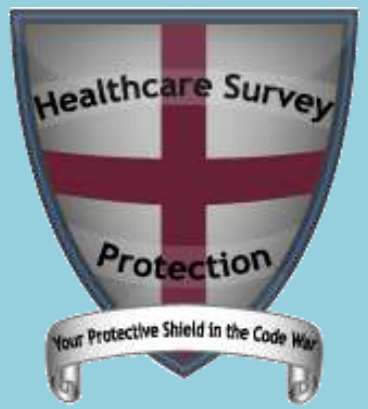
December 14, 2017
"Lunch & Learn" Webinar

TOP 10 CITES

By CMS and the Joint Commission

Presented by:
Bill Lauzon
Heather Werner



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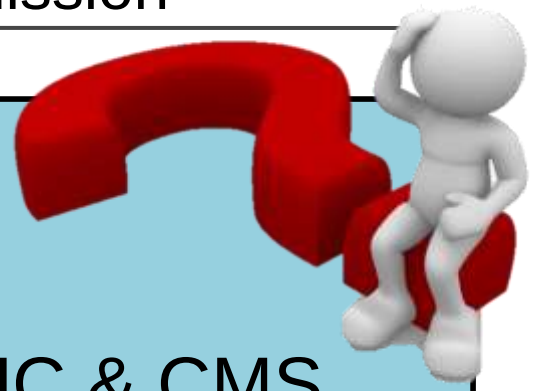


AGENDA

1. **Scoring Systems**
2. Overview: TOP 10 CITES of TJC & CMS
3. One-on-One Detail & HOW TO PREVENT

WHAT IS A CITATION?

- A breach of contract
- As judged by your AHJ

WHAT "Ruler" does the AHJ use?

- The requirements of the contract

The Joint Commission

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accreditation Standards

- **Management**
- **Health**
- **Facility**

Compliance Standards

- **Management**
- **Health**
- **Facility**

- Life Safety Code-2012
- Check lists developed by the AHJ
- His/Her Own Interpretations

SCORING SYSTEMS

CENTER for MEDICARE & MEDICAID SERVICES

Compliance Standards

MANAGEMENT
- A-Tags (hospital)
- C-Tags (CAH)
- F-Tags (LTC)

HEALTH
- A-Tags (hospital)
- C-Tags (CAH)
- F-Tags (LTC)

FACILITY
- K-Tags

NEW K-TAGS

K-100 – Building (LSC 18/19.1)
K-200 – Means of Egress (LSC 18/19.2)
K-300 – Protection (LSC 18/19.3)
K-400 - Special Provisions (LSC 18/19.4)
K-500 – Building Services (LSC 18/19.5)
K-700 – Operations (LSC 18/19.7)

K-900 – Risk Assessment, Med Gas, Electrical, HVAC (NFPA 99)

SCORING SYSTEMS

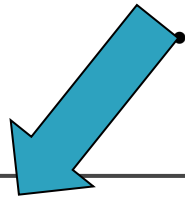
THE JOINT COMMISSION

Accreditation Standards

MANAGEMENT
- Human Relations
- Leadership
- Emergency
- Many more

HEALTH
- Infection Control
- Surgery
- Therapies
- Many more

FACILITY
- Envir.of Care
- Life Safety



ENVIRONMENT OF CARE STANDARDS

EOC Plans	EC.01.01.01
Safety & Security Stds	EC.02.01 series (.01, .03, .05)
Haz Mat Stds	EC.02.02.01
Fire Safety Stds	EC.02.03 series (.03, .05)
Med Equip Stds	EC.02.04 series (.01, .03, .05)
Utility Stds	EC.02.05 series (.01, .03, .05, .07, .09)
Other Envir Stds	EC.02.06 series (.01, .03, .05)
Staff Competence Stds	EC.03.01.01
Monitor & Improve Stds	EC.04.01 series (.01, .03, .05)

SCORING SYSTEMS

THE JOINT COMMISSION

Accreditation Standards

MANAGEMENT
- Human Relations
- Leadership
- Emergency
- Many more

HEALTH
- Infection Control
- Surgery
- Therapies
- Many more

FACILITY
- Envir.of Care
- Life Safety

LIFE SAFETY STANDARDS

Statement of Condition LS.01.01.01
ILSM LS.01.02.01

HEALTHCARE OCCUPANCIES

Gen Building Req	LS.02.01.10
Means of Egress Req	LS.02.01.20
Protection Req	LS.02.01.30
Special Prov. Req	LS.02.01.40
Building Service Req	LS.02.01.50
Operating Features Req	LS.02.01.70

AMBULATORY OCCUPANCIES

AHC Requirements LS.03.01 series

RESIDENTIAL OCCUPANCIES

Lodging & Rooming LS.04.01 series
Hotels & Dorms LS.04.02 series

SCORING SYSTEMS

Difficult to compare TJC & CMS Cites because they have **different scoring methods**

THE JOINT COMMISSION

- Standards cover more than NFPA
- Delves into management actions
- Tags for minority of LSC requirements
- One “others not listed” per section

CMS

- Standards limited to specific NFPA
- Requires specific policies/plans
- Tags for majority of LSC requirements
- One “others not listed” per section

CAN’T USE EITHER METHOD TO SATISFY THE OTHER
(Follow the most restrictive)

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TOP 10 CITES

AGENDA

1. Scoring Systems
2. **Overview: TOP 10 CITES - TJC & CMS**

TOP 10 FACILITY CITES

THE JOINT COMMISSION	CMS (WIS DQA)
#1-LS.02.01.35–Fire Suppression Sys	#1-K353-Sprinkler Testing #12-K351-Sprinkler Install
#2-LS.02.01.30–Protect Bldg. from Fire	#3-K321-Haz Areas #5-K362/3-Corridor Walls & Doors #8-K372-Smoke Barriers
#3-EC.02.05.01–Utility Sys Risk Mgmt.	(not surveyed)
#4-EC.02.06.01–Safe & Functional Envier.	#7-K341-Fire Alarm Install
#5-LS.02.01.10–Gen Bldg. & Fire Protect.	#34-K161-Construction Type
#6-EC.02.02.01–Hazardous Mtl. Mgmt.	(not surveyed)
#7-LS.02.01.20–Means of Egress	#11-K211-Means of Egress
#8-EC.02.05.05–Utility System Inspect.	#1-K353-Sprinkler Testing #6-K511-Gas & Elec Utilities
#9-EC.02.03.03–Fire Drills	#2-K712 – Fire Drills
(Not in top JC 10)	#4-K345-Fire Alarm Testing #9-K324-Cooking Facilities #10-K355-Fire Extinguishers

← HOSPITALS →

NURSING HOMES

THE JOINT COMMISSION	CMS (WIS DQA)
#1-LS.02.01.35–Fire Suppression Sys	#1-K353-Sprinkler Testing #12-K351-Sprinkler Install
#2-LS.02.01.30–Protect Bldg. from Fire	#3-K321-Haz Areas #5-K362/3-Corridor Walls & Doors #8-K372-Smoke Barriers
#3-EC.02.05.01–Utility Sys Risk Mgmt.	(not surveyed)
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#8-EC.02.05.05–Utility System Inspect.	#1-K353-Sprinkler Testing #6-K511-Gas & Elec Utilities
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TOP 10 CITES

AGENDA

1. Scoring Systems
2. Overview: TOP 10 CITES - TJC & CMS
3. **One-on-One DETAILS & HOW TO PREVENT**

#1

TJC #1-LS.02.01.35– Fire Suppression Sys

CMS #1-K353-Sprinkler Testing (NFPA 25)

CMS #12-K351-Sprinkler Install (NFPA 13)

(1) **EP 4 – Piping is not used to support any other item**

(NFPA 13-2010, 9.1.1.7 Sprinkler piping or hangers shall not be used to support non-system components)

(1) **EP 4 – Piping is not used to support any other item**
(NFPA 13-2010, 9.1.1.7 Sprinkler piping or hangers shall not be used to support non-system components)

#1

PRIMARY OFFENDERS:
- Cabling
- Electrical

3 POSSIBLE PREVENTION IDEAS:

1. Better inspection prior to ceiling closure
2. Implement a contractor training program
3. Ceiling permit program

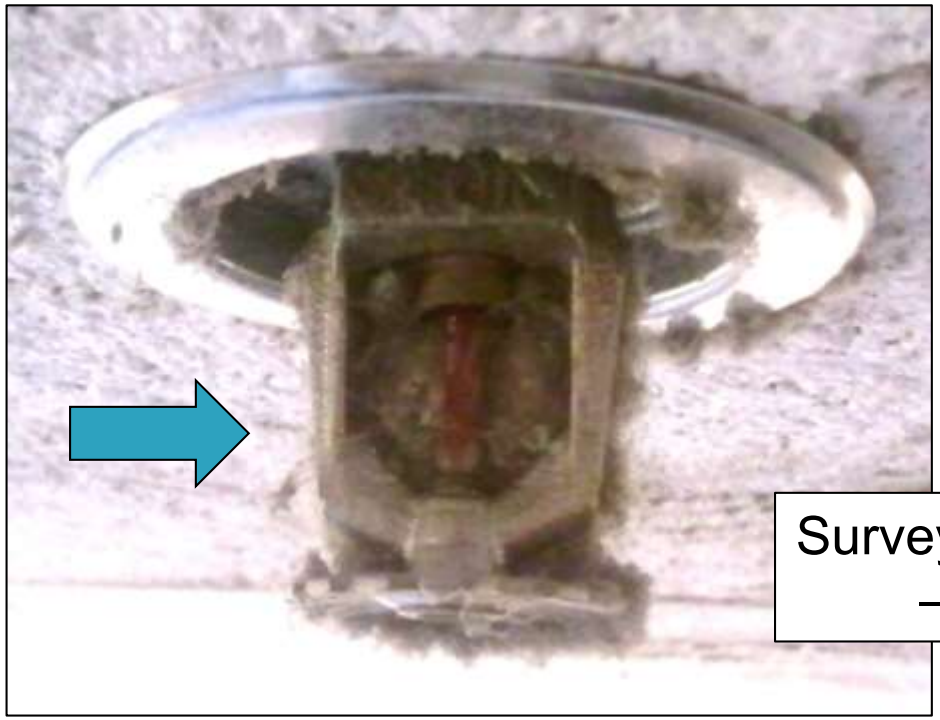
#1

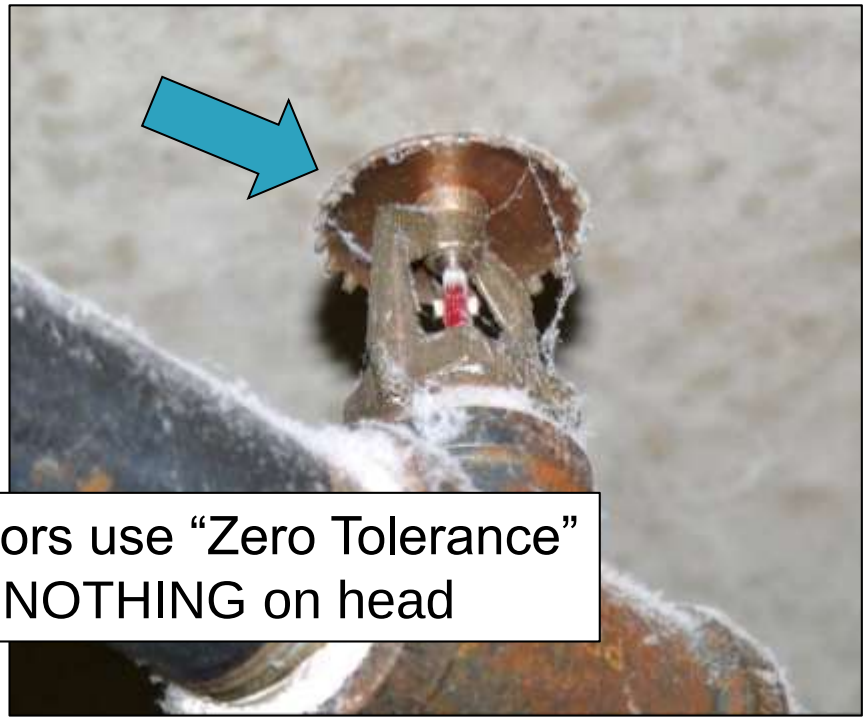
TJC #1-LS.02.01.35– Fire Suppression Sys

CMS #1-K353-Sprinkler Testing (NFPA 25)

CMS #12-K351-Sprinkler Install (NFPA 13)

(2) **EP 5** – Sprinklers are free of foreign materials, corrosion, paint, etc.; not damaged & have necessary escutcheon plates installed (NFPA 25-2011, 5.2.1.1.1)





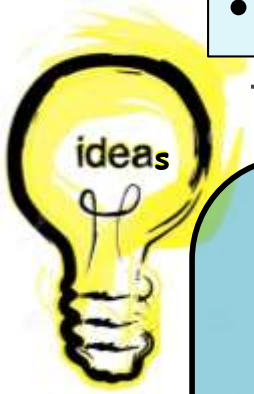
Surveyors use “Zero Tolerance” – NOTHING on head

(2) **EP 5** – Sprinklers are free of foreign materials, corrosion, paint, act; not damaged & have necessary escutcheon plates installed (NFPA 25-2011, 5.2.1.1.1)

#1

PRIMARY OFFENDERS:

