Fall 2019

Department of Health Update

pennsylvania
DEPARTMENT OF HEALTH

Facility and Survey Data thru June 30, 2019

Facilities

- 699 Facilities
- 88,001 Beds

Surveys Completed

- 2,401 Total surveys
- 372 Re-licensure/recertification surveys (Full Health Surveys)
- 799 Revisits (to all types of surveys)
- 2,002 On-site visits (includes complaint visits)

pennsylvania
DEPARTMENT OF HEALTH

Facility and Survey Data 2018

Facilities

- 699 Facilities
- 88,116 Beds

Surveys Completed

- 4,716 Total surveys
- 731 Re-licensure/recertification surveys (Full Health Surveys)
- 1,422 Revisits (to all types of surveys)
- 3,985 On-site visits (includes complaint visits)

pennsylvania
DEPARTMENT OF HEALTH

Facility and Survey Data 2017

Facilities

- 699 Facilities
- 88,003 Beds

Surveys Completed

- 5,262 Total surveys
- 761 Re-licensure/recertification surveys (Full Health Surveys)
- 1,679 Revisits (to all types of surveys)
- 4,245 On-site visits (includes complaint visits)

pennsylvania
DEPARTMENT OF HEALTH

Facility and Survey Data 2016

Facilities

- 704 Facilities
- 88,184 Beds

Surveys Completed

- 5,320 Total surveys
- 712 Re-licensure/recertification surveys (Full Health Surveys)
- 1,706 Revisits (to all types of surveys)
- 4,239 On-site visits (includes complaint visits)

pennsylvania
DEPARTMENT OF HEALTH

Frequency of DNCF Visits thru June 30, 2019

Number of Visits	% of PA facilities
20 +	-
10 to 19	2.00%
6 to 9	11.73%
2 to 5	*52.79%*
1	22.46%
0	11.02%

pennsylvania
DEPARTMENT OF HEALTH

Frequency of DNCF Visits 2018

Number of Visits	**% of PA facilities**
20 +	1.29%
10 to 19	12.73%
6 to 9	28.04%
2 to 5	*48.93%*
1	8.73%
0	0.29%

pennsylvania
DEPARTMENT OF HEALTH

Frequency of DNCF Visits 2017

Number of Visits	**% of PA facilities**
20 +	1.72%
10 to 19	17.74%
6 to 9	25.04%
2 to 5	*46.78%*
1	8.30%
0	0.43%

pennsylvania
DEPARTMENT OF HEALTH

Surveys with Scope & Severity D & Above

	1st ½ 2019	2018	2017	2016
Standard Surveys	342	657	706	665
Complaint Surveys	548	908	984	996
Substandard Quality of Care	10	19	1	6
Immediate Jeopardy Tags	17	22	30	39

pennsylvania
DEPARTMENT OF HEALTH

Statewide Deficiency Free Surveys

1st ½ 2019: 25 Full Health Surveys were deficiency free

2018: 61 Full Health Surveys were deficiency free

2017: 43 Full Health Surveys were deficiency free

2016: 38 Full Health Surveys were deficiency free

pennsylvania
DEPARTMENT OF HEALTH

State Licensure Sanctions

Civil Penalty

May impose up to $500 for each deficiency for each day that each deficiency continues.

pennsylvania
DEPARTMENT OF HEALTH

State Licensure Sanctions

Provisional License

- imposed for up to 6 months
- must have a licensure survey prior to the expiration of the provisional license
- show improvement to return to a regular license
- if no improvement, may move to Provisional II (III, of IV – in order)

pennsylvania
DEPARTMENT OF HEALTH

Provisional Licenses Issued

1st ½ 2019 – 21	2014 – 9
2018 - 3	2013 – 2
2017 – 35	2012 – 2
2016 – 39	2011 - 18
2015 – 19	2010 – 10

pennsylvania
DEPARTMENT OF HEALTH

State Actions

Total state actions for 1st 1/2 2019	Total state actions for 2018	Total state actions for 2017	Total state actions for 2016
PI/CP= 18	PI/CP= 1	PI/CP= 2	PI/CP= 3
PII/CP= 0	PII/CP= 0	PII/CP= 3	PII/CP= 0
PIII/CP= 0	PIII/CP= 0	PIII/CP= 1	PIII/CP= 0
PIV/CP = 0	PIV/CP = 0	PIV/CP = 0	PIV/CP = 0
PI only= 2	PI only= 2	PI only= 14	PI only= 32
PII only= 1	PII only= 0	PII only= 11	PII only= 4
PIII only = 0	PIII only = 0	PIII only = 4	PIII only = 0
PIV only= 0	PIV only= 0	PIV only= 0	PIV only= 0
CP only= 71	CP only= 184	CP only= 95	CP only= 53
Total = 92	Total = 187	Total = 130	Total = 92

PI=Provisional I license
PII=Provisional II license
PIII=Provisional III license

PIV = Provisional IV license
CP=Civil Penalty

pennsylvania
DEPARTMENT OF HEALTH

1st ½ 2019 Complaint Data

Complaint Data

- Total received= 1,906
- Total substantiated= 696
- (36.52%)
- Onsite investigations conducted= 1,887 (99%)
- Substantiated complaints with citations issued at "G" or above= 44 (2.30%)

Most Frequently Filed

- Care or Services 65.59%
- Resident Rights 12.65%
- Environment 12.65%

Complaint Tags

- Total tags cited related to complaints = 618
- Highest S/S cited during complaint surveys = L

pennsylvania
DEPARTMENT OF HEALTH

2018 Complaint Data

Complaint Data

- Total received= 3,748
- Total substantiated= 1,272 (33.94%)
- Onsite investigations conducted= 3,684 (98.29%)
- Substantiated complaints with citations issued at "G" or above= 60 (1.60%)

Most Frequently Filed

- Care or Services 64.41%
- Resident Rights 13.69%
- Environment 13.21%

Complaint Tags

- Total tags cited related to complaints = 1,206
- Highest S/S cited during complaint surveys = L

pennsylvania
DEPARTMENT OF HEALTH

2017 Complaint Data

Complaint Data

- Total received= 3,757
- Total substantiated= 1,425 (36.61%)
- Onsite investigations conducted= 3,702 (98.54%)
- Substantiated complaints with citations issued at “G” or above= 128 (3.29%)

Most Frequently Filed

- Care or Services 65.66%
- Resident Rights 15.61%
- Environment 11.08%

Complaint Tags

- Total tags cited related to complaints = 1,352
- Highest S/S cited during complaint surveys = L

pennsylvania
DEPARTMENT OF HEALTH

Frequently Cited Tags

Listed below are the top 5 most frequently cited tags in order from most cited.

