



FACILITY MANAGEMENT DEFICIENCIES IN CRITICAL ACCESS HOSPITALS (CAH)

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FREQUENT PHYSICAL ENVIRONMENT FINDINGS



HFAP Physical Environment Findings

Frequent Physical Environment Findings

- Absence of PE policies and no review/update in 36 months
- Hazardous Materials lists & training
- Eyewash stations issues
- Lack of knowledge of Fire Response Plan by staff
- No inventory of utility system components
- Improper pressure relationships



HFAP Physical Environment Findings

03.00.02 - Absence of PE policies and no review/update in 36 months.

1. Building Safety
2. Building Security
3. Hazardous Materials & Waste
4. Fire Safety Control
5. Medical Equipment Management
6. Utility Systems Management



HFAP Physical Environment Findings

03.00.02 - Required Management Plans

1. Building Safety
2. Building Security

The organization has to have policies that identifies and outlines the means to mitigate risks to patients, visitors, and staff. (Locked electrical panels or access to PHI.)



Physical Environment Findings

03.03.01 - Hazardous Materials & Waste Program

- The organization must have a system to identify, handle, process, and dispose of hazardous materials and waste
- Each service area of the hospital must have their own list of hazardous materials used/created in their area.



HFAP Physical Environment Findings

03.03.04 - Hazardous Materials & Waste Program

Be sure staff can answer questions about how to access Safety Data Sheets (SDS).

Be sure that a means to access this data when no live power source is available (battery powered laptop fully charged).



HFAP Physical Environment Findings

03.01.10 - Eyewash Stations & Emergency Showers

When there is a need for eyewash stations, they must comply with ANSI Z358.1-2014.

All eyewash stations and emergency showers must be flow-tested weekly (long enough to flow any stagnant water from the supply pipe), and inspected annually.



HFAP Physical Environment Findings

03.01.10 - Eyewash Stations & Emergency Showers

When you have caustic/corrosive materials and there is no eyewash station, the organization needs a risk assessment regarding the need for an eyewash station to adequately prove an eyewash station is not required.

Safety Data Sheets will specify if an eye wash station is required, by the listed emergency treatment of flushing the eyes with water for 15 minutes. HFAP and CMS do not specify the location for eye wash stations related to need.



HFAP Physical Environment Findings

03.04.01 - Written Fire Control Plans

The hospital must have written fire control plans that contains provisions for:

- Prompt reporting of fires
- Extinguishing fires
- Protection for patients, staff and visitors
- Evacuation
- Cooperation with fire-fighting authorities



HFAP Physical Environment Findings

Fire Response – Staff Training

Staff must be trained on the proper procedure to follow regarding fire situations;
Where are the fire barriers?

Staff includes employees, contract-workers, volunteers, students, physicians, and chaplains.



HFAP Physical Environment Findings

03.06.10 - Plant Equipment Inventory

The hospital must have a written inventory of all plant equipment available for use.

“All” means “all”... every piece of plant equipment must be on the inventory. Check areas for independent HVAC units to ensure accuracy.

NOTE: Often overlooked are portable fans, portable utility pumps, approved space heater, etc.



HFAP Physical Environment Findings

03.07.03 - Ventilation, Light & Temp. Control

The hospital must have proper ventilation in appropriate areas.

Temp. & humidity tracking logs are not mandatory, but documentation that clearly indicates tracking of compliance by recorded data, especially in critical areas (anesthesia), will be reviewed by surveyors.

Check the facility policy for determined testing intervals and verify documentation is per policy and contains data as well as a pass/fail.



FREQUENT LIFE SAFETY FINDINGS



HFAP Life Safety Findings

Frequent Life Safety Findings

- Fire Alarm – Install & Test
- Fire Sprinkler - Install & Test
- Medical Gas Systems
- Generators
- Utility Systems
- Door Locks
- Facility Demographic Report (FDR)
- Suites
- Signage
- Fire-Rated Barriers & Ceilings
- Life Safety Drawings

HFAP Life Safety Findings

14.02.01 - Fire Alarm System - Installation

- Smoke detectors mounted too close to air diffusers
- Must be a minimum of 36 inches from supply and return air diffusers
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HFAP Life Safety Findings

14.02.01 - Fire Alarm System -Installation

- Smoke detectors are mounted more than 12 inches below the deck/ceiling



HFAP Life Safety Findings

14.02.02 - Fire Alarm System - Testing

- Not all devices tested (Interface relays; Devices not available)

Interface relays connect the fire alarm system to other systems, such as kitchen hood suppression systems, smoke dampers, magnetic locks, etc.





HFAP Life Safety Findings

14.02.02 - Fire Alarm System - Testing

- No device inventory identifying 'Pass' or 'Fail' decision

NOTE!! Every individual device connected to the fire alarm system must be accounted for in a documented list (i.e. inventory), with a "Pass" or "Fail" decision.



HFAP Life Safety Findings

14.02.02 - Fire Alarm System - Testing

- Report not signed by technician (Every test report must be signed by the technician performing the service)
- Report does not reference correct standard and edition (NFPA 72, 2010 edition)
- NOTE!! Verify all reports against standard 14.00.07 for the required eight (8) elements of reports.



HFAP Life Safety Findings

14.03.02 - Sprinklers – Install. & Maintenance

- Ceiling mounted objects are mounted too close to sprinkler heads.
- Hospital policy regarding 18” rule not followed
- Dust and dirt on heads (checked annually?)