- Heavy linen users
- Dish rooms
- Poor filtration
- High air flow



3 POSSIBLE PREVENTION IDEAS:

1. Better inspection prior to survey
2. Routine cleaning in high problem areas
3. Review filters & air flow practices

TJC #1-LS.02.01.35– Fire Suppression Sys

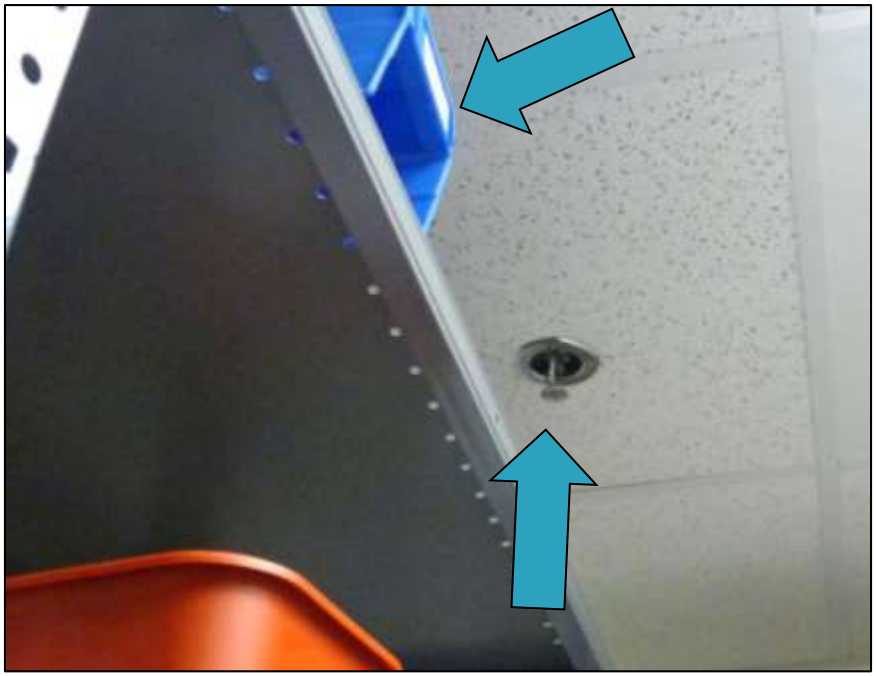
#1

CMS #1-K353-Sprinkler Testing (NFPA 25)

CMS #12-K351-Sprinkler Install (NFPA 13)

(3) **EP 6** – 18” or more of open space is maintained below the sprinkler deflector (NFPA 25-2011, 5.2.1.2 The minimum clearance required by the installation standard shall be maintained below all sprinkler deflectors.)

Not applicable at perimeter walls because it doesn’t block water flow; Unless ….



Head is located directly above shelf

(3) **EP 6** – 18” or more of open space is maintained below the sprinkler deflector (NFPA 25-2011, 5.2.1.2 The minimum clearance required by the installation standard shall be maintained below all sprinkler deflectors.)

#1

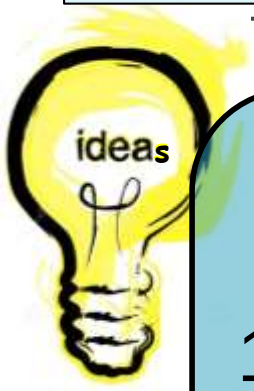
Clutter makes it more obvious

(3) **EP 6** – 18” or more of open space is maintained below the sprinkler deflector (NFPA 25-2011, 5.2.1.2 The minimum clearance required by the installation standard shall be maintained below all sprinkler deflectors.)

#1

PRIMARY OFFENDERS:

- Storage with center shelves
- Shelves with sprinklers directly overhead



3 POSSIBLE PREVENTION IDEAS:

1. Draw line on wall, 18” below deflector
2. Sign by line: “NO storage above this line
3. Sloped top shelf

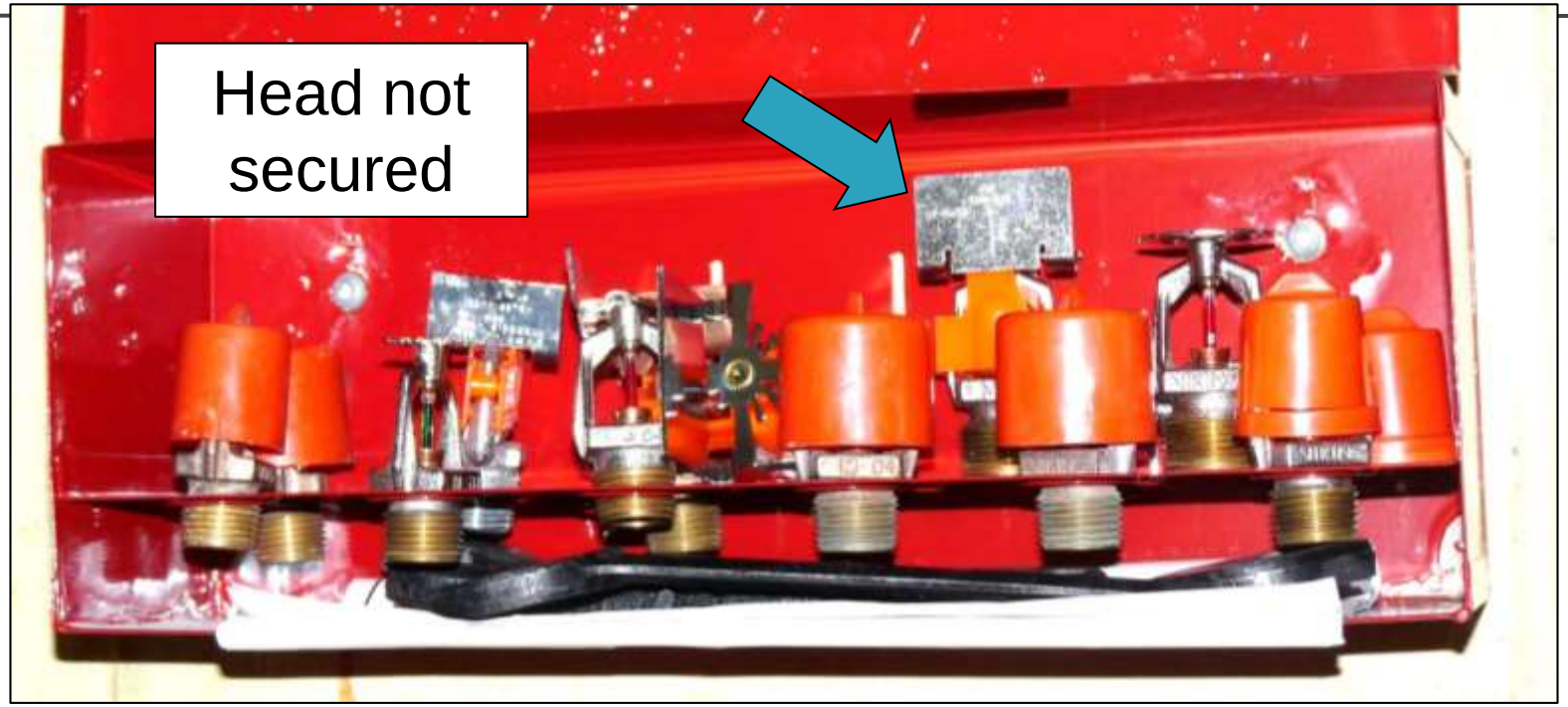
#1

TJC #1-LS.02.01.35– Fire Suppression Sys

CMS #1-K353-Sprinkler Testing (NFPA 25)

CMS #12-K351-Sprinkler Install (NFPA 13)

(4) **EP 7** – Spare inventory of heads is maintained (NFPA 25-2011, 5.2.1.4 The supply of spare sprinklers shall be inspected annually for (1) correct number & type of sprinklers; (2) sprinkler wrench for each type of head)



Spare Sprinklers

(4) **EP 7** – Spare inventory of heads is maintained (NFPA 25-2011, 5.2.1.4 The supply of spare sprinklers shall be inspected annually for (1) correct number & type of sprinklers; (2) sprinkler wrench for each type of head)

#1

(4) **EP 7** – Spare inventory of heads is maintained (NFPA 25-2011, 5.2.1.4 The supply of spare sprinklers shall be inspected annually for (1) correct number & type of sprinklers; (2) sprinkler wrench for each type of head)

#1

PRIMARY OFFENDERS:

- Older facilities with few sprinkler projects
- Facilities with > 1000 heads (250KSF)

2 POSSIBLE PREVENTION IDEAS:

1. Have sprinkler contractor review sprinkler types in bldg, look in spare cabinet & update as needed
2. Generate an inventory list

#1

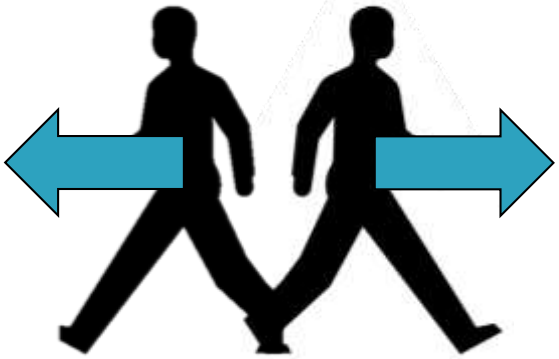
TJC #1-LS.02.01.35– Fire Suppression Sys

CMS #1-K353-Sprinkler Testing (NFPA 25)

CMS #12-K351-Sprinkler Install (NFPA 13)

(5) **EP 10** – Travel Distance to the nearest fire extinguisher is 75’ or less; extinguisher has appropriate signage; mounted at least 4” off the floor; mounted less than 5’ above the floor if 40 lb. or more (NFPA 10-2010, 6.2.1.1; 6.1.3.8.1)

Max 75’



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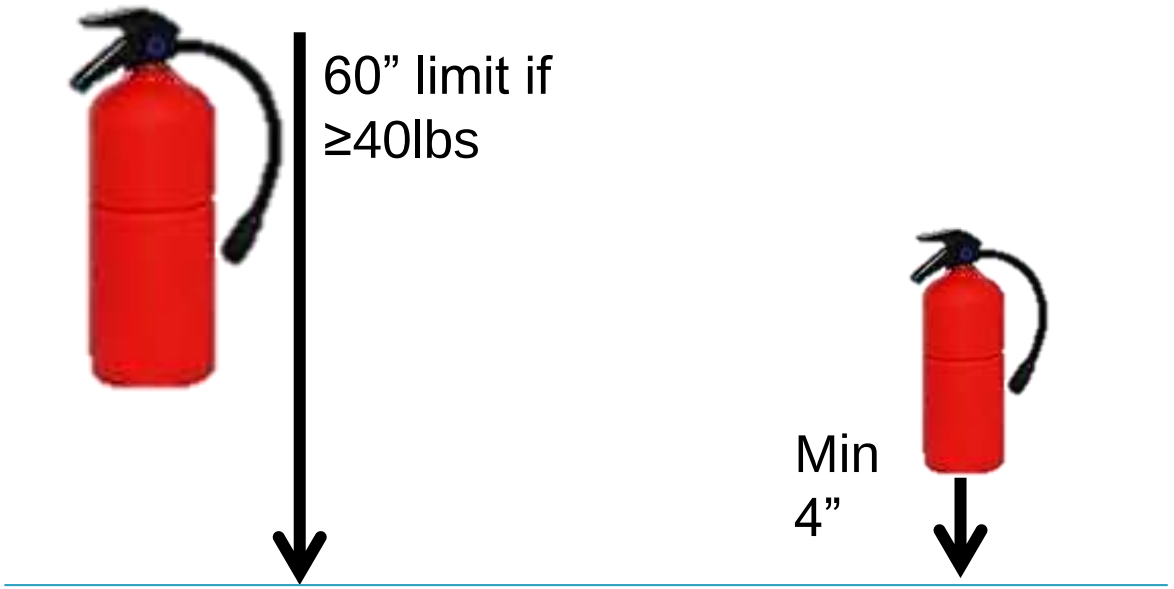
#1



(5) **EP 10** – Travel Distance to the nearest fire extinguisher is 75’ or less; extinguisher has appropriate signage; mounted at least 4” off the floor; mounted less than 5’ above the floor if 40 lb. or more (NFPA 10-2010, 6.2.1.1; 6.1.3.8.1)

#1

PRIMARY OFFENDERS:

- CO_2 Extinguishers
- Extinguishers on floor

2 POSSIBLE PREVENTION IDEAS:

1. At next extinguisher check have inspector document (1) sign, (2) height handle is above floor, (3) height bottom is above floor
2. Mark location on a floor plan; Evaluate floor plan for travel distance

#1

TJC #1-LS.02.01.35– Fire Suppression Sys

CMS #1-K353-Sprinkler Testing (NFPA 25)

CMS #12-K351-Sprinkler Install (NFPA 13)

(6)

EP 14 – Meets ALL other suppression requirements: (NFPA 25-2011)

- Ceiling tiles in place
- Blocked extinguisher access
- Blocked sprinkler spray pattern
- Std and QR sprinklers mixed

(6)

EP 14 – Meets ALL other suppression requirements:

#1

Ceiling tiles in place
Blocked extinguisher access
Blocked sprinkler spray pattern
Std and QR sprinklers mixed

PRIMARY OFFENDERS:

- Cable work & fast-track equip installs
- Kitchen, Storage

3 POSSIBLE PREVENTION IDEAS:

1. Review ceilings after all install work
2. Monthly ceiling inspection
3. Monthly extinguisher must use zero tolerance

(6) **EP 14** – Meets ALL other suppression requirements:

#1

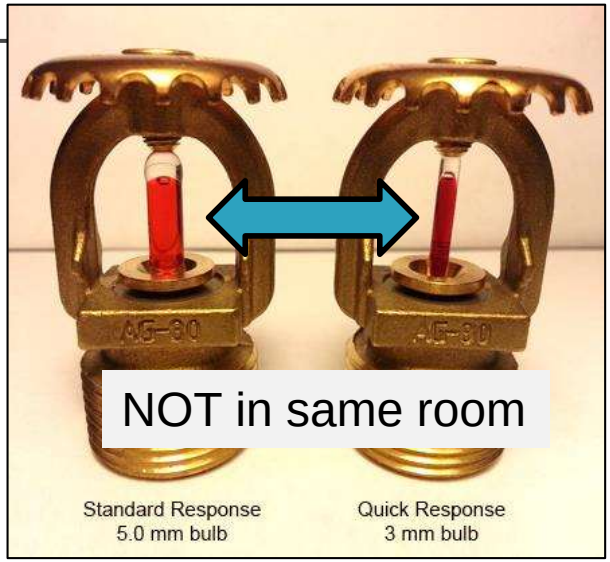
Ceiling tiles in place

Blocked extinguisher access

Blocked sprinkler spray pattern

Std and QR sprinklers mixed

(NFPA 25-2011)



(6) **EP 14** – Meets ALL other suppression requirements:

#1

Ceiling tiles in place
Blocked extinguisher access
Blocked sprinkler spray pattern
Std and QR sprinklers mixed

PRIMARY OFFENDERS:

- Non-rectangular rooms, columns, soffits
- Remodel without proper sprinkler design

3 POSSIBLE PREVENTION IDEAS:

1. Evaluate head placement for water distribution
2. Actively look up to determine if QR vs Std
3. Train specific staff to make focused inspections

(6) **EP 14** – Meets ALL other suppression requirements:

Ceiling tiles in place
Blocked extinguisher access
Blocked sprinkler spray pattern
Std and QR sprinklers mixed

#1

v4

6 STEP 'FOCUSED' INSPECTION CHECKLIST

STEP	AREA			THINGS TO CHECK
1	CEILINGS &	1.0	❑	Sprinkler Locations (max 7.5' to wall, 6'-15' apart, 12"/22" down)
				Sprinkler Lint (none)
				Hanging Objects (nothing on sprinklers or pipes or obstruct flow)
				Smoke Detector Locations (max 15' to wall; 30' apart, 12" down)
				Holes/Gaps in Ceiling Grid & Penetrations (max 1/16" gaps) (Egg Crates)
				Washable Ceiling Tiles in Patient Care Areas
				Ceiling Height (Min 7'0"new; 6'8" existing)
				Egress Obstructions (nothing within 4'/8' corridor path)
				Firepoofing on Beams & Columns

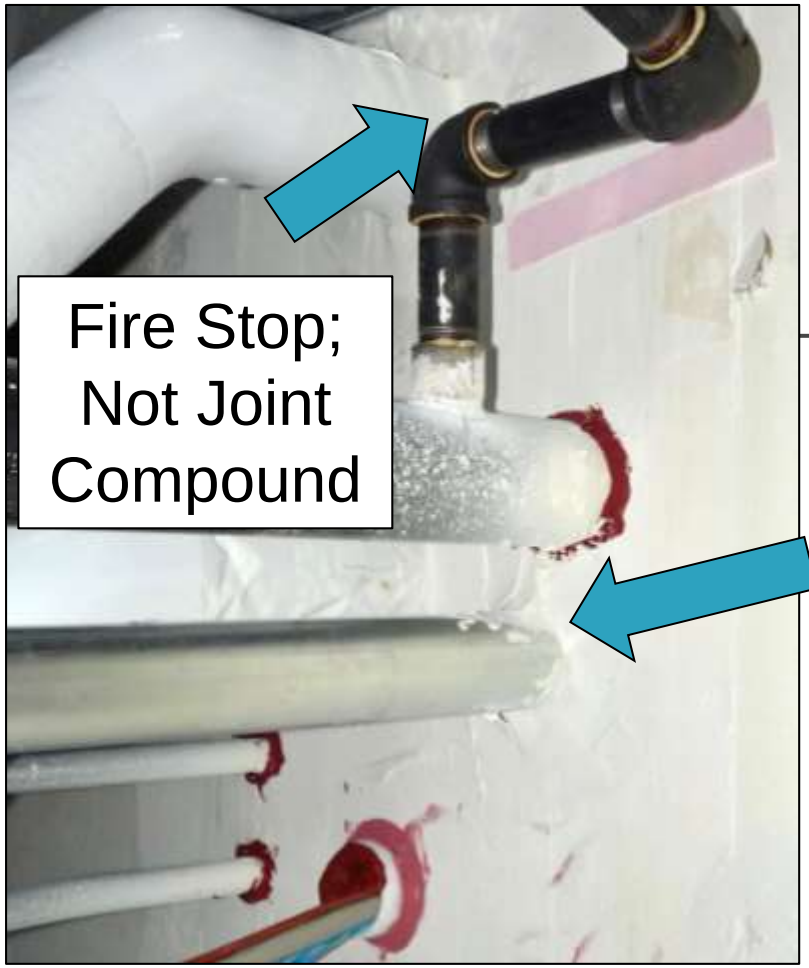
#2

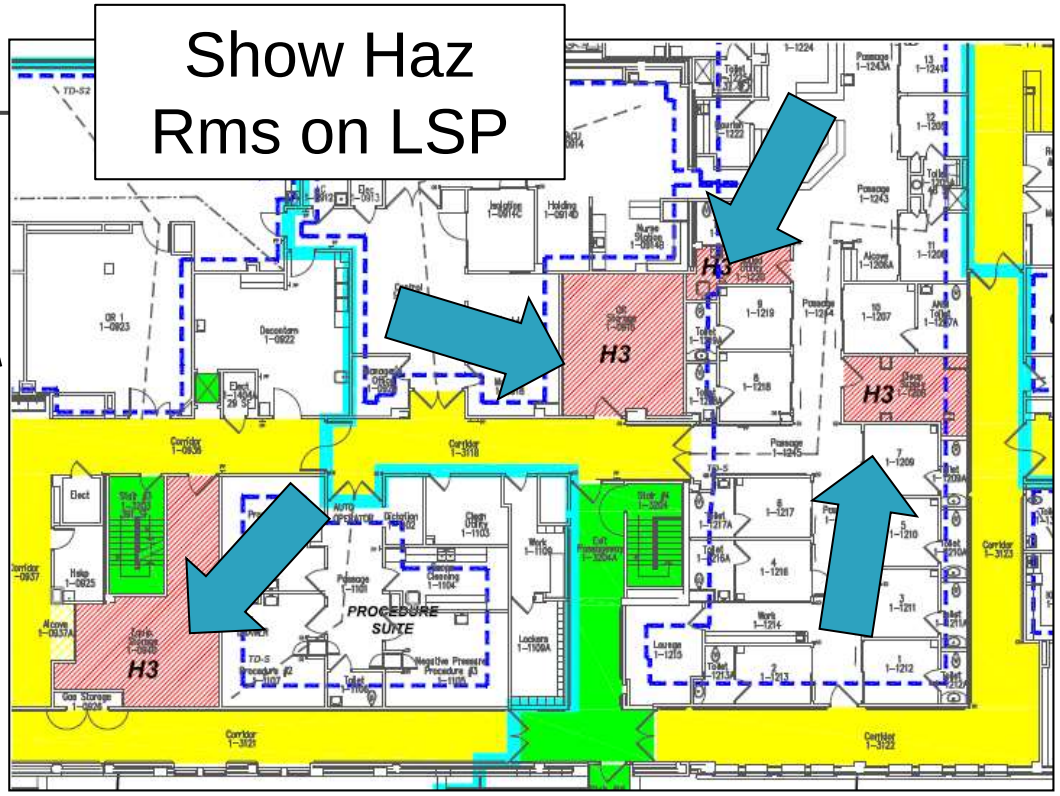
TJC #2-LS.02.01.30 – Protect Bldg from Fire
CMS #3-K321-Haz Areas
CMS #5-K362/3-Corridor Walls/Doors
CMS #8-K372-Smoke Barriers

(1) **EP2 & 3** – Haz Areas – Doors positively latch & self-close; Wall penetrations are sealed; (LSC 18/19.3.2.1)
Identify on Life Safety Plans (per LS.01.01.01, EP3)

(1) **EP2 & 3** – Haz Areas – Doors positively latch & self-close;
Wall penetrations are sealed; (LSC 18/19.3.2.1)
Identify on Life Safety Plans (per LS.01.01.01, EP3)

#2





(1) **EP2 & 3** – Haz Areas – Doors positively latch & self-close;
Wall penetrations are sealed;
Identify on Life Safety Plans (per LS.01.01.01, EP3)

#2

PRIMARY OFFENDERS:

- Lack of above ceiling construction inspection
- Use of B&W Life Safety Plan

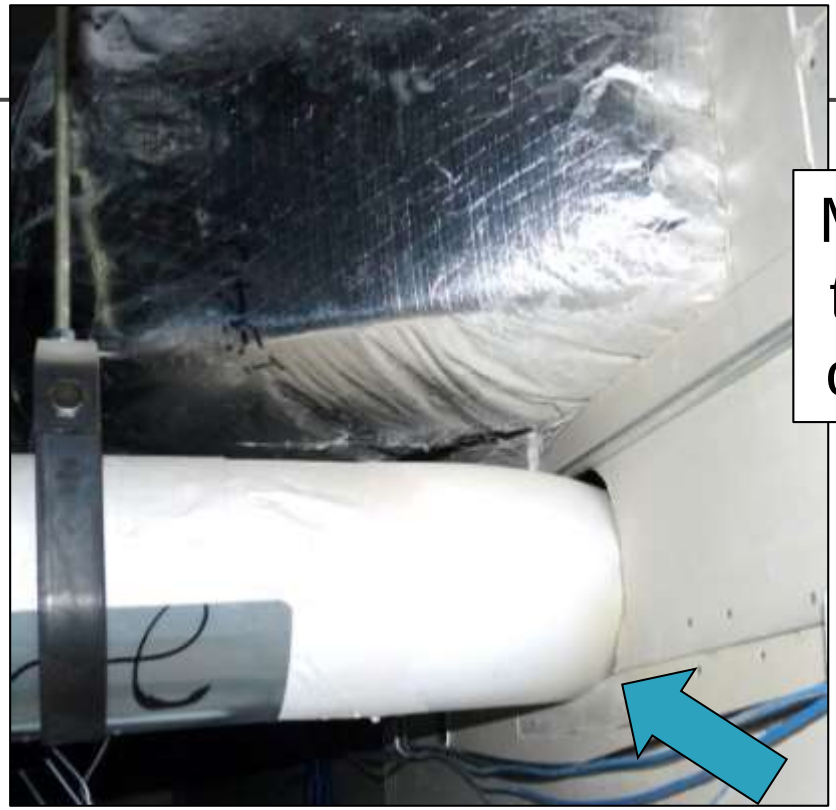
3 POSSIBLE PREVENTION IDEAS:

1. Perform your own inspections above-ceiling
2. Perform annual haz room inspection
3. Color all Hazardous rooms on your LSP to make them stand-out

#2

TJC #2-LS.02.01.30 – Protect Bldg from Fire
CMS #3-K321-Haz Areas
CMS #5-K362/3-Corridor Walls/Doors
CMS #8-K372-Smoke Barriers

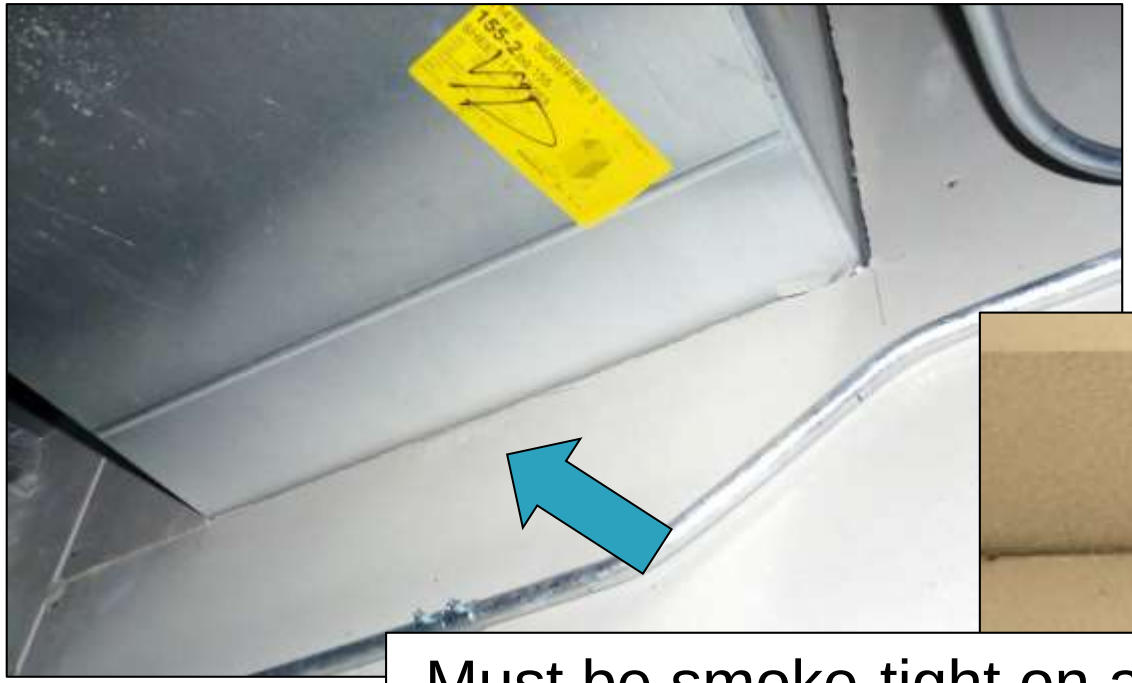
(2) EP 10 – Corridor Wall penetrations (LSC 18/19.3.6.2)