1st ½ 2019	2018	2017	2016	2015
F689	F684	F309	F309	F309
F684	F689	F323	F323	F441
F842	F880	F441	F441	F514
F880	F812	F514	F514	F323
F812	F842	F371	F371	F371

F684 / F309 =QUALITY OF CARE
F880 / F441 =INFECTION PREVENTION & CONTROL
F842 / F514 =RESIDENT RECORDS – INDENTIFIABLE INFORMATION
F689 / F323 =FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES
F812 / F371 =FOOD PROCUREMENT, STORE/PREPARE/SERVE - SANITARY

pennsylvania
DEPARTMENT OF HEALTH

1st Half 2019 Incidents

- Total number of incident reports received: 15,131

- Most Frequently reported events
  - Transfer to Hospital – 5,715
  - Other – 2,813
  - Abuse – 2,637

pennsylvania
DEPARTMENT OF HEALTH

2018 Incidents

- Total number of incident reports received: 29,099

- Most Frequently reported events
  - Transfer to Hospital – 11,587
  - Other – 4,888
  - Abuse – 4,732

pennsylvania
DEPARTMENT OF HEALTH

2017 Incidents

- Total number of incident reports received: 26,279

- Most Frequently reported events
  - Transfer to Hospital – 10,781
  - Abuse – 4,303
  - Other – 4,208

pennsylvania
DEPARTMENT OF HEALTH

IDR

2015
131 Tags disputed
25% deleted (33)
11% revised (15)

2016
232 Tags disputed
19% deleted (45)
11% revised (26)

2017
135 Tags disputed
24% deleted (33)
13% revised (17)

2018
129 Tags disputed
43% deleted (55)
13% revised (17)

2019
(survey exit on/before June 30)
98 Tags disputed
51% deleted (50)
13% revised (13)

pennsylvania
DEPARTMENT OF HEALTH

State IIDR

2015
30 Tags disputed
20% deleted (6)
10% revised (3)

2016
78 Tags disputed
13% deleted (10)
10% revised (8)

2017
40 Tags disputed
10% deleted (4)
8% revised (3)

2018
17 Tags disputed
18% deleted (3)
0% revised (0)

2019
(survey exit on/before June 30)
9 Tags disputed
11% deleted (1)
0% revised (0)

pennsylvania
DEPARTMENT OF HEALTH

Federal IIDR

2015
2 Tags disputed
0% deleted (0)
0% revised (0)

2016
8 Tags disputed
0% deleted (0)
38% revised (3)

2017
20 Tags disputed
0% deleted (0)
30% revised (6)

2018
40 Tags disputed
0% deleted (0)
10% revised (4)

2019
(survey exit on/before June 30)
6 Tags disputed
0% deleted (0)
33% revised (2)

pennsylvania
DEPARTMENT OF HEALTH

Additional Updates

pennsylvania
DEPARTMENT OF HEALTH

Questions?

pennsylvania
DEPARTMENT OF HEALTH

Fall 2019

Presented by:
Charlie Schlegel, Director
Division of Safety Inspection
PA Department of Health

pennsylvania
DEPARTMENT OF HEALTH

Overview

- CMS Emergency Preparedness Update
- ABHR Placement
- Long Term Care Update
- Electronic Plan Review
- Online Occupancy Request Form

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- CMS Letter QSO19-All Emergency Preparedness – Updates to Appendix Z of the State Operations Manual (February 1, 2019)
  - Updates to add emerging infectious diseases to the definition of all-hazards approach, new Home Health Agency citations and clarifications under alternate source of power and emergency standby systems

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- All-Hazards Approach: An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and, interruptions in the normal supply of essentials, such as water and food. Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others. All facilities must develop an all-hazards emergency preparedness program and plan.

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- **E-0004** – Applies to all facility types with the exception of transplant centers
- In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- Natural disasters
- Man-made disasters,
- Facility-based disasters that include but are not limited to: Care-related emergencies;
- Equipment and utility failures, including but not limited to power, water, gas, etc.;
- Interruptions in communication, including cyber-attacks;
- Loss of all or portion of a facility; and
- Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).
- *EIDs such as Influenza, Ebola, Zika Virus and others. These EIDs may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures.*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- **E-0015**
- It is up to each individual facility, based on its risk assessment, to determine the most appropriate alternate energy sources to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, and alarm systems, and sewage and waste disposal.
- *Facilities are not required to upgrade their alternate energy source or electrical systems, but after review of their risk assessment may find it prudent to make modifications. Regardless of the* alternate sources of energy a facility chooses to utilize, it must be in accordance with local and state laws, *manufacturer requirements*, as well as *applicable* LSC requirements *(for example, hospitals are required to have an essential electric system with a generator that complies with NFPA 99 – Health Care Facilities Code and associate reference documents).*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- Facilities must establish policies and procedures that determine how required heating and cooling of their facility will be maintained during an emergency situation, as necessary, if there were a loss of the primary power source. *Facilities are not required to heat and cool the entire building evenly, but must ensure safe temperatures are maintained in those areas deemed necessary to protect patients, other people who are in the facility, and for provisions stored in the facility during the course of an emergency, as determined by the facility risk assessment. If unable to meet the temperature needs, a facility should have a relocation/evacuation plan (that may include internal relocation, relocation to other buildings on the campus or full evacuation). The relocation/evacuation should take place in a timely manner so as not to expose patients and residents to unsafe temperatures.*
- *Note: For LTC under 483.10(i)(6), there are additional requirements for facilities who were initially certified after October 1, 1990 who must maintain a temperature range of 71 to 81 °F.*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- *If a facility risk assessment determines the best way to maintain temperatures, emergency lighting, fire detection and extinguishing systems and sewage and waste disposal would be through the use of a portable and mobile generator, rather than a permanent generator, then the LSC provisions such as generator testing, maintenance, etc. outlined under the NFPA guidelines requirements would not be applicable, except for NFPA 70 National Electrical Code.*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- *Per NFPA 70, portable and mobile generators should:*
- *Have all wiring to each unit installed in accordance with the requirements of any of the wiring methods in Chapter 3.*
- *Be designed and located so as to minimize the hazards that might cause complete failure due to flooding, fires, icing, and vandalism.*
- *Be located so that adequate ventilation is provided.*
- *Be located or protected so that sparks cannot reach adjacent combustible material.*
- *Be operated, tested and maintained in accordance with manufacturer, local and/or State requirements.*

