ambulatory Health Care Occupancies include:

- Physical rehab outpatient centers
- Ambulatory surgical centers
- Emergency departments
- Diagnostic centers

Definition of Business Occupancy:

An occupancy used for the transaction of business other than mercantile.

Examples of Business Occupancies include:

- Administrative offices
- Physician's offices
- Support service centers (i.e. maintenance, laundry, sterile processing, boiler rooms, etc.)

Step 2- Resolve the Deficiency

Once a *Life Safety Code* deficiency is identified, it needs to be resolved. If the deficiency cannot be resolved the same day it is discovered, then it needs to be documented on the organization's work order system and assessed for Alternative Life Safety Measures (ALSM). During a survey, the organization will need to be able to demonstrate that they are aware of their *Life Safety Code* deficiencies and are adequately managing their resolution.

Step 3- Equivalency

HFAP will accept Fire Safety Evaluation System (FSES) equivalency requests for those *Life Safety Code* deficiencies cited on the survey report that would be an unreasonable hardship to resolve. Only FSES equivalency requests that comply with the current approved edition of the National Fire Protection Association 101A, *Guide on Alternative Approaches to Life Safety*, will be accepted. After a successful review, HFAP will send the equivalency request to the CMS Regional Office for their approval.

Step 4- Waiver

For Life Safety Code deficiencies that cannot be resolved, or equivalized, waivers will be accepted for review at the HFAP offices. While HFAP does not have authority to approve a waiver to a *Life Safety Code* requirement, after a successful review HFAP will forward the waiver request to the Regional CMS office for approval.

Download instructions on how to submit a waiver from the www.hfap.org website.



Instructions for Completing the Facility Demographic Report

NOTE: This Facility Demographic Report must be reviewed and updated annually by the organization.

Lines 1 through 11

Enter the appropriate information in the spaces allocated, including the date the form was completed. The name of the facility may be different than the name of the organization. Many organizations have more than one facility under a corporate umbrella. This document is specific to one facility or campus only, regardless how many facilities the organization has. Each healthcare facility must have its own individual Facility Demographic Report form completed.

For the purpose of this document, the 'Contact Person' will be the individual responsible for Life Safety compliance for this facility. This may or may not be the same individual responsible for item #25.

Lines 12 and 13

Enter the current number of beds that the facility is licensed to have, not the number of actual beds. Enter the total square footage of all occupancies in this facility. Breakdown the total area and identify the amount of healthcare occupancy, the amount of ambulatory care occupancy and the amount of business/other occupancy.

Lines 14 through 16

'Construction Type' is a term used by NFPA 220 *Standard on Types of Building Construction* (2012 edition) to identify the fire resistant rating of structural members of the building. Enter the NFPA Construction Type on line 14. Construction type will be limited to one of the following designations:

Type I (442)	Type I (332)	Type II (222)	Type II (111)	Type II (000)
Type III (211)	Type III (200)	Type IV (2HH)	Type V (111)	Type V (000)

It is possible there may be more than one Construction Type used in the facility, depending on the date of original construction and subsequent additions. Identify on line 15 if there is more than one Construction Type used in this facility and the locations where they are.

The facility may be designated as being all healthcare occupancy or it may contain other occupancies, such as business or ambulatory **healthcare** occupancies. If there are different occupancies in the facility, they may be required to be separated by fire rated barriers. Identify on line 16 if there is more than healthcare occupancy, what they are, and where they are located.

Lines 17 through 19

Enter the number of stories that are designed to be normally occupied in the facility. This would include any stories that are currently vacant but were designed to be occupied, such as nursing units. However, it would exclude **any stories at the top of the facility** that are designed to be exclusively mechanical rooms and penthouses for equipment. Identify how many stories are located below the level of exit discharge. The level of exit discharge is the floor where more than 50% of the occupants are expected to exit the building in the event of an emergency.

Not all exit stairwells may actually discharge directly to the outdoors, but may discharge to a lobby or corridor that leads to the outdoors. Identify if you have any stairwells that do not discharge directly to the outdoors.

Identify the year of construction for the original building, and the year of construction for any subsequent major additions or renovations. The year of actual occupancy can be used to identify the year of construction.

Lines 20 and 21

Enter on line 20 the pertinent information concerning automatic sprinklers in the facility. Identify what areas, if any, are protected with Quick Response sprinklers. If the facility is protected with a fire pump, enter the year that the pump was installed or replaced.

Enter on line 21 the level of smoke detection in your facility. Smoke detectors are not necessarily required in all the places identified on line 21, but if they are present, indicate so.

Lines 22 and 23

Emergency power generators may be fueled by alternative fuels, other than diesel fuel. Identify the fuel your emergency power generators are powered by. Some organizations have generators that do not serve as emergency power supply systems (EPSS). Do not include any information for generators that are not considered EPSS.

Identify if your facility has any trash and/or linen chutes. Include any chutes that are present but not in operation.

Line 24

Doors in the path of egress are not permitted to be locked, unless they comply with one of exceptions permitted by the Life Safety Code. Identify the locations where doors in the path of egress are locked in your facility, and which exception is used for these locks: Clinical needs; Delayed egress; Access control; Elevator lobby locks; specialized protective measures for patient safety (i.e. infant security).

Line 25

Identify the individual who has been designated by leadership to be responsible for the completion of this Facility Demographic Report. This may or may not be the same individual identified on line 8. Line 25 asks for an explanation of the qualifications for this individual, as this report requests information that is technical and detailed. The individual completing this report must be familiar with the NFPA 101 *Life Safety Code* (2012 edition) and the details of the facility. The organization may choose one of their own staff members to complete this report or they may choose an outside source to do so. The organization needs to document what qualifications they believe the individual possess in order to be responsible for this document.