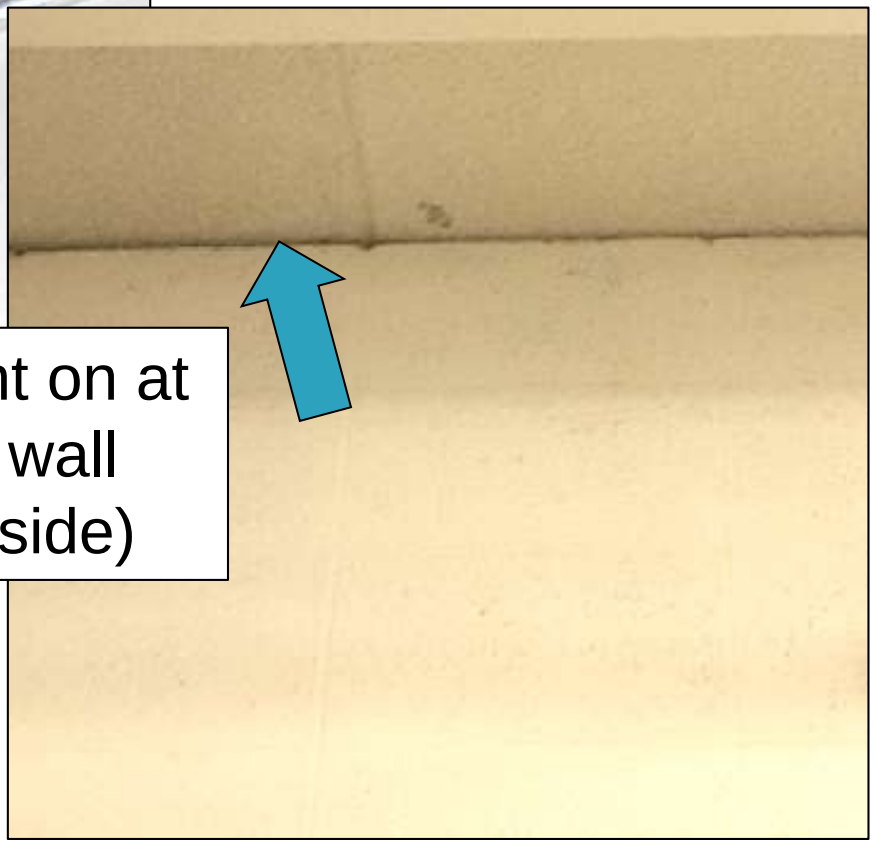


Must be smoke-tight on at least one side of wall

(2) **EP 10** – Corridor Wall penetrations (LSC 18/19.3.6.2)

#2





Must be smoke-tight on at least one side of wall
(Best on corridor side)

(2) EP 10 – Corridor Wall penetrations

#2

PRIMARY OFFENDERS:

- Lack of above ceiling construction inspection
- Use of B&W Life Safety Plan

3 POSSIBLE PREVENTION IDEAS:

1. Perform your own inspections above-ceiling
2. Perform annual corridor inspection
3. Color all corridors “yellow” on LSP to make them stand-out

#2

TJC #2-LS.02.01.30 – Protect Bldg from Fire
CMS #3-K321-Haz Areas
CMS #5-K362/3-Corridor Walls/Doors
CMS #8-K372-Smoke Barriers

(3) **EP 11** – Corridor doors latch (including suite perimeter); Roller latches prohibited (LSC 18/19.3.6.3)

Missing Latch

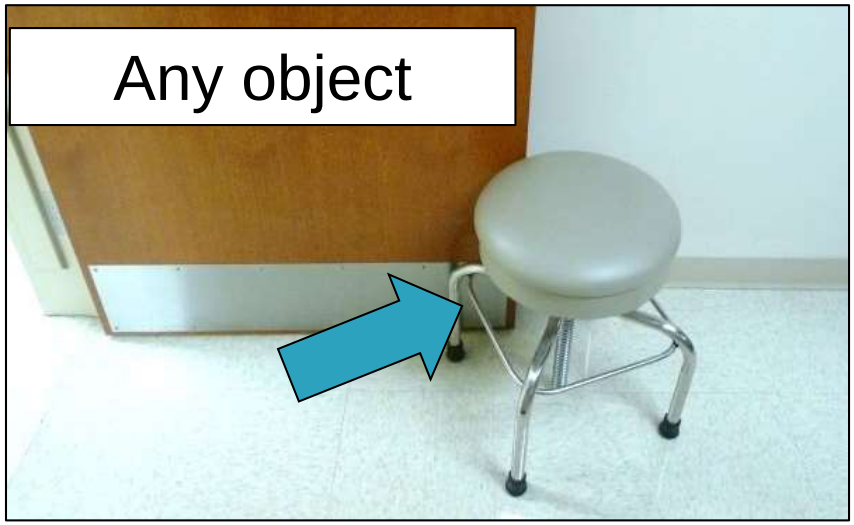
(3) **EP 11** – Corridor doors latch (including suite perimeter); Roller latches prohibited (LSC 18/19.3.6.3)

#2

Kick Stop

Non-Latching Window

Any object

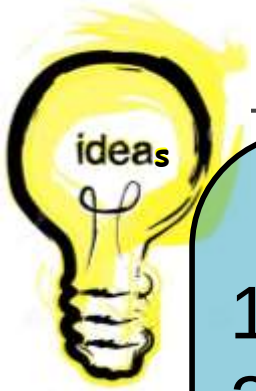


(3) **EP 11** – Corridor doors latch (including suite perimeter); Roller latches prohibited

#2

PRIMARY OFFENDERS:

- Staff taping latch or strike plate
- Staff holding/wedging door open



4 POSSIBLE PREVENTION IDEAS:

1. Perform periodic corridor door inspections
2. Train maintenance staff of what to look for
3. Remove unneeded closers on non-rated corridor doors
4. Check all vertical sliding windows for latching

#2

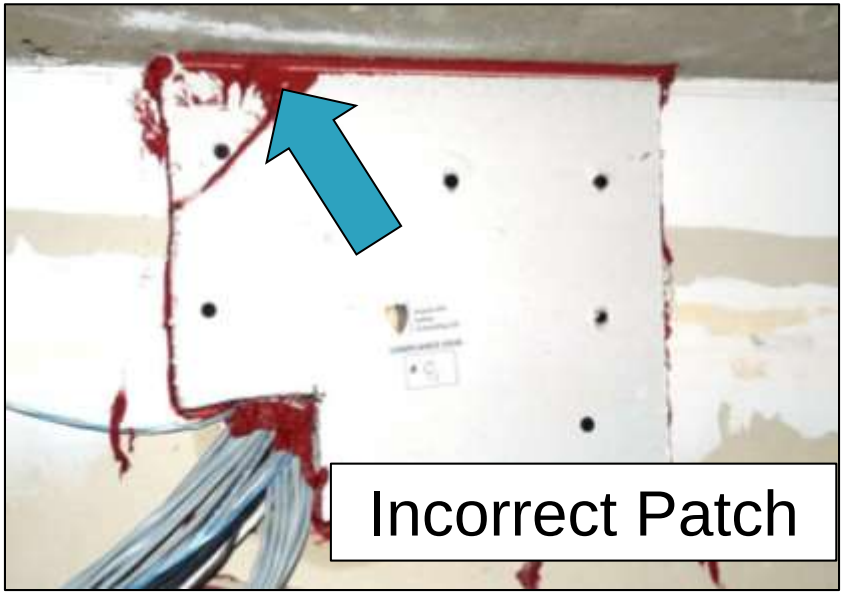
TJC #2-LS.02.01.30 – Protect Bldg from Fire

CMS #3-K321-Haz Areas

CMS #5-K362/3-Corridor Walls/Doors

CMS #8-K372-Smoke Barriers (LSC 18/19.3.7.6)

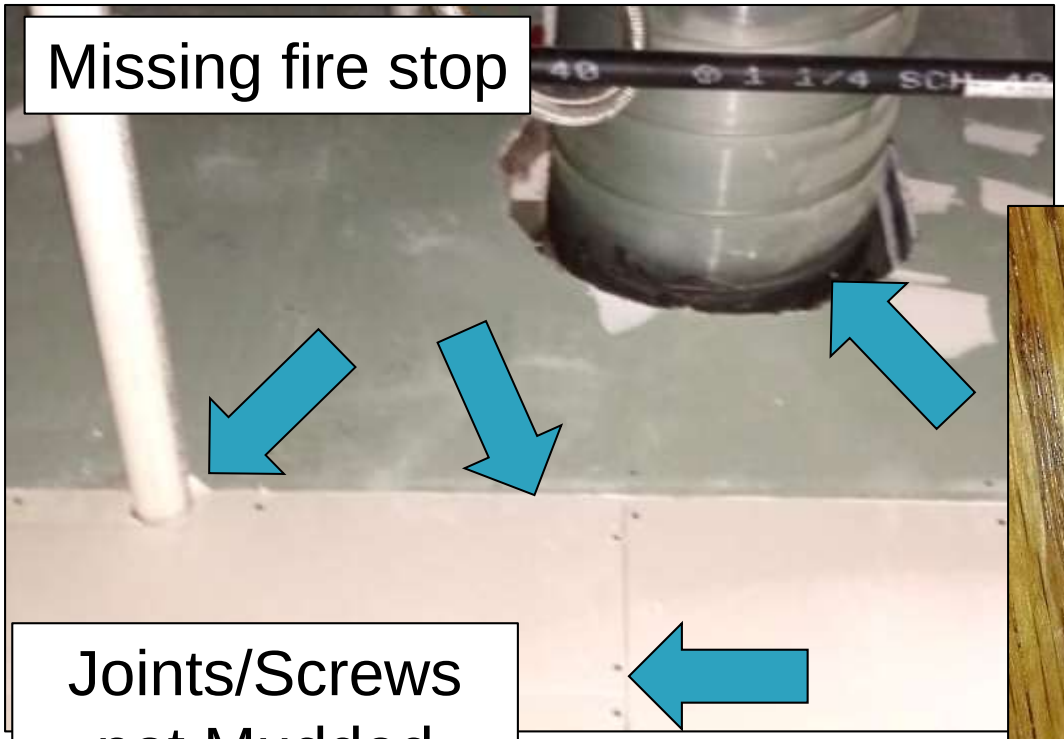
(4) **EP 18 & 19** – Smoke Barrier Wall Penetrations, Door gaps & undercut; (latching scored at LS.01.01.01, EP6); Obvious features of life safety are either maintained or removed



(4) **<u>EP 18 & 19</u>** – Smoke Barrier Wall <u>Penetrations</u>, <u>Door</u> gaps & undercut; (latching scored at LS.01.01.01, EP6); Obvious features of life safety are either maintained or removed

#2

(LSC 18/19.3.7.6)



(4) **EP 18 & 19** – Smoke Barrier Wall Penetrations, Door gaps & undercut; (latching scored at LS.01.01.01, EP6); Obvious features of life safety are either maintained or removed

#2

PRIMARY OFFENDERS:

- Questionable drywall patches
- Improper fire stopping

3 POSSIBLE PREVENTION IDEAS:

1. Perform your own above ceiling inspections during construction
2. Annual smoke barrier wall inspection
3. Annual smoke barrier door inspection

#3

TJC #3-EC.02.05.01 – Utility Sys Risk Mgmt CMS (not surveyed)

(1) **EP 2** – Must have a written utility inventory

Electrical Apparatus	Preventive Maintenance	PM Frequency: Weekly	Monthly	Annually	Every 2 Years	Every 3 Years	Change Only If Required
Battery Systems	Check Voltage		●				
	Check Voltage Alarm		●				
	Specific Gravity and Plates			●			
Emergency Transfer Schemes	Sta… Generators—run up	●					
	…e Transfer		●				
Main Circuit Breakers	Operational Check			●			
	Oil Inspection				●		
Main Substation Transformers	Temperature & Load Check		●				
	Oil Inspection				●		
Motors	Bearings						●
	Grease*						●
	Ventilation						●
Protection	Cleaned and Checked for Calibration					●	
	Kilowatt-hour Meters					●	
Substation High Voltage	Incoming Lines—Dirty Atmos			●			
					●		
Unit Substations			●				
			●				
			●				
				●			
	Oil Inspection—Transformers				●		

Incomplete Inventory

(1) **EP 2** – Must have a written utility inventory

#3

PRIMARY OFFENDERS:

- No Inventory or not complete
- Using PM list as inventory list

3 POSSIBLE PREVENTION IDEAS:

1. Walk around inventory of each system
2. Include major components
3. Be detailed

#3

TJC #3-EC.02.05.01 – Utility Sys Risk Mgmt
CMS (not surveyed)

(2) **EP 3** – Must identify high-risk equipment

Description	Listname	UOM
J10 - Electric Utilities	MASTERSYSTEM	EA
K10 - Potable Water Utilities	MASTERSYSTEM	EA
K20 - Non-Potable Water Utilities		EA
K30 - Fire Protection Water Utilities		EA
K40 - Salt Water Utilities		EA
L10 - Steam Utilities		EA
L20 - High Temp Hot Water Utilities		EA
L30 - Domestic Hot Water Utilities		EA
L40 - Chilled Water Utilities	MASTERSYSTEM	EA
M10 - Sanitary Sewer Utilities	MASTERSYSTEM	EA
M20 - Industrial Wastewater Utilities	MASTERSYSTEM	EA
M30 - Oily Wastewater Utilities	MASTERSYSTEM	EA
M40 - Storm Water Utilities	MASTERSYSTEM	EA
N10 - Natural Gas Utilities	MASTERSYSTEM	EA
N20 - Propane Utilities	MASTERSYSTEM	EA
P10 - Compressed Air Utilities	MASTERSYSTEM	EA
Q10 - Multiple Commodity Utilities	MASTERSYSTEM	EA

Missing Hi-Risk Designation for each item

(2) **EP 3** – Must identify high-risk equipment **#3**

PRIMARY OFFENDERS:

- No Inventory or not complete
- Using PM list as inventory list
- Not understanding Risk Assessment

3 POSSIBLE PREVENTION IDEAS:

1. Define “high-risk” in a policy
2. Utility Risk Assessment of each component & subsystem (Category 1)
3. Mark “risk level” on separate column on list

#3

TJC #3-EC.02.05.01 – Utility Sys Risk Mgmt CMS (not surveyed)

(3) **EP 4** – Must define inspection activities & frequencies; Will survey to facility policy/procedure; Primarily look at maintenance of proper pressure relationships, air-exchange rates, filtration efficiencies, RH & temperature

Preventive Maintenance Procedure

Equipment Name	LIQUID FLOW BENCH (A)	Type of PM	Semi-Annual
Model No	LFB-1	Serial No:	N/A
Workcenter	WC		
Department	CURE	MachineCategory:	A
Facility	Facility 5		
PM Est Hours:	3	Actual Hrs	
PM Completed By:			

Preventive Maintenance Procedure

1. CHECK SOLVENT LEVEL IN HPU (LOCATED OUTSIDE THE VALVE SHOP).

2. CHECK OVERFLOW TANK (LOCATED UNDER THE FLOW BENCH. EMPTY AS REQUIRED (CALL FACILITIES TO REMOVE WASTE SOLVENT).

3. REPLACE FILTERS (3). 2 FILTERS LOCATED IN THE SINK (BY-PASS AND OUTLET LINES). THE THIRD IS LOCATED BEHIND THE CONTROL PANEL PRIOR TO METER. WESTER FILTER CORP. P/N E6021B2C03.