- *For requirements regarding permanently installed generators, please refer to existing Life Safety Code and NFPA guidance.*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- *Extension cords or other temporary wiring devices may not be used to connect electrical devices in the facility to a portable and mobile generator due to the potential for shock, fire, and tripping hazards when using such devices.*
- *The type of protection needed for the fuel stored by the facility for use by the portable and mobile generator will depend on the amount of fuel stored and the location of the storage, as per the appropriate NFPA standard.*
- *If a facility, has a permanent generator to maintain emergency power, LSC and NFPA 110 provisions such as generator location, testing, fuel storage and maintenance, etc. will apply and the facility may be subject to LSC surveys to ensure compliance is met. Please also refer to Tag E0041 Emergency and Standby Power Systems for additional requirements for LTC facilities, CAHs and Hospitals.*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- **E-0018**
- *We also recommend facilities ensure they follow their evacuation procedures as outlined under this section during disasters and emergencies. Facilities are required follow all state/local mandates or requirements under most CoPs/CfCs. If your local community, region, or state declares a state of emergency and is requiring a mandatory evacuation of the area, facilities should abide by these laws and mandates.*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- **E-0037**
- *Facilities may contract with individuals providing services who also provide services in multiple surrounding areas. For instance, an ICF/IID may contract a nutritionist who also provides services in other locations. Given that these contracted individuals may provide services at multiple facilities, it may not be feasible for them to receive formal training for each of the facilities for emergency preparedness programs. The expectation is that each individual knows the facility's emergency program and their role during emergencies, however the delivery of such training is left to the facility to determine.*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- **E-0037**
- *Facilities in which these individuals provide services may develop some type of training documentation-i.e. the facility's emergency plan, important contact information, and the facility's expectation for those individuals during an emergency etc. which documents that the individual received the information/training. Furthermore, if a surveyor asks one of these individuals what their role is during a disaster, or any relevant questions, then the expectation is that the individual can describe the emergency plans/their role.*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- **E-0039**
- Finally, an actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirement and exempts the facility for engaging *in a community-based full-scale exercise or individual, facility-based mock disaster drill* for one year following the actual event; and facilit*ies* must be able to demonstrate this through written documentation. *If a facility activates its emergency plan twice in one year, then the facility would be exempt from both exercises (community-based full-scale exercise and the secondary exercise-individual, facility-based mock disaster drill, table top exercise) for one year following the actual events.*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- **E-0041**
- *If a Hospital, CAH or LTC facility determines that the use of a portable and mobile generator would be the best way to accommodate for additional electrical loads necessary to meet subsistence needs required by emergency preparedness plans, policies and procedures, then NFPA requirements on emergency and standby power systems such as generator installation, location, inspection and testing, and fuel would not be applicable to the portable generator and associated distribution system, except for NFPA 70 - National Electrical Code. (See E-0015 for Interpretive Guidance on portable generators.)*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- **E-0041**
- NFPA 110 contains minimum requirements and considerations for the installation and environmental conditions that may have an effect on Emergency Power Supply System (EPSS) equipment, including, building type, classification of occupancy, hazard of contents, and geographic location. NFPA 110 requires that EPSS equipment, including generators, to be designed and located to minimize damage (e.g., flooding). *The NFPA 110 generator location requirements apply to EPSS (e.g. generators) that are permanently attached and do not apply to portable and mobile generators used to provide or supplement emergency power to Hospitals, CAHs and LTC facilities. (See E0015 for Interpretive Guidance on portable generators.)*

pennsylvania
DEPARTMENT OF HEALTH

CMS Emergency Preparedness

- CMS proposals for “Burden Relief”
- These were proposals only
- Do not change your plan, policies or procedures based upon proposals
- CMS will formally notify states and providers if any proposals or changes are made to emergency preparedness

pennsylvania
DEPARTMENT OF HEALTH

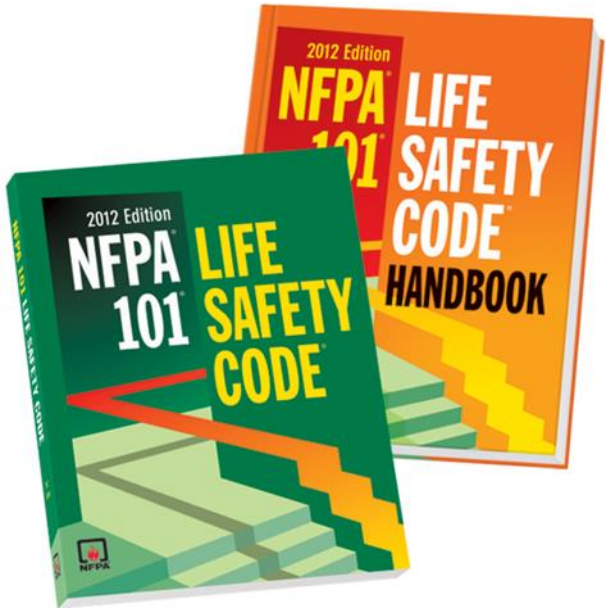
CMS Emergency Preparedness

- CMS Emergency Preparedness survey (EP survey) is completed at every full federal certification survey – Initial Certification, Recertification and Validation Surveys
- This is a full survey in itself, with a separate 2567 Statement of Deficiencies
- The same rules for Condition Level deficiencies and Scope and Severity apply to the EP survey

pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC

- CMS adopted the 2012 LSC and Health Care Facilities Code (HCFC) with an effective date of July 5, 2016
  - Hospitals
  - Ambulatory Surgical Facilities (ASF's)
  - Nursing Homes



*The HCFC is also known as NFPA 99

pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC

- The 2012 LSC requirements for ABHR Dispensers are found at 18/19.3.2.6 for Hospitals/Nursing Homes and 20/21.3.2.6 for ASF's
- The requirements are the same

pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC

- Where installed in a corridor, the corridor shall be 6 ft in width
- Maximum individual dispenser fluid capacity:
  - 1.2 L for dispensers in rooms and corridors
  - 2.0 L for dispensers in suites of rooms
- Where aerosol containers are used, maximum capacity shall be 18 oz and limited to Level 1 aerosol per NFPA 30B
- Dispensers must be at least 4 ft apart

pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC

- Not more than 10 gallons of ABHR solution or 1,135 oz of Level 1 aerosols, or a combination of solution and aerosols, shall be used outside of a storage cabinet in a single smoke compartment, with exception of the following:
  - One dispenser per room and located in that room shall not be included in the aggregate total

pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC

Emergency Escape Plan

pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC

- Storage greater than 5 gallons in a single smoke compartment must comply with NFPA 30 (rated storage cabinet)
- Dispensers cannot be installed one inch above, below or to the side of an ignition source
- Dispensers cannot be installed over carpet unless the smoke compartment is fully sprinklered
- ABHR solution shall not exceed 95% alcohol content by volume

pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC

- The dispenser shall not release its contents except when the dispenser is activated, manual or touch-free activation
- Activation shall only occur when an object is placed within 4 inches of the sensing device
- An object placed within the activation zone shall not cause more than one activation
- The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions

pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC

- The dispenser shall be designed, constructed and operated in a manner that ensures that accidental or malicious activation of the device is minimized
- The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed

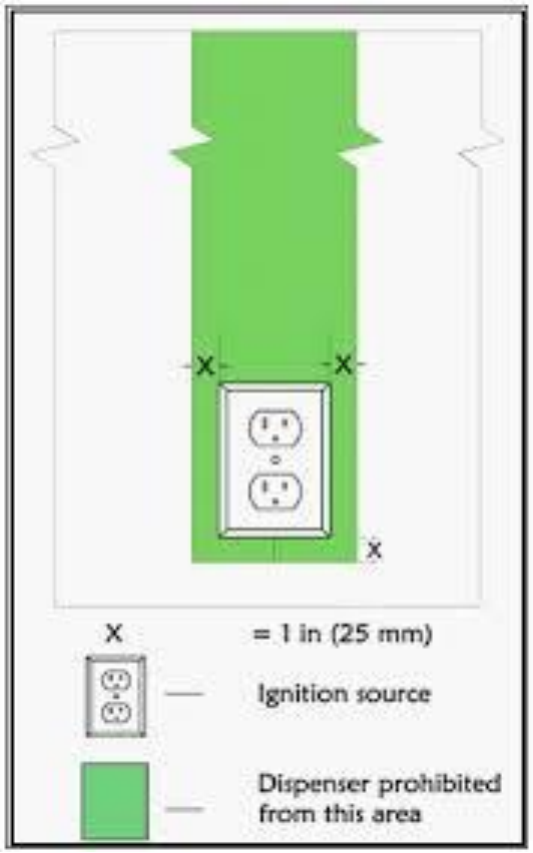
pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC

- Doing the math…
- 1.2 L dispensers
- 10 gallons per smoke compartment in use and in storage = 31, 1.2 L dispensers
  - Remember that one dispenser per room does not count towards the total
  - Also note that rooms have 4 walls and a door
  - Storage within a fire-rated cabinet does not count towards the aggregate total (5 gallons or more must be stored in such a cabinet)

pennsylvania
DEPARTMENT OF HEALTH

ABHR - LSC



pennsylvania
DEPARTMENT OF HEALTH

Receptacle Testing

- 2012 NFPA 99, Section 6.3.4.1
- 6.3.4.1.1 – Where hospital-grade receptacles are required at patient bed location and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement or servicing of the device

pennsylvania
DEPARTMENT OF HEALTH

Receptacle Testing

- 2012 NFPA 99, Section 6.3.4.1
- 6.3.4.1.2 – Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data.
- 6.3.4.1.3 – Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months

pennsylvania
DEPARTMENT OF HEALTH

Receptacle Testing

- 2012 NFPA 99, Section 6.3.4.1
- If you do not have documented performance data, the facility cannot define testing intervals and will be reviewed as not exceeding 12 months
- If you do have documented performance data and it is poor performance, testing will be reviewed as not exceeding 12 months or less if defined by the facility as such

pennsylvania
DEPARTMENT OF HEALTH

Firestop Systems

- Through-penetration firestop systems for penetrations of fire-rated assemblies
- For new work and occupancies, it is important to maintain documentation on the firestop systems used
- It is important to remember that it is a system and not just a product

pennsylvania
DEPARTMENT OF HEALTH

Firestop Systems

- Products are routinely being used outside of tested firestop systems and are not valid
- If you have questions, contact your firestop product manufacturer or research the proper use of the product
- There have been multiple trainings throughout PA on the proper use of firestop systems

pennsylvania
DEPARTMENT OF HEALTH

NFPA 25 – Sprinkler Maintenance

- Internal inspection of piping added to the 2011 edition of NFPA 25
- With the July 5, 2016 adoption of the 2012 LSC, facilities need to have this new inspection requirement completed prior to July 5, 2021
- Inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material

pennsylvania
DEPARTMENT OF HEALTH

NFPA 25 – Sprinkler Maintenance

- Alternative nondestructive examination methods shall be permitted – must be approved by the AHJ
- Tubercules or slime, if found, must be tested for indications of microbiologically influenced corrosion
- If the presence of sufficient foreign material is found to obstruct pipe or sprinklers, obstruction investigation must be conducted – note that most piping systems may contain some material or evidence of corrosion but not sufficient to trigger obstruction investigation

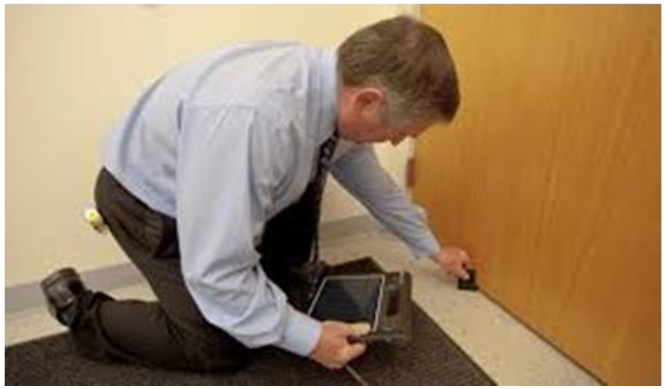
pennsylvania
DEPARTMENT OF HEALTH

Annual Fire Door Inspection/Testing

- Inspection and testing requirements for fire-rated door assemblies in accordance with NFPA 80
- This is an item that initially became part of the survey process beginning July 5, 2017, but this date was extended to January 1, 2018 per CMS Survey and Certification Letter 17-38-LSC, dated July 28, 2017
- The letter also clarifies that the requirement is specific to fire-rated doors and not smoke doors that are non-rated

pennsylvania
DEPARTMENT OF HEALTH

Annual Fire Door Inspection/Testing



pennsylvania
DEPARTMENT OF HEALTH

Annual Fire Door Inspection/Testing

- Fire-rated door assemblies
  - Applies to new and existing installations
  - Inspected and tested not less than annually
  - Written record shall be signed and kept for inspection by the AHJ – This is a comprehensive document
  - Functional testing by knowledgeable individuals
    - Not required to hold a certification although there are classes that are becoming available to obtain a certification
  - Repairs shall be made “without delay”