HFAP Life Safety Findings

Chapter 14 - Sprinklers – Test & Inspection

- No annual inspection for sprinklers and pipe/hangers (visible from the floor)
- Many issues with valves & gauges:
 - ✦ Failing to inspect control valves on a monthly basis
 - ✦ Failing to exercise control valves on an annual basis
 - ✦ Failing to inspect pressure gauges on a monthly basis
 - ✦ Failing to internally inspect the check valves on a 5-year basis
 - ✦ Failing to replace or calibrate pressure gauges on a 5-year basis



HFAP Life Safety Findings

14.03.02 - Sprinklers – Test & Inspection

- Failing replace dry sprinkler heads on a 10-year basis
- Failing to test or replace quick response sprinklers on a 20-year basis
- Failing to test or replace standard response heads on a 50-year basis.



HFAP Life Safety Findings

14.05.10 - Medical Gas Systems

- Having a policy and then failing to test and inspect according to their policy.
- Failure to make repairs recommended by their testing vendor.

HFAP Life Safety Findings

14.05.08 - Medical Gas Shutoff Valves

- access to them is obstructed
- labels on gas valves do not match the rooms they control





HFAP Life Safety Findings

14.05.04 - Generator Inspection

- Electrolyte levels (specific gravity) on batteries not being recorded during weekly generator inspection.
- NFPA 110-2010, section 8.3.7.1 requires weekly recorded of the battery electrolyte levels (i.e. specific gravity) or electrical conductance testing (sealed lead acid batteries)
- Run times for testing and cool down not recorded

HFAP Life Safety Findings

14.05.09 - Utility Systems

- Junction boxes located above the ceiling do not have cover plates installed
- Access to electrical panels is obstructed
 - ✦ A minimum of 36 inches of clearance is required [NFPA 70-2011 ,110.26]





HFAP Life Safety Findings

14.01.02 - Door Locks

- Doors in the path of egress are locked, and do not comply with the Life Safety Code

NOTE: This will likely lead to a Condition Level Finding. Non-compliant locked EXIT doors may lead to an Immediate Jeopardy decision.

HFAP Life Safety Findings

14.01.02 - Door Locks

Delayed egress locks on doors in buildings that are not fully protected with sprinklers or smoke detectors, as per 7.2.1.6.1 of the 2000 LSC.





HFAP Life Safety Findings

14.00.05 - Facility Demographic Report (FDR)

- Not completed properly (unanswered questions)
- Every question must be answered on the FDR.
- Construction type not listed in NFPA 220 nomenclature

| | | | | |
|----------------|----------------|---------------|---------------|---------------|
| Type I (443) | 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) |



HFAP Life Safety Findings

14.01.04 - Means of Egress – Suites

- Not enough exits (100'-0" max. travel distance to the exit access corridor)
- Suite barrier walls do not meet corridor requirements
- All suite perimeter doors do not positively latch



HFAP Life Safety Findings

14.01.04 - Means of Egress – Suites

‘Exit’ signs directing the means of egress from the exit access corridor into and through the suite to get to an exit.

**THIS IS NOT A COMPLIANT
MEANS OF EGRESS.**



HFAP Life Safety Findings

14.01.04 - Means of Egress – Suites

Square footage is larger than allowed by code:

Patient Sleeping maximums–

- 5,000 SF in non-sprinklered
- 7,500 SF in sprinklered smoke compartments
- 10,000 SF in QR sprinklered smoke compartments with direct supervision

Non-sleeping suites limited to 10,000 SF

HFAP Life Safety Findings

14.01.05 - Signage

- 'Exit' signs not installed where the path of egress is not readily apparent



HFAP Life Safety Findings

14.01.05 - Signage

- 'No Exit' signs not installed where a door may be confused as an exit ('Not An Exit' not acceptable)



HFAP Life Safety Findings

14.01.05 - Signage

- 'No Exit' signs must say "No Exit" with the word "No" 2 inches tall, and the word "Exit" 1 inch tall



HFAP Life Safety Findings

14.04.01 - Fire Rated Barriers

- Unsealed penetrations and improper patching
- Top of fire rated walls do not go to the deck above.



HFAP Life Safety Findings

14.04.07 - Ceilings

- Holes and gaps in ceiling larger than 1/8 inch

Ceilings that have smoke detectors, heat detectors, or sprinkler heads, must have a monolithic seal to trap all heat and smoke. Any holes or gaps greater than 1/8 inch will impair these devices.





HFAP Life Safety Findings

14.06.04 - Life Safety Drawings

- Drawings do not include all of the required features
 - ✦ Rated walls
 - ✦ Smoke compartments
 - ✦ Travel distances
 - ✦ Boundaries & travel distances for Suites of Rooms
 - ✦ Exits (Exit Stairwells, Horizontal Exits, Exit Discharge)
 - ✦ Hazardous rooms
 - ✦ Smoke partitions
- Background plans do not accurately reflect as-built conditions

HFAP Life Safety Findings

14.04.07 - Fire Rated Door Assemblies

- Fire-rated label covered or missing (i.e. painted)
- Door not fire rated

If the Life Safety drawings identify the wall is a fire rated wall, then the door must be appropriately listed as a fire rated door. Surveyors will go by what the LS drawings say.





HFAP Life Safety - Reminders

14.01.01 - Doors

- Corridor doors must latch & open to 90 degrees
 - ✦ Staff must be trained not to impede the ability of the door to latch.

14.04.5 - Construction Type

- The wrong type for the number of stories and sprinkler coverage of the building
- Sections of the structural steel have no fire-proofing.



THANK YOU

Questions?

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