ILTERS ON HPU. TANK MUST BE DRAINED BELOW FILTER LEVEL.

FLUID POWER

REPLACEMENT FITTINGS FOR HOSES. LEAKING AT JUNCTIN
/07

Method & Frequency Must be written

(3) #3

EP 4 – Must define inspection activities & frequencies; Will survey to facility policy/procedure; Primarily look at maintenance of proper pressure relationships, air-exchange rates, filtration efficiencies, RH & temperature

PRIMARY OFFENDERS:

- Incomplete & Disorganized records
- Few Owner's manuals

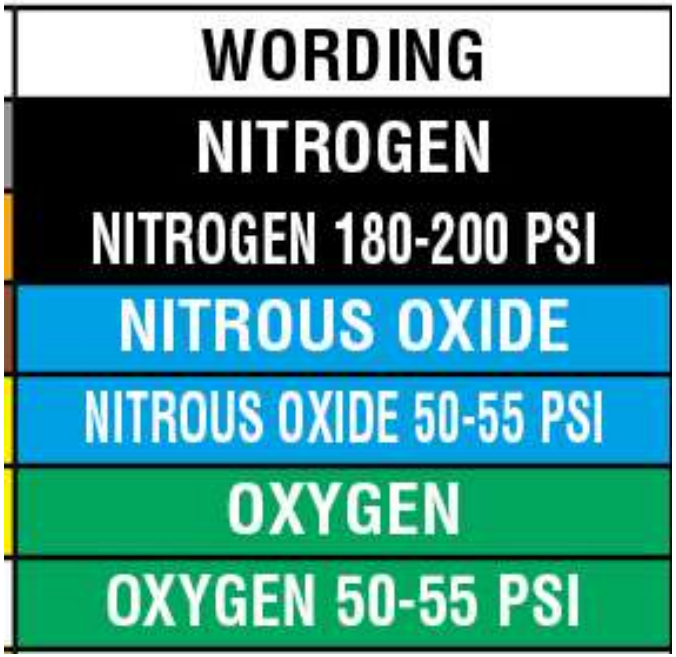
3 POSSIBLE PREVENTION IDEAS:

1. Be methodical. Every component on Inventory has a written inspection process
2. Use owner manual as basis of inspection method & frequency
3. Supplement with code requirements

#3

TJC #3-EC.02.05.01 – Utility Sys Risk Mgmt
CMS #7-K341-Fire Alarm Install

(4) **EP 8** – Utility system controls are labeled to facilitate full or partial shutdown; includes source & main valves & switches & electrical panel directories; Fire Alarm panel circuit feed marked & electrical breaker properly identified & access restricted



All Controls Labeled

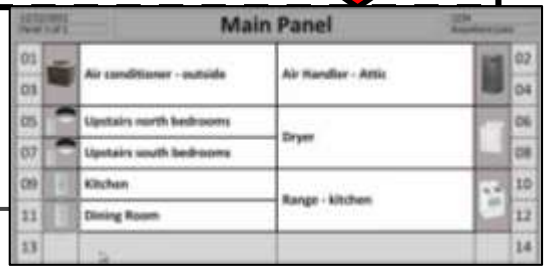
(4) **EP 8** – Utility system controls are labeled to facilitate full or partial shutdown; includes source & main valves & switches & electrical panel directories; Fire Alarm panel circuit feed marked & electrical breaker properly identified & access restricted

#3

WORDING
NITROGEN
NITROGEN 180-200 PSI
NITROUS OXIDE
NITROUS OXIDE 50-55 PSI
OXYGEN
OXYGEN 50-55 PSI

PRIMARY OFFENDERS:

- Most utility systems



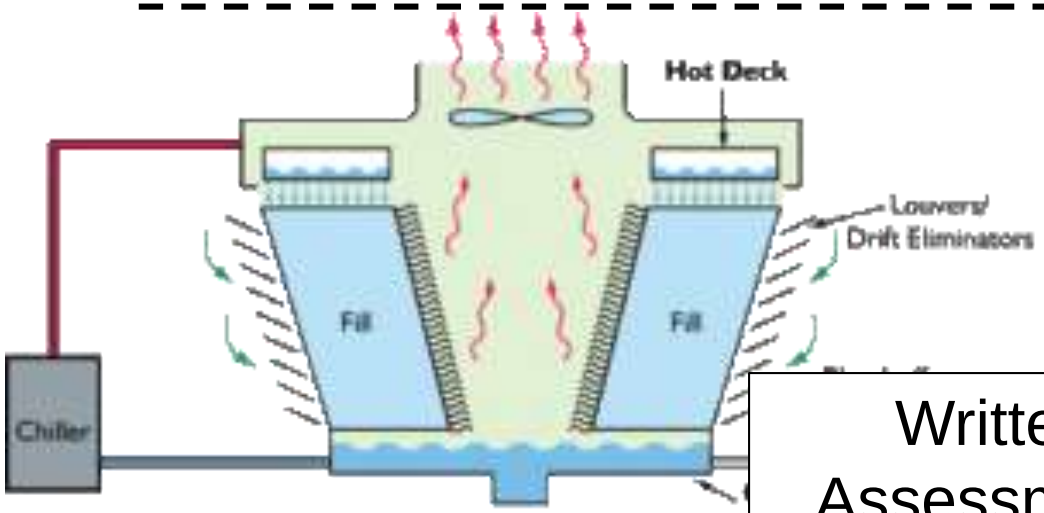
3 POSSIBLE PREVENTION IDEAS:

1. Inspect every valve & switch, including elec panel directories, for accurate labels
2. Label of what downstream device/system & location it controls
3. Label the upstream shut-offs name & location

TJC #3-EC.02.05.01 – Utility Sys Risk Mgmt CMS (not surveyed)

#3

(5) **EP 14** – Program to minimize pathogenic biological agents in cooling towers & water systems; Follow ASHRAE 188-2015 on Legionellosis, including a site survey of risk points & mitigation strategies such as water treatment & contamination procedures; Control of Mycobacterium;



Typical Tower/Chiller Schematic

Written Legionella Assessment & Program

(5) **EP 14** – Program to minimize pathogenic biological agents in cooling towers & water systems; Follow ASHRAE 188-2015 on Legionellosis, including a site survey of risk points & mitigation strategies such as water treatment & contamination procedures; Control of Mycobacterium;

#3

PRIMARY OFFENDERS:

- Untreated Cooling Towers
- Domestic Hot Water Recirc sys

3 POSSIBLE PREVENTION IDEAS:

1. Use checklist to inventory possible sources
2. Perform chemical checks; confirm they are within standards
3. Perform temperature checks; confirm they are within standards

(5) **EP 14** – Program to minimize pathogenic biological agents in cooling towers & water systems; Follow ASHRAE 188-2015 on Legionellosis, including a site surv
wat
Myc

#3

Facility Name:	INVENTORY OF SYSTEMS & COMPONENTS WITH HIGHER POTENTIAL FOR LEGIONALLA CONTAMINATION							
	(1) Circle each component used at facility; (2) Assess each indivually for degree of aersolization and stagnant water; (3) Develop action plan to control issues							
	PLUMBING SYSTEMS			HVAC SYSTEMS			OTHER SYSTEMS	
Typical System Components	Domestic Plumbing Fixtures	Domestic Cold Water Distr Sys	Domestic Hot Water Distr Sys	Air Conditioning Cooling Towers	Hydronic Heating Sys	Humification Sys	Fountains	Lawn Sprinkler Sys
Pipes, valves, and fittings	x	x	x	x	x	x	x	x
Hot and cold water storage tanks	x	x	x	x	x	x	x	x
Disinfection/Control Device	x	x	x	x	x	x	x	x
Water filters	x	x		x		x	x	x
Spray nozzles Misters, atomizers, air washers				x		x	x	x
Open water tank				x			x	
Water heaters			x		x			
Water-hammer arrestors	x	x	x					
Expansion tanks			x		x			
Electronic and manual faucets	x							
Aerators	x							
Faucet flow restrictors	x							
Showerheads and hoses	x							
Eyewash stations	x							
Ice machines	x							
Hot tubs/saunas	x							
Medical devices (such as CPAP machines, bronchoscopes, heater-cooler units)	x							
Hydrotherapy devices	x							

Inventory
Possible
Sources

TJC #3-EC.02.05.01 – Utility Sys Risk Mgmt CMS (not surveyed)

#3

(6) **EP 15** - In critical care spaces, has ongoing process to monitor & maintain HVAC parameters in critical spaces, such as proper pressure relationships, air-exchange rates, filtration efficiencies, RH & temperature; includes OR, sterile storage, lab & spaces adjacent to these that can impact them, such as clean & soiled utility, EVS closets & adjacent non-sterile corridors

High Risk & Infection Control

Relative Humidity Requirements

- Follow ASHRAE 170-2008 guide of 20-60% RH, but make sure all equipment is compatible with this range

(6) **EP 15** - In critical care spaces, has ongoing process to monitor & maintain HVAC parameters in critical spaces, such as proper pressure relationships, air-exchange rates, filtration efficiencies, RH & temperature; includes OR, sterile storage, lab & spaces adjacent to these that can impact them, such as clean & soiled, EVS closets & adj non-sterile corridors

#3

PRIMARY OFFENDERS:

- All Critical Patient Spaces

3 POSSIBLE PREVENTION IDEAS:

1. Document readings in all critical rooms (Risk 1&2) for temp, RH, air flow
2. Buy & use an air pressure meter (manometer)
3. Ensure filters are changed

#3

TJC #3-EC.02.05.01 – Utility Sys Risk Mgmt CMS (surveyed under MoE)

(7) **EP 16** – Facility has ongoing process to monitor & maintain proper HVAC parameters in other patient care & supply space, such as pressure relationships, air-exchange rates, filtration efficiencies, RH & temperature that is suitable for care, treatment & services provided in the space; includes checks for door held open by air pressure, odors, propped doors, self-closing devices; staff examine sterile supplies before use & contacts facilities if space temperature or RH are inadequate

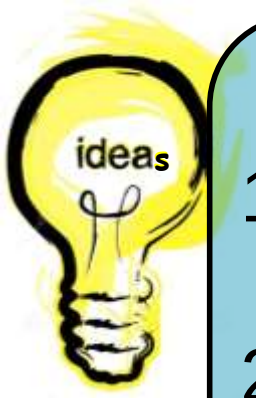
Other Patient Care & Supply Spaces

(7) **EP 16** – Facility has ongoing process to monitor & maintain proper HVAC parameters in other patient care & supply space, such as pressure relationships, air-exchange rates, filtration efficiencies, RH & temperature that is suitable for care, treatment & services provided in the space; includes checks for door held open by air pressure, odors ng devices;

#3

PRIMARY OFFENDERS:

- Clean & soiled rooms
- supply rooms



3 POSSIBLE PREVENTION IDEAS:

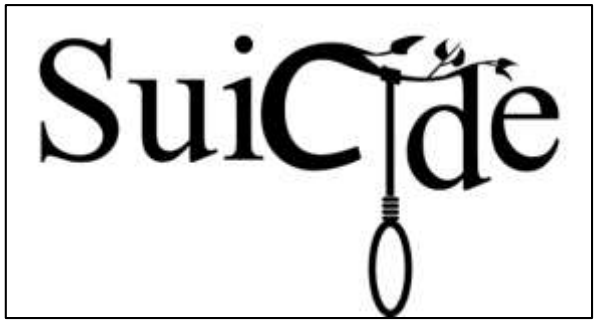
1. Document readings in all patient sleep & care rooms for temp, RH, air flow
2. Buy & use an air pressure meter (manometer)
3. Ensure filters are changed

#4

TJC #4 - EC.02.06.01 – Safe/Functional Envir. CMS (Surveyed under A tag)

(1) **EP 1** – Interior patient spaces are safe and suitable for the care, treatment & services that are provided, especially Ligature/self-harm risk (suicide) program, including:

- Current Risk Assessment w/clinical mitigations
- Comply with state regulations
- Follow FGI for BH
- Patient Bath & Bed Room door protections
- Patient Bed & Medical Equipment protections
- Exposed plumbing
- Sinks, Toilets, & Shower devices
- Handrails
- Mounted items in Corridor (signs, lights, etc.)
- Suspended Ceilings
- Nurse Call cords accessible & length per risk assessment (best 4-6”)
- TJC does NOT accept cameras as an alternative for one-on-one observation
- Flooring



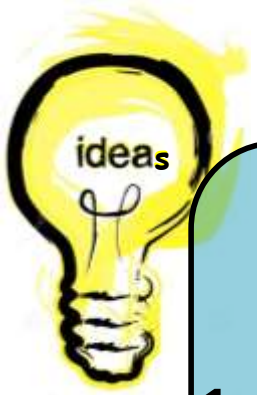
(1) **EP 1** – Interior patient spaces are safe and suitable for the care, treatment & services that are provided, especially Ligature/self-harm risk (suicide) program, including:

#4

- Current Risk Assessment w/clinical mitigations
- Comply with state regulations
- Follow FGI for BH
- Patient Bath & Bed Room door prote
- Patient Bed & Medical Equipment pr
- Exposed plumbing

PRIMARY OFFENDERS:

- Behavioral Health Units



1 POSSIBLE PREVENTION IDEA:

1. Use DHS Memo 11-19 to inspect all pt areas for proper safe guards

Date: July 7, 2011
DQA Memo 11-019
(Replaces DQA Memo 01-032)

To: Hospitals HOSP 08

From: **Cremear Mims, Director**
Bureau of Health Services

cc: **Otis Woods**, Administrator
Division of Quality Assurance

Revision: Environmental Suicide Prevention

DSL-BQA-01-032, Environmental Suicide Prevention, dated **July 18, 2001,** is revised to replace outdated information and provide new environmental safety recommendations. New information is bolded.