pennsylvania
DEPARTMENT OF HEALTH

Annual Fire Door Inspection/Testing

- Fire-rated door assemblies – Swinging doors
  - Prior to testing, a visual inspection of both sides must be performed, to include the following:
    - No holes or breaks in surfaces of door or frame
    - Glazing, vision light frames and glazing beads
    - No visible signs of damage to the door, frame, hinges, and hardware
    - No parts are missing or broken
    - Door clearances are appropriate
    - Self-closing device operating properly

pennsylvania
DEPARTMENT OF HEALTH

Annual Fire Door Inspection/Testing

- Fire-rated door assemblies – Swinging doors
  - Visual inspection continued:
    - If installed, the coordinator is working
    - Latching hardware operates
    - No auxiliary hardware installed that would interfere with proper door operation
    - No field modifications that would void the label
    - Gasketing and edge seals, if required, are inspected

pennsylvania
DEPARTMENT OF HEALTH

Annual Fire Door Inspection/Testing

- Similar requirements for horizontal sliding, vertically sliding and rolling doors
- Recommend that facilities begin preparing for the door testing and inspection requirements – do not wait to get cited first

pennsylvania
DEPARTMENT OF HEALTH

Fire Door Maintenance

- NFPA's Health Care Interpretations Task Force (HITF)
- *MISSION: To provide consistent interpretations on national codes and standards referenced by CMS, JCAHO and state and territorial authorities having jurisdiction. This will be accomplished through the evaluation of field conditions, surveyor/inspector/fire marshal interpretations, and questions by consumers of these services generated through a member of the task force.*
- July 15, 2016 HITF meeting discussed fire doors that no longer were required to be fire-rated

pennsylvania
DEPARTMENT OF HEALTH

Fire Door Maintenance

- **QUESTION.** Is it permissible to remove the label on a fire protection rated door that is installed in a location where a fire protection rated door is not required?
- **RESPONSE.** YES. Removing the label can be considered the same as rendering the door as other than a fire protection rated door. Covering the label is not an option. It should also be noted that the provisions of NFPA 80 do not apply.

pennsylvania
DEPARTMENT OF HEALTH

Fire Door Maintenance

pennsylvania
DEPARTMENT OF HEALTH

Fire Door Products

- Facilities must be very careful that they are using fire door products in accordance with their testing or listing, especially door gaps
- Just because a product is rated for use on a fire door does not mean that it can be installed to take up door gaps
- Only certain, specific products have been tested for this use at this time

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- CMS Survey and Certification Letter 17-07-NH, November 9, 2016
- First comprehensive review and update of the CMS long term care regulations since 1991, despite substantial changes in service delivery

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- This update contained massive changes to the health survey requirements, to include new deficiency tags and a new survey process
- Many have missed the changes in Physical Environment to resident rooms
- Update on the CMS proposed rule change that clarifies this newer requirement

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- F462
- §483.90(e) Bathroom Facilities Each resident room must be equipped with or located near toilet and bathing facilities. For facilities that receive approval of construction from State and local authorities or are newly certified after November 28, 2016, each residential room must have its own bathroom equipped with at least a commode and sink.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- F457
- §483.90 (d)(1) Bedrooms must-
- §483.90(d)(1)(i) Accommodate no more than four residents;. For facilities that receive approval of construction or reconstruction plans by State and local authorities or are newly certified after November 28, 2016, bedrooms must accommodate no more than two residents.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- 2012 Life Safety Code definition of Reconstruction
  - Section 43.2.2.1.4: The reconfiguration of a space that affects an exit or a corridor shared by more than one occupant space; or the reconfiguration of a space such that the rehabilitation work area is not permitted to be occupied because existing means of egress and fire protection systems, or their equivalent, are not in place or continuously maintained.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- "Reconstruction" means the facility undergoes reconfiguration of the space such that the space is not permitted to be occupied, or the entire building or an entire occupancy within the building, such as a wing of the building, is modified. The requirement applies to the reconstructed area, so that where reconstruction involves a limited area within a building, we would not expect the entire building to upgrade to the new requirements of no more than two residents per room.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- CMS interpretive guidance for Health Tag F911
- GUIDANCE: §483.90(e)(1)(i)
- "Reconstruction" means the facility undergoes reconfiguration of the space such that the space is not permitted to be occupied, or the entire building or an entire occupancy within the building, such as a wing of the building, is modified. The requirement applies to the reconstructed area, so that where reconstruction involves a limited area within a building, we would not expect the entire building to upgrade to the new requirements of no more than two residents per room.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- CMS interpretive guidance for Health Tag F911
- When a facility undergoes a change of ownership under §489.18 and the new owner does not accept assignment of the existing provider agreement and requires a "new initial certification" for a new provider agreement that would be effective after November 28, 2016, the facility would be expected to be upgraded to meet these new requirements of each bedroom accommodating not more than two residents. This would also apply when the provider agreement was terminated by CMS and another provider is working to reopen the facility.

- For facilities that receive approval of construction or reconstruction plans from State and local authorities or are newly certified after November 28, 2016 each resident room must meet the new requirements of no more than two residents per room.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- When a facility undergoes a change of ownership under §489.18 and the new owner does not accept assignment of the existing provider agreement and requires a "new initial certification" for a new provider agreement that would be effective after November 28, 2016, the facility would be expected to be upgraded to meet these new requirements of each bedroom accommodating not more than two residents. This would also apply when the provider agreement was terminated by CMS and another provider is working to reopen the facility.