Line 26

This line requests information if the facility has received approval on any equivalencies or waivers. Such approvals must be identified as to where they apply in the facility. Hard copies of the approvals must be available for surveyor review. HFAP will not accept any equivalencies or waivers approved by any other authority, other than CMS.

Line 27

Certain building systems in health care facilities must be designed to meet Category 1 through Category 4 requirements as detailed in Chapter 4 of NFPA 99-2012. Each system must be evaluated for its potential impact on both the patients and the caregivers if the system should fail. Based on worst-outcome scenario of a failure's impact, the system is assigned a category. The chapter on that particular building system then describes the requirements for the selected category. The four levels of system categories as defined by Chapter 4 of NFPA 99-2012 are based on the risks to patients and caregivers in the facility.

Therefore, a Risk Assessment is required for certain building systems that the organization has, based on a documented defined procedure. HFAP does not prescribe what format the Risk Assessment must follow, but NFPA 99-2012 recommends the following documents:

- ISO/IEC 31010 *Risk Management – Risk Assessment Techniques*
- NFPA 551 *Guide for the Evaluation of Fire Risk Assessments*
- SEMI S10-0307E *Safety Guidelines for Risk Assessment and Risk Evaluation Process*
- Other formal process

The results of the Risk Assessment procedure must be documented and the records reviewed and approved by the organization's Safety Committee. All Risk Assessments must be available for review during a survey. Only the following building systems are required to be evaluated for categories in a Risk Assessment:

- Gas & Vacuum Systems
- Electrical Systems
- HVAC Systems
- Electrical Equipment
- Gas Equipment

Enter on Line 27, the Category designation for each of the above listed building systems based on the organization's documented Risk Assessment.

Line 28

Line 28 is the place to enter any other information that you believe is pertinent to the overall compliance with the Life Safety Code at this facility. Also, this can be used to explain answers to other questions, if needed.



Date: _____

Facility Demographic Report

- 1). Name of Organization: _____
- 2). Name of the Healthcare Facility: _____
- 3). Address: _____
- 4). City: _____ 5). State: _____ 6). Zip: _____
- 7). HFAP Facility ID Number: _____
- 8). Contact Person: _____ 9). Title: _____
- 10). Telephone Number: _____ 11). Email: _____
- 12). Number of licensed beds: _____
- 13). Total square footage of all occupancies in this facility: _____
- Healthcare Occupancy: _____
- Ambulatory Care Occupancy: _____
- Business/Other Occupancy: _____
- 14). Identify the Construction Type(s) used in this facility. Select from the list below: _____

Type I (442)	Type I (332)	Type II (222)	Type II (111)	Type II (000)
Type III (211)	Type III (200)	Type IV (2HH)	Type V (111)	Type V (000)

15). Is there more than one Construction Type in this facility? Yes No

If YES, are the different Construction Types separated by fire rated barriers? Yes No

If YES, identify the different types and their locations: _____

16). Is there more than one type of occupancy in this facility? Yes No

If YES, are the different occupancies separated by fire rated barriers? Yes No

If YES, identify the different types and the locations: _____

17). Total number of occupied stories: _____ Number of occupied stories below the level of exit discharge: _____

18). Total number of exit stairwells that do not discharge directly to the outdoors: _____

19). Date of original construction of this facility: _____ Date of subsequent additions to this facility: _____

20). Is the entire facility protected with automatic sprinklers? Yes No

If NO, what areas are not protected with automatic sprinklers? _____

List all areas, if any that are protected with Quick Response automatic sprinklers: _____

Is the facility equipped with a fire pump? Yes No If YES, what year was the fire pump installed or replaced? _____

21). What level of smoke detection does this facility have? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> In corridors | <input type="checkbox"/> Elevator lobbies |
| <input type="checkbox"/> In sleeping rooms | <input type="checkbox"/> Fire alarm control panels |
| <input type="checkbox"/> Near doors held open by magnets | <input type="checkbox"/> Areas open to the corridor |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ |

22). Emergency power generator fueled by (Must choose one):

- Diesel
- Natural gas
- Other
- None

23). Facility has linen and/or trash chutes (Must choose one):

- Yes YES, but not in operation No

24). Identify below the location(s) in the facility where doors in the path of egress are locked or None:

Clinical Needs Locks: _____

Delayed Egress Locks: _____

Access-Control Locks: _____

Elevator Lobby Locks: _____

Specialized Protective Measure Locks: _____

25). Who has been designated by leadership to be responsible for the completion of the Facility Demographic Report (FDR) form?

Name: _____

Title: _____

Organization: _____

Contact Information: Telephone: _____ Email: _____

What skills and knowledge does this person possess that qualifies them to complete the FDR? _____

26). Does the facility have any approved equivalencies or any approved waivers concerning any Life Safety Code deficiencies? Yes No

If YES, identify what the equivalency and/or waiver is for, and the location where it applies: _____

27). Based on a documented Risk Assessment conducted by the organization, please identify which NFPA 99-2012 Building System Category has been determined for the respective building services:

Gas & Vacuum Systems: Category 1 Category 2 Category 3 Category 4

Electrical Systems: Category 1 Category 2 Category 3 Category 4

HVAC Systems: Category 1 Category 2 Category 3 Category 4

Electrical Equipment: Category 1 Category 2 Category 3 Category 4

Gas Equipment: Category 1 Category 2 Category 3 Category 4

28). Please include any other information that is relevant and pertinent to the Physical Environment: _____