All hospitals in Wisconsin must be in compliance with Wisconsin Administrative Code, Chapter **DHS 124**. Compliance with State law is a requirement for accreditation and Medicare certification.

The purpose of this memo is to clarify regulatory requirements concerning the provision of a safe environment in psychiatric hospitals and psychiatric units of general hospitals. In the course of conducting investigations of inpatient suicides, the **Division** of Quality Assurance is aware of environmental conditions that enabled patient suicides.

The majority of persons who complete suicide suffer from a treatable mental disorder, a substance abuse disorder, or both. Patients of inpatient psychiatric treatment facilities are considered at high risk for suicide; therefore, the hospital should avoid environmental physical hazards while maintaining therapeutic care. Ongoing assessment of suicidality is a necessary but not complete protection for psychiatric inpatients.

The majority of patients commit suicide via hanging in a bathroom, bedroom or closet. Measures to prevent suicide within patient rooms/ areas include proper assessment of the physical environment design. The following are recommendations only.

- Ceiling systems of a lay-in ceiling tile design should be avoided. Drop ceiling grids, and any plumbing, piping, ductwork or other potentially hazardous elements concealed above a ceiling can be used as a hanging device. The ceiling should be of monolithic construction.
- Sprinkler heads should be a flush mounted design.

#5

TJC #5 - LS.02.01.10 – Gen-Bldg & Fire Protect
CMS #34-K161-Construction Type

(1) **EP 1** – Proper construction type provided for occupancy, including

- Missing fire proofing
- Not fully sprinkled when required (especially elevator mech rooms, freezers)

Type V Combustible Construction

Type IV Heavy Timber Construction

Type III Non-Combustible Exterior

Type II Non-Combustible Exterior and Components

Type I Non-Combustible Materials and Structure

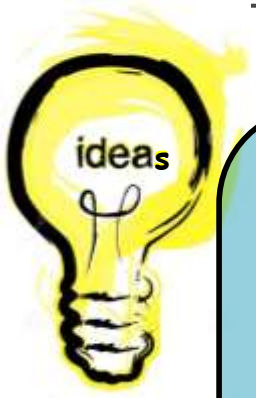
(1) **EP 1** – Proper construction type provided for occupancy, including

- Missing fire proofing
- Not fully sprinkled when required (especially elevator mech rooms, freezers)

#5

PRIMARY OFFENDERS:

- Mechanical rooms
- Rooms with welded superstructure (OR, X-Ray)



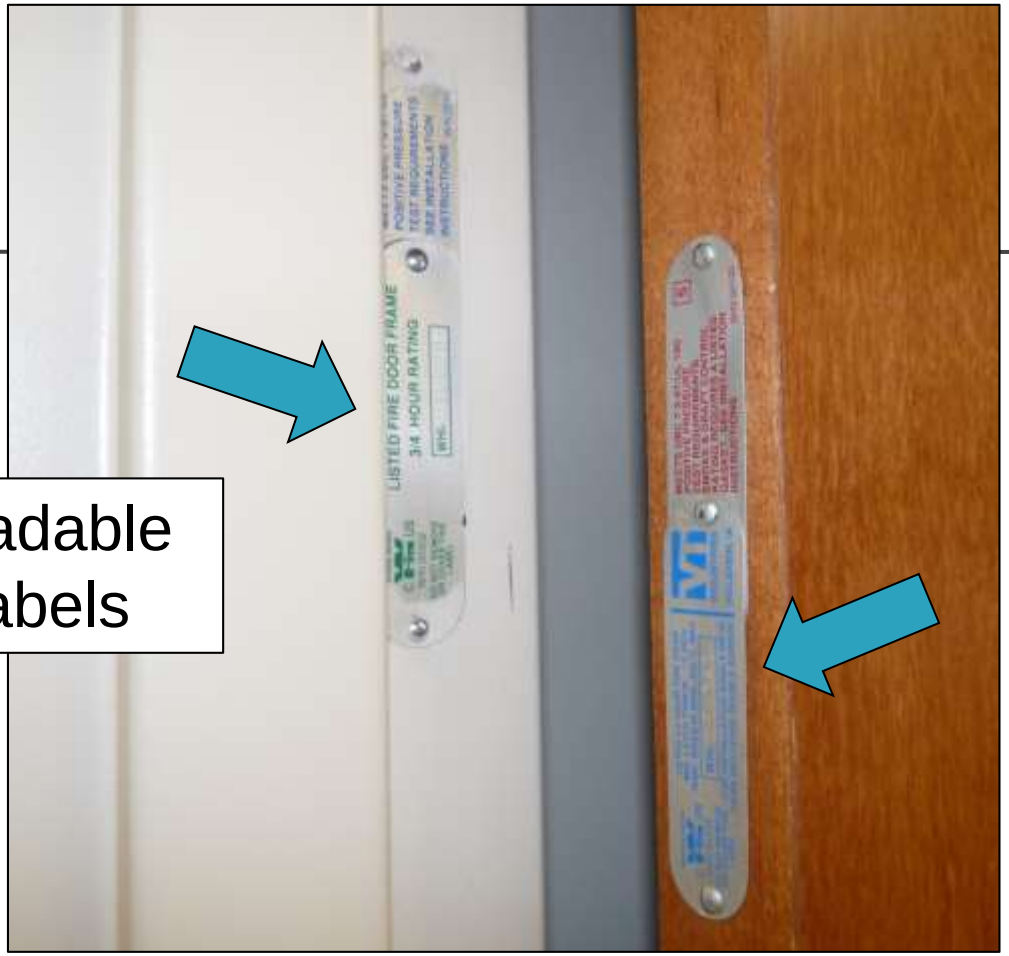
3 POSSIBLE PREVENTION IDEAS:

1. Self-inspect projects prior to ceiling closure
2. Carefully inspect all visible fire proofed beams & columns, especially in mechanical rooms & at rated walls
3. Look for issues whenever ceiling is opened

#5

TJC #5 - LS.02.01.10 – Gen-Bldg & Fire Protect
CMS #34-K161-Construction Type

(2) **EP 5** – Appropriate door & window fire rating



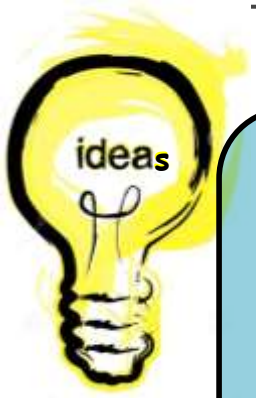
Readable Labels

(2) EP 5 – Appropriate door & window fire rating

#5

PRIMARY OFFENDERS:

- Hazardous Rooms, especially storage



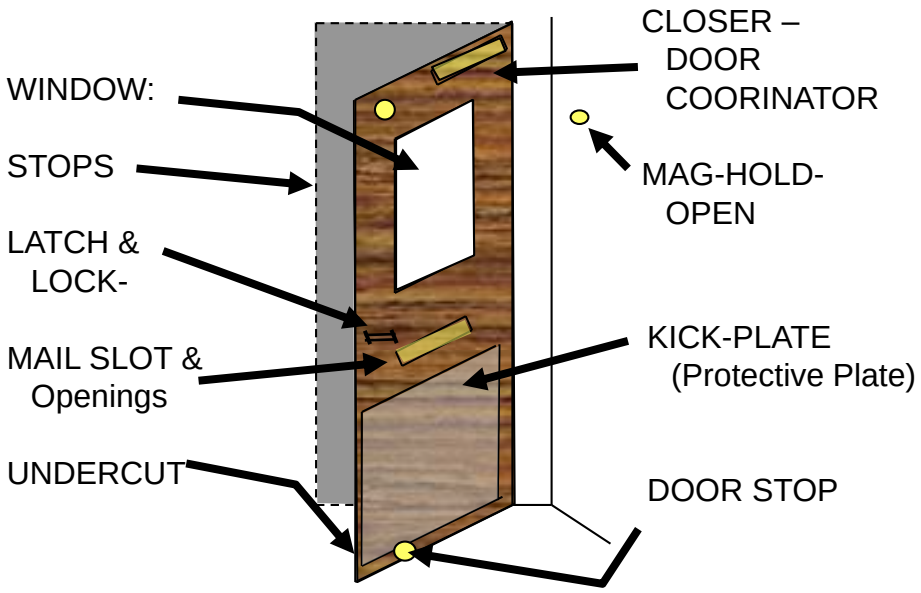
2 POSSIBLE PREVENTION IDEAS:

1. Inventory all Haz spaces
2. Make thorough annual rated door inspection per NFPA 80

#5

TJC #5 - LS.02.01.10 – Gen-Bldg & Fire Protect
CMS #34-K161-Construction Type

(3) **EP 7** – Fire Doors have functioning hardware, including: latching, self or auto closing, gaps between doors, undercuts, protective plates, no blocking or wedging

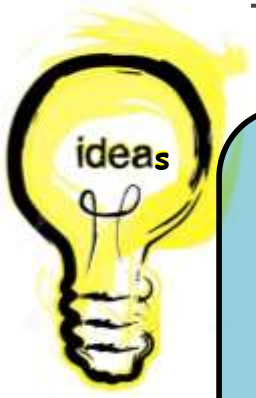


(3) **EP 7** – Fire Doors have functioning hardware, including: latching, self or auto closing, gaps between doors, undercuts, protective plates, no blocking or wedging

#5

PRIMARY OFFENDERS:

- Hazardous Rooms, especially storage



2 POSSIBLE PREVENTION IDEAS:

1. Inventory all Haz spaces
2. Make thorough annual rated door inspection per NFPA 80

#5

TJC #5 - LS.02.01.10 – Gen-Bldg & Fire Protect
CMS #34-K161-Construction Type

(4) **EP 10** – All penetrations are fire stopped or dampered

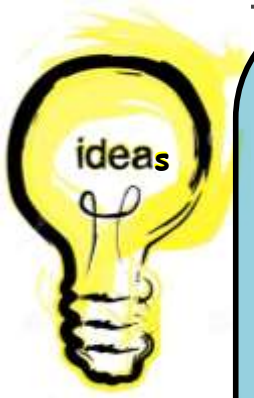
Missing Sealant

(4) **EP 10** – All penetrations are fire stopped or dampered

#5

PRIMARY OFFENDERS:

- Hazardous Rooms, especially storage
- Smoke Barrier Walls



5 POSSIBLE PREVENTION IDEAS:

1. Perform your own constr pre-ceiling closure inspections
2. Don’t accept it just because there’s red
3. Mandate use of fire stop labels
4. Implement a fire stop permit program
5. Train all contractors on expectations

#6

TJC #6 - EC.02.02.01 – Haz Material Mgmt CMS (Not Surveyed)

(1) **EP 5** – Risks of hazardous chemical are minimized for selecting, handling, storing, transporting, using & disposing, including use of PPE, emergency showers, risk assessments performed,

- Follow OSHA recommendations on eyewash stations (ANSI Z358.1-2009) for placement within 10 sec travel or 55’ where corrosive chemicals are used; use tepid water (with doc temperature checks), weekly flushing, annual inspection

Within 10 Second/55’

Weekly/Annual Inspect

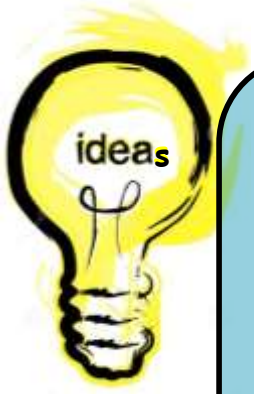
(1) **EP 5** – Risks of hazardous chemical are minimized for selecting, handling, storing, transporting, using & disposing, including PPE, emerg showers, risk assess,

- Follow OSHA recommendations on eyewash stations (ANSI Z358.1-2009) for placement within 10 sec travel or 55' where corrosive chemicals are used; use tepid water (with doc temperature checks), weekly flushing, annual inspection

#6

PRIMARY OFFENDERS:

- Labs, Environmental, Facilities



4 POSSIBLE PREVENTION IDEAS:

1. Inventory locations that use corrosives
2. Mark locations on floor plan; mark eyewash
3. Ensure eyewashes are located per code
4. Implement a weekly inspection program

#6

TJC #6 - EC.02.02.01 – Haz Material Mgmt CMS (Not Surveyed)

(2) **EP 8** – Manages disposal risks with an inventory that is EPA compliant, segregated by nature of hazard (toxic, ignitable (>24% alcohol), P (acute toxic), U (listed wastes), heavy metals, etc.)