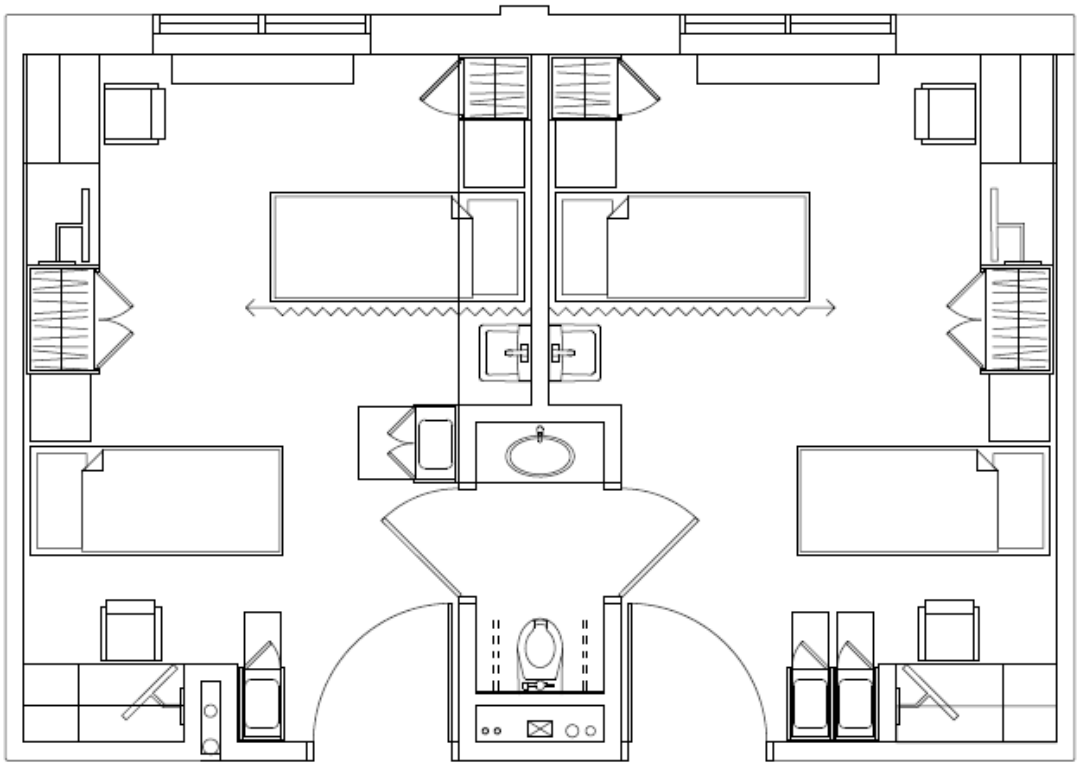
pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- For facilities that receive approval of construction or reconstruction plans from State and local authorities or are newly certified after November 28, 2016 each resident room must meet the new requirements of no more than two residents per room.

pennsylvania
DEPARTMENT OF HEALTH

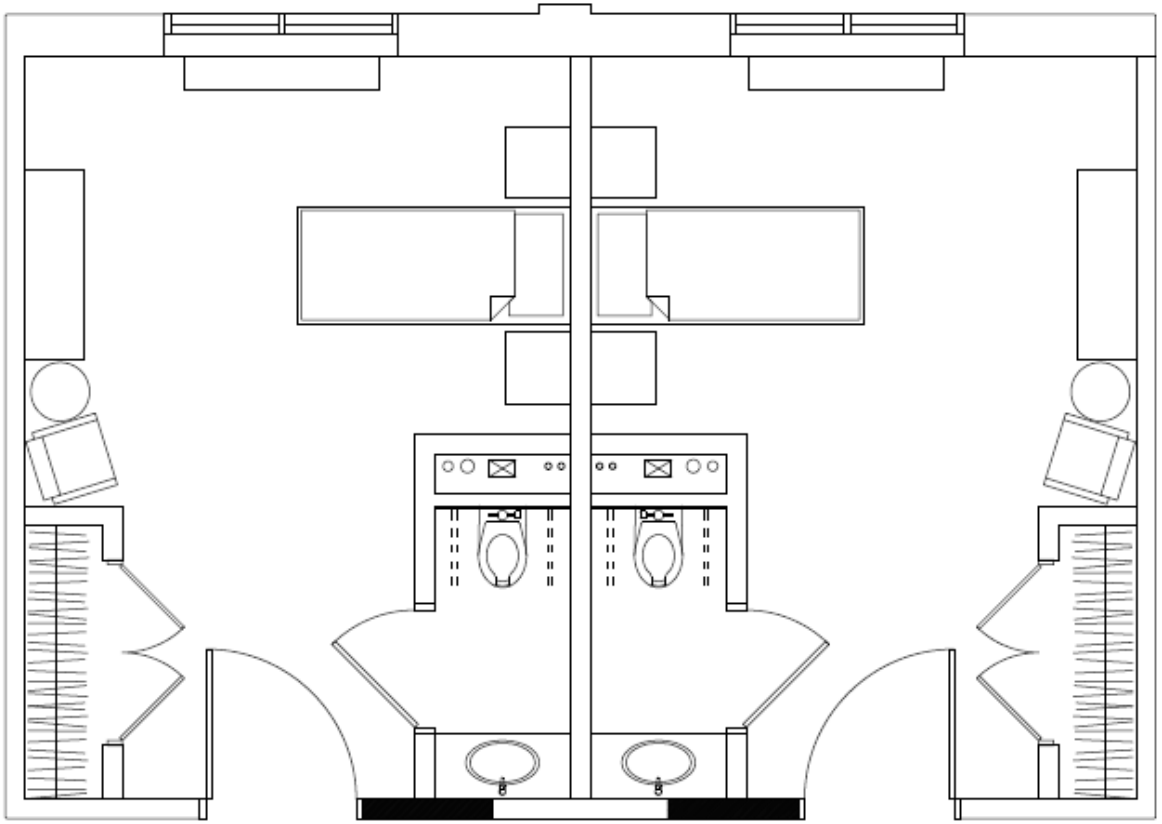
Long Term Care Update



EXISTING UNIT

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update



PROPOSED SINGLE OCCUPANCY UNITS

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- CMS issued a proposed rule change in the Federal Register on July 18, 2019
- Comments closed on September 16, 2019
- For Physical Environment, there are two significant proposed changes

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- Revision to the requirements that newly constructed, reconstructed or newly certified facilities accommodate no more than two residents in a bedroom and equip each resident room with its own bathroom with commode and sink

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- CMS proposed to only apply this requirement to newly constructed and newly certified facilities that have never been a nursing home before
- This potential change would create a lot more flexibility in renovations of existing nursing homes

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- The second CMS proposed change is to permit existing nursing homes to continue to use the 2001 Fire Safety Evaluation System (FSES) mandatory values when determining compliance for containment, extinguishment and people movement requirements