Neat & Labeled

Browse “EPA”

(2) **EP 8** – Manages disposal risks with an inventory that is EPA compliant, segregated by nature of hazard (toxic, ignitable (>24% alcohol), P, U, heavy metals, etc.)

#6

PRIMARY OFFENDERS:

- Labs, Environmental, Facilities

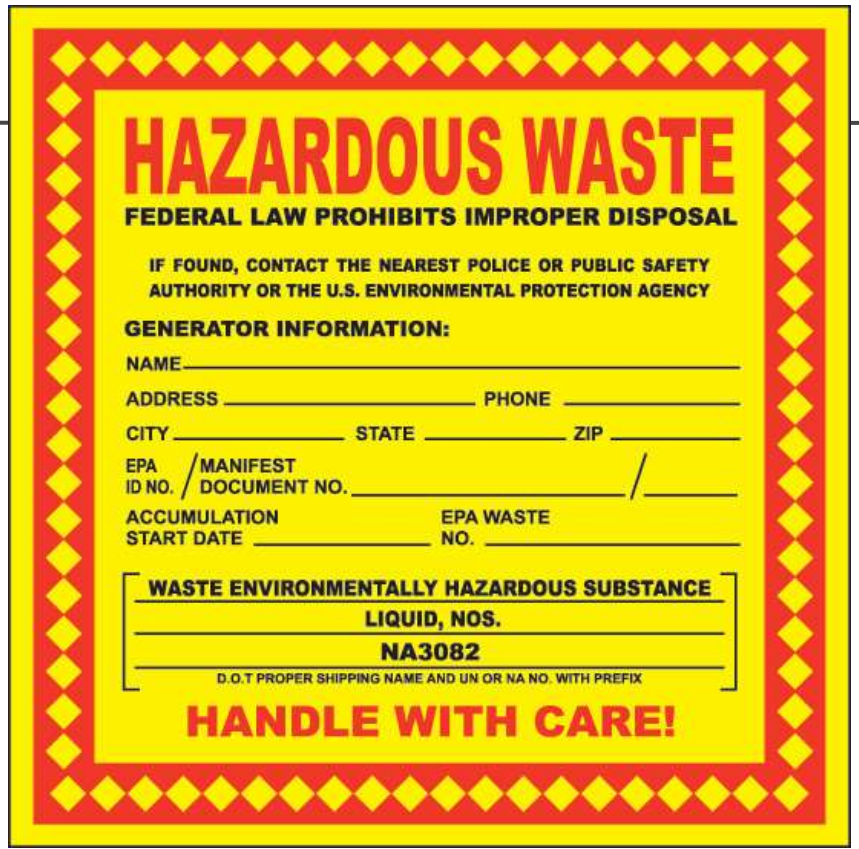
4 POSSIBLE PREVENTION IDEAS:

1. Independent Inventory & inspection of users
2. Designated Collection Space
3. Make sure all containers are labeled
4. Keep room orderly

TJC #6 - EC.02.02.01 – Haz Material Mgmt CMS (Not Surveyed)

#6

(3) **EP 11** – Has permits, licenses, manifests & safety data sheets per OSHA, DOT, EPA regulations; show how fulfilling "cradle to grave" responsibility



(3) **EP 11** – Has permits, licenses, manifests & safety data sheets per OSHA, DOT, EPA regulations; show how fulfilling "cradle to grave" responsibility

#6

PRIMARY OFFENDERS:

- Labs, Environmental, Facilities

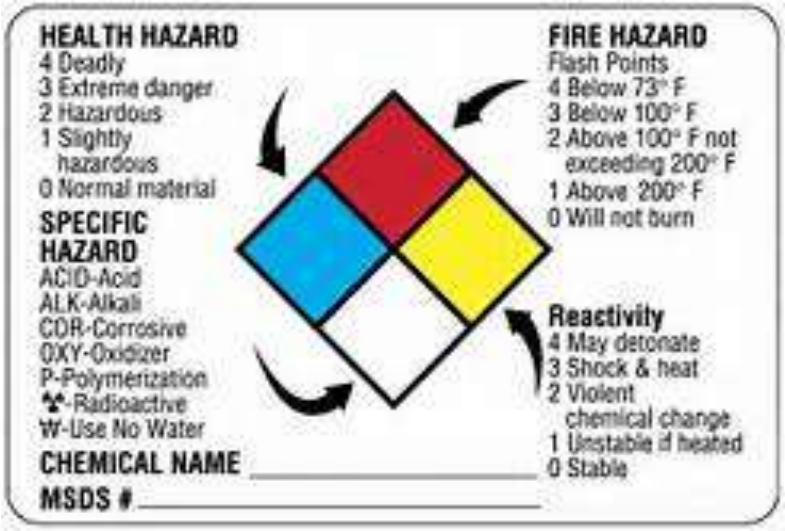
3 POSSIBLE PREVENTION IDEAS:

1. Log of incoming materials
2. Log of collected waste & disposal
3. Orderly filing of Manifests

#6 TJC #6 - EC.02.02.01 – Haz Material Mgmt CMS (Not Surveyed)

(4) **EP 12** – Haz materials & wastes have clear & legible labels (in English) for contents & haz warnings, per standards of OSHA Blood borne Pathogens, OSHA Haz Com, NFPA; including transfer & secondary containers;

Readable Labels



(4) **EP 12** – Haz materials & wastes have clear & legible labels (in English) for contents & haz warnings, per standards of OSHA Blood borne Pathogens, OSHA Haz Com, NFPA; including transfer & secondary containers;

#6

PRIMARY OFFENDERS:

- Labs, Environmental, Facilities

3 POSSIBLE PREVENTION IDEAS:

1. Review bio label method with infection prevention staff
2. Purchase pre-printed labels
3. Independently spot inspect labels at use & storage locations

#7

TJC #7 - LS.02.01.20 – Means of Egress
CMS #11-K211-Means of Egress

(1) **EP 1** – Door latches & locks do not require a tool or key to open from the egress side, unless they meet all conditions to use one of the approved exceptions, including a clinical patient need, a special patient need, delayed egress, access control, elevator lobby, or prior AHJ approved method.

Check Egress Side

(1) **EP 1** – Door latches & locks do not require a tool or key to open from the egress side, unless they meet all conditions to use one of the approved exceptions, including a clinical patient need, a special patient need, delayed egress, access control, & elevator lobby

#7

PRIMARY OFFENDERS:

- Throughout facility

2 POSSIBLE PREVENTION IDEAS:

1. Annual walk-around inspection of all door operations from egress side
2. Challenge the need of any door that is locked from the egress side

#7

TJC #7 - LS.02.01.20 – Means of Egress
CMS #11-K211-Means of Egress

(1) **EP 13** – The integrity of the means of egress is maintained, including:

- Anything in the corridor for more than 30 minutes is storage
- Dead ends ≤ 50’ long (may be used for storage if not combustible)
- Wheeled equipment permitted if (1) the unobstructed width is ≥ 5’, (2) the fire plan requires removal during alarm conditions, (3) it is in use, (4) used for patient life & transport, (5) medical emergency equipment or isolation equipment
- Fixed furniture okay if anchored and has required unobstructed width

Be within limit

(1)

IF

Conditions: **18/19.2.3.5(4)**

- Min 8’ wide corridor (new)
- Leave min 5’ clearance
- Equipment “Storage” not permitted
- Must have & apply policy to remove on alarm

Equipment Allowed Anytime

Patient Transport & Lift Equipment

Isolation Cart

- Assigned to specific Patient Room
- Precautions sign at Patient Room

Emergency Equipment

- Must be Secure
- Follow Health checks

Do not charge equipment in a corridor. It ‘s considered “storage”

(1)

Carts & Equipment Allowed ONLY When In Use

Equipment plugged into an outlet (i.e. charging) is “not in use”

<u>“In-use” not defined</u>

Apply CMS 30 min rule

- Using staff nearby
- Moved every 30 min
- Not plugged in
- Must remove on alarm

(1)

4 Sets of Conditions for Furniture in a Corridor

Furniture

1. Width Conditions

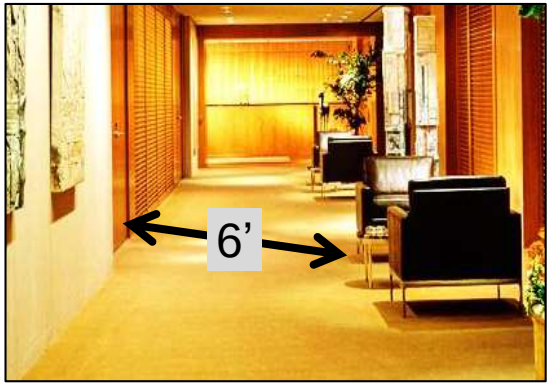
- Corridor must be at least 8’ wide
- Final clear width must be at least 6’ wide

2. Protection Conditions

- Corridor smoke detection of compartment
- Or Space has direct supervision &
  Building fully sprinkled (quick response)

3. Furniture Conditions

- Furniture must be attached to wall or floor
- All on same side of corridor
- Grouping: Max 50 SF each; Min 10’ apart



4. Building Equipment

- No obstruction to pull stations, building service equipment, or fire extinguishers

(1) **EP 13** – The integrity of the means of egress is maintained, including:

#7

- Anything in the corridor for more than 30 minutes is storage
- Dead ends ≤ 50’ long (may be used for storage if not combustible)
- Wheeled equipment permitted if (1) the unobstructed width is ≥ 5’, (2) the fire plan requires removal during alarm conditions, (3) it is in use, (4) used for patient life & transport, (5) medical emergency equipment or isolation equipment
- Fixed furnitu… unobstructed width

PRIMARY OFFENDERS:

- Throughout facility

3 POSSIBLE PREVENTION IDEAS:

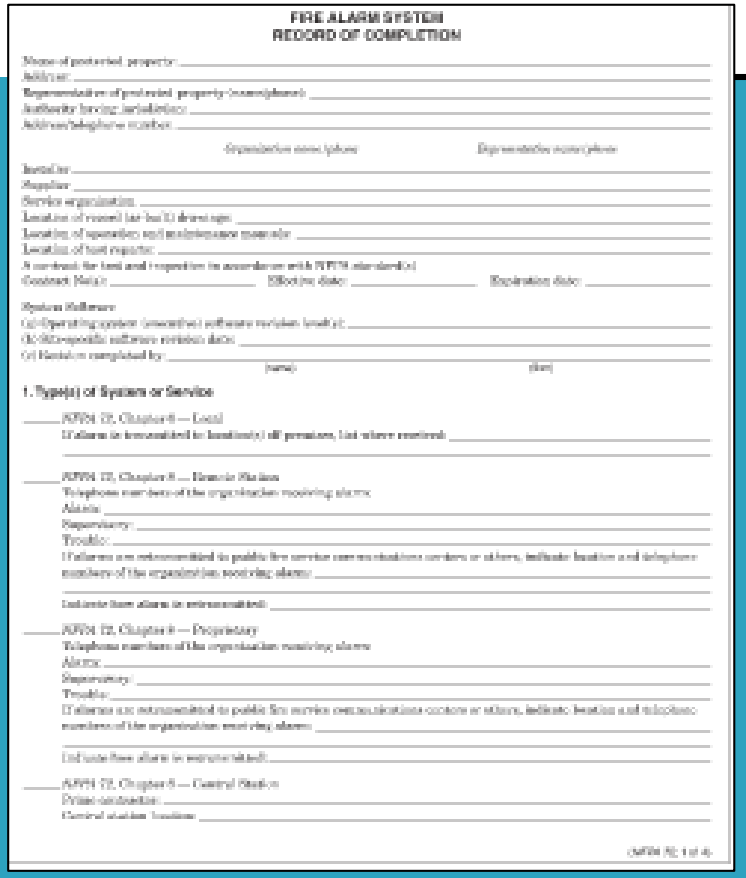
1. Frequent walk-around inspection of all corridors & talking to staff/managers
2. Anything plugged in is questionable
3. Challenge the need of any item that is kept in the corridor

#8

TJC #8 - EC.02.05.05 – Utility Sys Inspection
CMS #1-K353-Sprinkler Testing
#6-K511-Gas & Elec Utilities

(1) **EP 2** – Utility system components are tested before initial use

Document Readings



FIRE ALARM SYSTEM
RECORD OF COMPLETION

Name of protected property: _____
Address: _____
Representative of protected property (name/phone): _____
Authority having jurisdiction: _____
Address/telephone number: _____

(organization name/phone) (Representative name/phone)

Install by: _____
Supplier: _____
Service organization: _____
Location of record (as-built) drawings: _____
Location of operating and maintenance manuals: _____
Location of test reports: _____
A certificate for test and inspection in accordance with NFPA standard(s)
Contract No(s): _____ Effective date: _____ Expiration date: _____

System Software
(a) Operating system (executive) software revision level(s): _____
(b) Site-specific software revision date: _____
(c) Revision completed by: _____
(name) (date)

1. Type(s) of System or Service

_____ NFPA 72, Chapter 8 — Local
If alarms are transmitted to location(s) off premises, list where received: _____

_____ NFPA 72, Chapter 8 — Remote Station
Telephone numbers of the organization receiving alarms:
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarms: _____

Indicate how alarm is retransmitted: _____

_____ NFPA 72, Chapter 8 — Proprietary
Telephone numbers of the organization receiving alarms:
Alarm: _____
Supervisory: _____
Trouble: _____
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarms: _____

Indicate how alarm is retransmitted: _____

_____ NFPA 72, Chapter 8 — Central Station
Prime contractor: _____
Central station location: _____

(NFPA 5) 1 of 4)