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- This proposal would allow older facilities who may not meet the FSES requirements in the recently adopted 2012 Life Safety Code (LSC) to remain in compliance with the older FSES without incurring substantial expenses to change their construction types, while maintaining resident and staff safety.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- Note that this is still a proposed CMS rule change
- Until such time that it becomes final, the current requirements apply and not the proposed changes
- CMS must review all comments received, respond to the comments and post a final determination
- The next slides will review FSES compliance that apply at this time

pennsylvania
DEPARTMENT OF HEALTH

FSES Update

- CMS S&C Letter 17-15-LSC
- Updates FSES requirements from 2001 NFPA 101A to 2013 NFPA 101A to reflect adoption of the 2012 LSC
- FSES can be completed by the facility, a trained consultant or the SA at their discretion
- FSES is submitted to the SA for review
- New requirement:
  - The SA must send the FSES to the CMS RO for final approval as part of the Plan of Correction
  - FSES must be completely new at each annual (or other survey frequency depending on facility type) survey and must reflect the results of the SA LSC survey

pennsylvania
DEPARTMENT OF HEALTH

FSES Update

- New 2013 NFPA 101A mandatory values for existing high rise buildings and existing nursing homes have created issues with facilities failing to comply
- Note that even though the facility may have complied with previous versions of the FSES, the facility may still fail the 2013 version, especially for multi-story Type of Construction issues
- S&C 17-15-LSC provides the opportunity for existing Long Term Care Facilities (Nursing Homes) to request and receive a time-limited waiver for up to 5 years to correct certain deficiencies
- With the proposed rule change, facilities that fall into the 5 year waiver category will be back into compliance if they previously met the 2001 FSES

pennsylvania
DEPARTMENT OF HEALTH

FSES Update

WORKSHEET 4.7.7 INDIVIDUAL SAFETY EVALUATIONS

Safety Parameters	Containment Safety (S_1)	Extinguishment Safety (S_2)	People Movement Safety (S_3)	General Safety (S_4)
1. Construction				
2. Interior Finish (Corr. and Exit)				
3. Interior Finish(Rooms)				
4. Corridor Partitions/Walls				
5. Doors to Corridor				
6. Zone Dimensions				
7. Vertical Openings				
8. Hazardous Areas				
9. Smoke Control				
10. Emergency Movement Routes				
11. Manual Fire Alarm				
12. Smoke Detection and Alarm				
13. Automatic Sprinklers			+ 2 =	
Total Value	S_1 =	S_2 =	S_3 =	S_4 =

WORKSHEET 4.7.8A MANDATORY SAFETY REQUIREMENTS — NEW HOSPITALS, EXISTING HOSPITALS, OR NEW NURSING HOMES

Zone Location	Containment (S_a)		Extinguishment (S_b)		People Movement (S_c)	
	New	Exist.	New	Exist.	New	Exist.
1st story	11	5	15(12)[a]	4	8(5)[a]	1
2nd or 3rd story[b]	15	9	17(14)[a]	6	10(7)[a]	3
4th story or higher but not high rise	18	9	19(16)[a]	6	11(8)[a]	3
High rise	18	17	19(16)[a]	16	11(8)[a]	7

[a] Use ( ) in zones that do not contain patient sleeping rooms.

[b] For a 2nd story zone location in a *sprinklered* EXISTING hospital, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: $S_a = 7$, $S_b = 10$, and $S_c = 7$.

WORKSHEET 4.7.8B MANDATORY SAFETY REQUIREMENTS — EXISTING NURSING HOMES

Zone Location	Containment (S_a)	Extinguishment (S_b)	People Movement (S_c)
1st story	0	10	0
2nd story	2	10	2
3rd story	6	14	2
4th story or higher	8	16	2

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- Code language was adopted in the 2015 LSC to permit murals on egress doors to disguise the doors
- Limited to areas where the clinical needs of the patients/residents require specialized security measures or where they pose a security threat

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- The adopted edition of the LSC by CMS and PADOH is the 2012 edition
- Later editions, such as the 2015 are not used for state licensure or federal certification purposes
- If facilities are interested in this section or other sections in later editions, organizations will need to reach out to CMS to demonstrate the importance of these changes and request the use of categorical waivers

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- There has been a recent trend towards dialysis services within a nursing home
- CMS issues two letters of guidance on this topic:
  - QSO-18-22-ESRD
  - QSO-18-24-ESRD

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- In-Center Dialysis – may involve either:
  - Transporting the resident to and from an off-site certified ESRD facility for dialysis treatments; or
  - Transporting the resident to a location within or proximate to the nursing home building which is separately certified as an ESRD facility providing in-center dialysis

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- Home Dialysis in a Nursing Home – The resident receives dialysis treatments in the nursing home. These dialysis treatments are administered and supervised by personnel who meet the criteria for qualifications, training, and competency verification as stated in this guidance and are provided under the auspices of a written agreement between the nursing home and the ESRD facility.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- The review of dialysis services in a nursing home should be considered an extension of the ESRD core survey and as such will require additional survey time.
- The ESRD survey tasks for review of dialysis in a nursing home involves the following activities: (1) survey tasks at the ESRD facility prior to the on-site visit at the nursing home,

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- (2) survey tasks conducted at the nursing home, and (3) survey tasks conducted at the ESRD facility after the on-site nursing home visit.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- **Important Note**:
  - If your facility plans on providing this service, **contact plan review**
  - The companies wanting to provide the dialysis services are not the best at providing nursing homes with good guidance on steps for approval
  - They will tell you that it is CMS approved, no real construction is occurring, they have done it elsewhere, etc.

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- The LTC state licensure requirements have been completely rewritten and are going through the process to be approved for use
- Largest change for physical environment:
  - Requiring renovations, new construction and alterations to meet the FGI Guidelines

pennsylvania
DEPARTMENT OF HEALTH

Long Term Care Update

- LSC is the same
- Plan review and occupancy requirements are the same
- Much of the state licensure requirements are removed where there are overlapping federal requirements
- When it makes it to the comment period, notifications will be sent out – *your opportunity to request changes*

pennsylvania
DEPARTMENT OF HEALTH

Electronic Plan Review

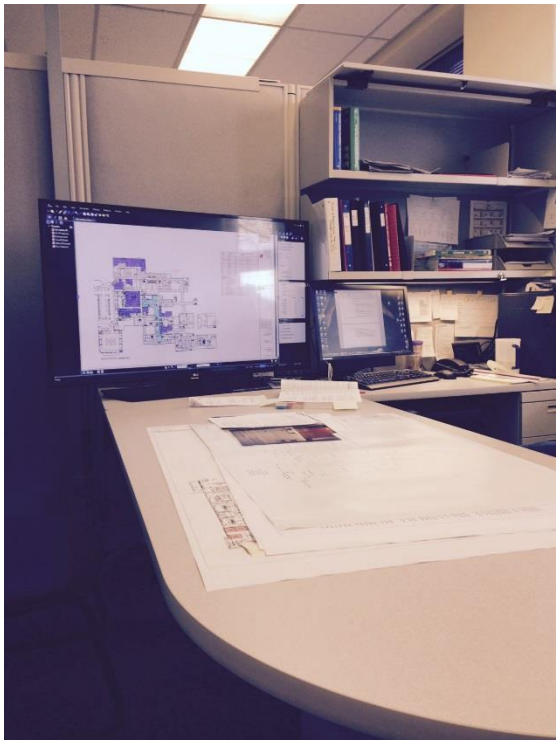
- Starting October 1, 2016, the process for plan review changed from paper submittal to electronic submittal
- Plan submitters must set up a library with DSI to submit and retrieve reviewed plans
  - One library per architectural office, engineer office, health care facility or other submitter
  - The library account can be a resource account
  - Any questions can be directed to the plan review clerk at 717 787-1911

pennsylvania
DEPARTMENT OF HEALTH

Electronic Plan Review

– This…

To this…



pennsylvania
DEPARTMENT OF HEALTH

Electronic Plan Review

- **<u>One printed set of approved plans must continue to be onsite at all times</u>**
  - No final occupancy approval will be granted if approved plans are not onsite
  - If this issue is found during the construction project, construction will be stopped until such time that DOH approved plans are onsite
  - This includes any approved revisions
- If a facility wishes to propose an alternate source of supplying onsite approved plans that are readily accessible to LSC surveyors, they are to contact their field office for prior approval

pennsylvania
DEPARTMENT OF HEALTH

Electronic Plan Review

- Required documentation for plan review remains the same
- Functional program narrative per FGI Guidelines
- Any DAAC exceptions for a final plan review are received before final plan submittal
  - Submit as a preliminary review
- Safety Risk Assessment (SRA) – not just an Infection Control Risk Assessment
- New Plan Review Checklist requires that the submitter check the box stating that an SRA was completed and available onsite to the survey team

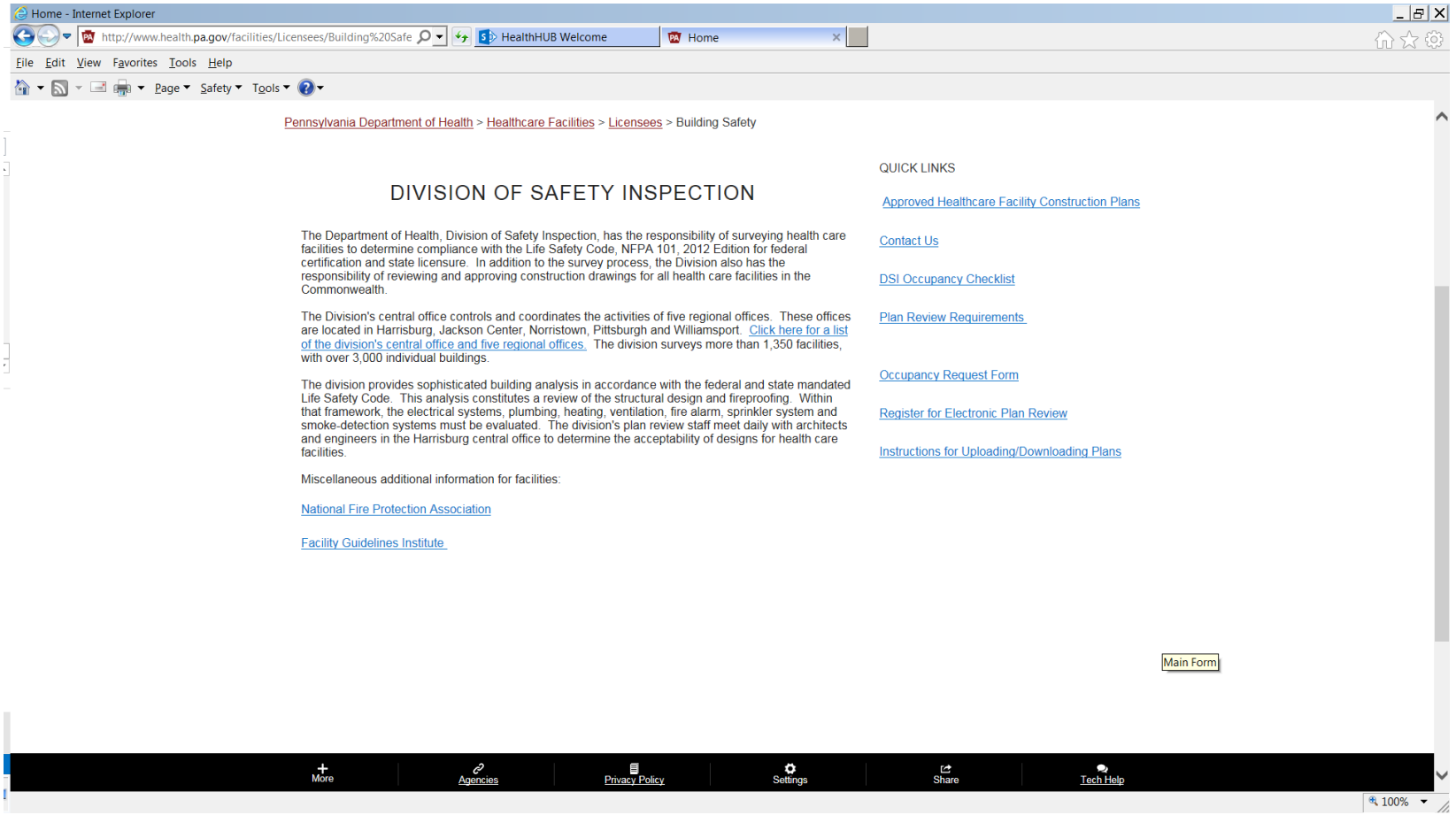
pennsylvania
DEPARTMENT OF HEALTH

Occupancy Surveys

- Requests for occupancy surveys are electronic
- All requests will be submitted electronically through the DOH website – **no exceptions**
  - Provides consistency
  - Eliminates confusion on requests
  - Better tracking of occupancies
  - Goal is to streamline the process
- http://www.health.pa.gov/facilities/Licensees/Building%20Safety/Pages/default.aspx#.WAUxsqPD-_5

pennsylvania
DEPARTMENT OF HEALTH

Occupancy Surveys



pennsylvania
DEPARTMENT OF HEALTH

Questions?

pennsylvania
DEPARTMENT OF HEALTH

Contact Information

Charlie Schlegel | Director
Department of Health | Division of Safety Inspection
2150 Herr St., 1st Floor, Ste A. | Harrisburg, PA 17103
Phone: 717.787.1911 | Fax: 717.787.1491
www.health.state.pa.us
cschlegel@pa.gov

pennsylvania
DEPARTMENT OF HEALTH