(1) **EP 2** – Utility system components are tested before initial use

#8

PRIMARY OFFENDERS:

- Small construction projects
- New building service equipment

2 POSSIBLE PREVENTION IDEAS:

1. File DQA Construction Completion documents under EP 2 (outlets, fire alarm, sprinkler, nurse call, damper, etc.)
2. Use same form for small projects

#8

TJC #8 - EC.02.05.05 – Utility Sys Inspection
CMS #1-K353-Sprinkler Testing
#6-K511-Gas & Elec Utilities

(2) **EP 4-6** – Utility system components are inspected, tested, & maintained based on a risk assessment that classifies components as high risk, infection control & non-high risk; Corrective action is taken in a timely period

High Risk

1. Utility ← Risk → Assessment

Non-High Risk

Infection Control

←2. ICRA Assessment

(2) **EP 4-6** – Utility system components are inspected, tested, & maintained based on a risk assessment that classifies components as high risk, infection control & non-high risk; Corrective action is taken in a timely period

#8

PRIMARY OFFENDERS:

- Throughout facility

2 POSSIBLE PREVENTION IDEAS:

1. Perform a NFPA 99 Utility Risk Assessment on all components on the inventory list (1=High; 2-4=Non-High Risk)
2. Work with infection control to define those components that impact infection risk

#8

TJC #8 - EC.02.05.05 – Utility Sys Inspection
CMS #1-K353-Sprinkler Testing
#6-K511-Gas & Elec Utilities

(3) **EP 7** – Facility meets all NFPA 99-2012 Electrical & HVAC requirements, including:

- Critical branch circuits
- HVAC per manufacturer's instructions for medial supplies & equipment
- Smoke control systems in windowless anesthesia areas to prevent recirculation
- Operating Rooms are considered wet locations (mandatory isolated power or ground fault circuit interrupters) unless a risk assessment determines otherwise
- Hospital-grade receptacles at patient bed & sedation area tested at installation, replacement, or serving
- Tamper-Resistant outlets or covers in pediatric patient rooms, baths, play rooms & activity rooms
- Emergency receptacles have a distinctive color or marking

(3) **EP 7** – Facility meets all NFPA 99-2012 Electrical & HVAC requirements, including:

#8

- Critical branch circuits
- HVAC per manufacturer's instructions for medial supplies & equipment
- Smoke control systems in anesthesia areas prevent recirculation
- Operating Rooms are considered wet locations
- Hospital-grade receptacles at patient bed & sedation area tested at installation, replacement, or serving

PRIMARY OFFENDERS:

- Throughout facility

5 POSSIBLE PREVENTION IDEAS:

1. Annual non-hospital grade outlet inspection
2. Have inspect doc for hospital grade outlets
3. Confirm tamper proof outlets in peds areas
4. Perform OR wet location risk assessment
5. Confirm proper pressures in clean areas

#9

TJC #9 - EC.02.03.03 – Fire Drills
CMS #2-K712 – Fire Drills

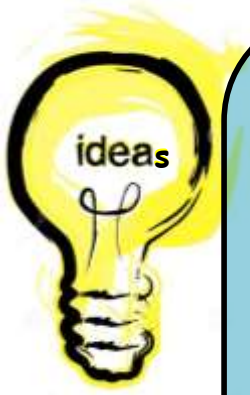
(1) **EP 1** – Drills are conducted once per shift per quarter in each health care occupancy and quarterly in ambulatory health occupancies; evacuation of patients is not required during drills; drills between 9 pm & 6 am may use an alternate method to notify staff rather than using audible alarms

(1) **EP 1** – Drills are conducted once per shift per quarter in each health care occupancy and quarterly in ambulatory health occupancies; evacuation of patients is not required during drills; drills between 9 pm & 6 am may use an alternate method rather than audible alarms

#9

PRIMARY OFFENDERS:

- Throughout facility



3 POSSIBLE PREVENTION IDEAS:

1. Run drills in 1st half of month to leave room for adjustments
2. Record drills on a log that shows date, time & location. Consult to avoid patterns
3. Confirm FA sys can deactivate audible alarms on 3rd shift

EP 1 – Drills are conducted once per shift per quarter

(1)

#9

LLSC Form #6CA

Your Logo Here

FIRE DRILL LOG

Q | FIRE DRILL LOG

Facility:

FIRE DRILL LOG: For each fire drill enter the date, time it started, and precise location (floor & room name). Although drills must be unannounced, they should be pre-planned to ensure the drills are held are varying times, locations, and circumstances. Key CMS checkpoint are shown below

LSC-2012 §18/19.7.1 | TJC-EC.02.03.03 EP 3

1. Date, time, AND location must vary so that no pattern is detectable in either the same day or shift. The Log makes it easy to spot patterns when viewing up/down or accross the 12 boxs
2. Must vary month of drill so not always on 1st shift in 1st month; 2nd shift in 2nd month; ect.
3. Must vary date so max of two within a 7 days of each other;
4. Must vary time of drill so only 2 of the 4 times in the same shift can be within an 1 hour of each other.
5. Drills held at the change of shift can only be counted for one shift
6. Must vary location of drill so there is only drill per smoke compartment per shift per year
7. All fire drills, including 3rd shift, must include activation of the fire alarm system and transmission to the monitoring company, with a post-drill call-back verification of receipt of the alarm and documentation on the fire drill report form.
8. Each of the 12 sections of the Log must have at least one drill to satisfy the basic requirement of one drill per shift per quarter.

Month	FIRST SHIFT			SECOND SHIFT			THIRD SHIFT		
	Date	Time	Location	Date	Time	Location	Date	Time	Location
Jan									
Feb									
Mar									
April									
May									
June									
July									
Aug									
Sept									
Oct									
Nov									
Dec									

Prior to drill, check for patterns in each vertical column & each quarter has a drill

#9

TJC #9 - EC.02.03.03 – Fire Drills

CMS #2-K712 – Fire Drills

(2) EP 3 – At least 50% of drills are unannounced; all are held at unexpected times, under varying conditions, include a fire alarm signal transmission, and simulation of emergency fire conditions

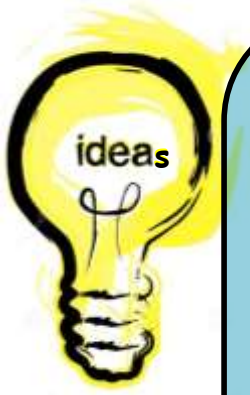
- NO Patterns
- NONE announced

(2) EP 3 – At least 50% of drills are unannounced; all are held at unexpected times, under varying conditions, include a fire alarm signal transmission, and simulation of emergency fire conditions

#9

PRIMARY OFFENDERS:

- Getting into a pattern



4 POSSIBLE PREVENTION IDEAS:

1. 100% of drills must be unannounced
2. Review log monthly to look for patterns of time, date, or location
3. Use various methods to simulate a fire
4. Every drill must include an alarm transmission

#10

TJC (not in top 10)
CMS #4-K345-Fire Alarm Testing

(1) The fire alarm system is inspected & tested per:

- Code required frequencies
- Code required elements

INSPECTION TOPIC & FREQUENCY	NFPA CODE	TJC CODE
3A - HYPERBARIC FIRE ALARM- WEEKLY	NFPA 99-2012,§14	
3B - ALARM TRANSMISSION-DAILY	NFPA 72-2010,§14	
3C - ALARM TRANSMISSION-WEEKLY	NFPA 72-2010,§14	
3DA - FIRE ALARM - MONTHLY	FPA 72-2010,§14	
3DB - FIRE ALARM - QUARTERLY	FPA 72-2010,§14	EC.02.03.05, EP 01
3DC - FIRE ALARM-SEMI ANNUAL	NFPA 72-2010,§14	EC.02.03.05 EP 01
3DE - FIRE ALARM - ANNUAL	NFPA 72-2010,§14	EC.02.03.05 EP 03
3DF - DETECTOR SENSITIVITY- 2-Yr	NFPA 72-2010,§14	
3E - CARBON MONOXIDE- 10 Yr	NFPA720-2012,§8	

Don’t Miss Any

(1) The fire alarm system is inspected & tested per:

- Code required frequencies
- Code required elements

#10

NFPA 72 REVISION ON FREQUENCY TOLERANCE

(NFPA 72, 3.3.106)

Weekly **=** 52 times per year, once per calendar week.

Monthly **=** 12 times per year, once per calendar month.

Quarterly **=** 4 times per year with a min of 2 months, max of 4 months

Semiannual **=** 2 per year with a min of 4 months, max of 8 months

Annual **=** Once per year with a min of 9 months, max 15 months

Only applies to Fire Alarm Sys

(1) The fire alarm system is inspected & tested per:

- Code required frequencies
- Code required elements

#10

PRIMARY OFFENDERS:

- Not Performing a test
- Missing a test frequency
- Missing a test element

4 POSSIBLE PREVENTION IDEAS:

1. Use the NFPA 72 example form as a guide
2. Do not leave anything blank
3. Do not delete any element; if don't have it then just say that
4. Make sure all devices are tested

TJC (not in top 10)
CMS #9-K324-Cooking Facilities

#10

(2) Cooking must be performed in a room under a hood that is equipped with a fire suppression sys. The hood must be inspected semi-annually, as well as the suppression system.

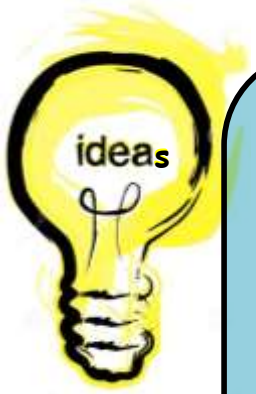
Hood & Suppression Sys

(2) Cooking must be performed in a room under a hood that is equipped with a fire suppression sys. The hood must be inspected semi-annually, as well as the suppression system.

#10

PRIMARY OFFENDERS:

- Food Svc responsible for inspections
- Lack of pre-scheduling work



2 POSSIBLE PREVENTION IDEAS:

1. If Food Svc schedules inspections, have report sent immediately to Facilities
2. Set up a standing order for semi-annual cleaning & inspection

#10

TJC (not in top 10)

CMS #10-K355-Fire Extinguishers

(3) Access to fire extinguishers must not be restricted and units must be inspected at no more than 30 day intervals.

Always Accessible

Max 30 day Inspections

(3) Access to fire extinguishers must not be restricted and unit must be inspected at no more than 30 day intervals.

#10

PRIMARY OFFENDERS:

- Throughout facility
- Kitchens

3 POSSIBLE PREVENTION IDEAS:

1. Monthly inspector should use zero tolerance on access to extinguisher
2. Inspect at 30 day or less intervals
3. Post the 8 inspections checkpoints on the tag or in the cabinet

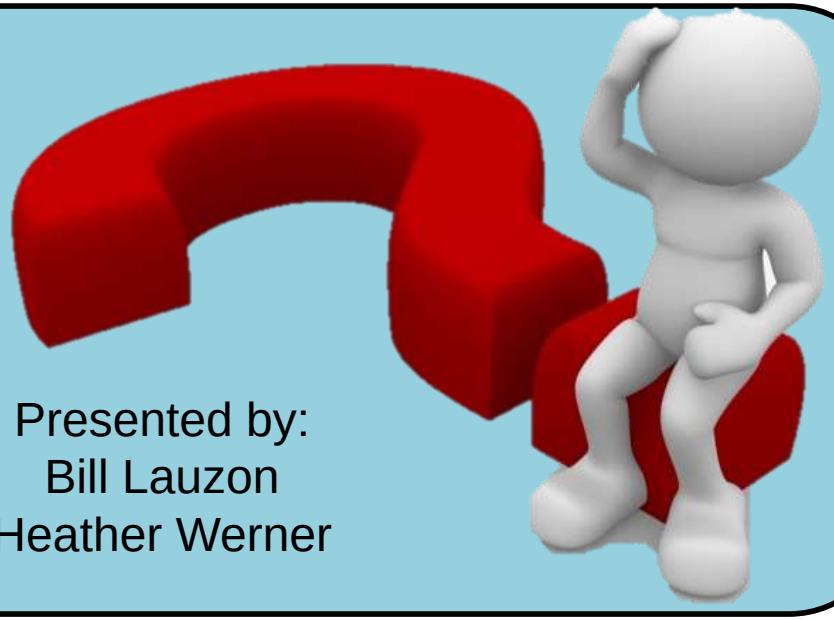
← HOSPITALS →

NURSING HOMES

THE JOINT COMMISSION	CMS (WIS DQA)
#1-LS.02.01.35–Fire Suppression Sys	#1-K353-Sprinkler Testing #12-K351-Sprinkler Install
#2-LS.02.01.30–Protect Bldg from Fire	#3-K321-Haz Areas #5-K362/3-Corridor Walls & Doors #8-K372-Smoke Barriers
#3-EC.02.05.01–Utility Sys Risk Mgmt #4-EC.02.06.01–Safe & Functional Envir.	(not surveyed) #7-K341-Fire Alarm Install
#5-LS.02.01.10–Gen Bldg & Fire Protect.	#34-K161-Construction Type
#6-EC.02.02.01–Hazardous Mtl Mgmt	(not surveyed)
#7-LS.02.01.20–Means of Egress	#11-K211-Means of Egress
#8-EC.02.05.05–Utility System Inspect.	#1-K353-Sprinkler Testing #6-K511-Gas & Elec Utilities
#9-EC.02.03.03–Fire Drills	#2-K712 – Fire Drills
(Not in top JC 10)	#4-K345-Fire Alarm Testing #9-K324-Cooking Facilities #10-K355-Fire Extinguishers

December 14, 2017
“Lunch & Learn” Webinar

TOP 10 CITES



Presented by:
Bill Lauzon
Heather Werner