

# DSI Update



Presented by:

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# Overview

- Time Limited Waivers
- FGI Guidelines
- Chapter 205
- Chapter 204
- Alcohol-Based Hand Rub
- Emergency Preparedness

# DSI

- Division of Safety Inspection (DSI)
- Two main purposes
- First, survey health care facilities for existing building compliance and for new construction, renovations and alterations
- These surveys are specific to compliance with the National Fire Protection Association's (NFPA) 101, the Life Safety Code (LSC)

# DSI

- The LSC provides requirements to protect building occupants from fire and similar emergencies
- Nursing homes are a vulnerable population that cannot evacuate, and defend in place principles are used to protect residents

# DSI

- Second and equally important is the plan review department
- Plan review is unique in the Department of Health and reviews all proposed health care construction, renovations and alterations
- These reviews are for compliance with the LSC and for the appropriate Health division physical plant requirements

# DSI

- Plan review will use the physical environment requirements for the specific health care building type to ensure that the plans comply with those requirements
- Plan reviewers reach out to the appropriate division with questionable compliance and flag issues that may require exception review

# DSI

- The approved plans will have specific DOH stamps on the front cover page
- This includes an “H” number
  - H for Health, the next two digits are the last two digits of the year, and the last digits are chronological order of approval
- Plan reviewers will “red mark” plans that are close to compliance but require additional guidance

# DSI

- A red mark example could be a door size, such as, “This door must be 48 inches in clear width.”
- The red marks are part of the approval and must be completed for compliance with the approved plans
- Note – the specific Health division is required to survey for their specific physical environment requirements onsite. DSI only reviews LSC compliance during occupancy surveys.



# DSI

- For example, a nursing home sends plan review a project to build a new soiled utility room
- Plan review checks compliance for all LSC and Health division requirements
- DSI surveyors go onsite for the LSC requirements, such as sprinkler protection, fire protection of the room and similar
- Health surveyors go onsite for their physical environment requirements, such as a sink and distance from rooms served

# Time Limited Waivers

- Nursing homes have strict CMS timeframes to correct deficiencies
- Time Limited Waivers are a tool to assist nursing homes in regaining compliance where building components, system parts or similar have longer lead times

# Time Limited Waivers

- For example, a facility is cited for a fire-rated door not working properly, and the door company has provided documentation that the facility has purchased the replacement door, but the delivery time is close to 90 days
- It is likely the deficiency will not be corrected within the 90 days and could possibly go into DPNA

# Time Limited Waivers

- The facility should reach out to the DSI field office supervisor to discuss a Time Limited Waiver for the door deficiency
- The field office supervisor will provide a template
- While the template is addressed to the division director, the field office staff review and process the Time Limited Waiver

# Time Limited Waivers

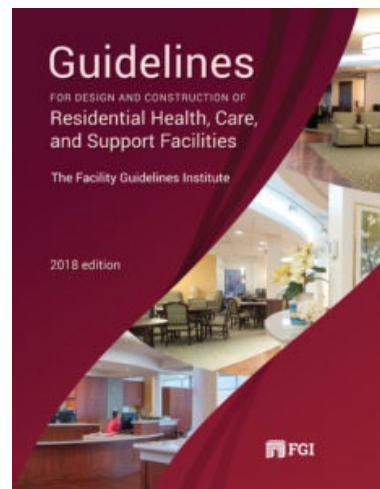
- CMS has a requirement that Time Limited Waivers are entered into the Federal survey system
- The CMS survey system does not provide any feedback that the waiver was approved or disapproved – being entered into the system by DSI is considered sufficient for recommendation of the waiver request

# Time Limited Waivers

- DSI has an internal tracking spreadsheet
  - Reviewed by supervisor
  - Reviewed by manager
  - Submitted to CMS
- DSI fields lots of facility calls in reference to getting an approval confirmation. DSI does not get an approval confirmation to forward but can confirm whether the waiver was submitted to CMS

# FGI Guidelines

- What are the FGI Guidelines?
- These are requirements for new construction, renovations and alterations to provide physical environments that are conducive to high quality resident care



# FGI Guidelines

- The Facility Guidelines Institute (FGI) is a collection of health care experts from across the nation, to include Authorities Having Jurisdictions (AHJs), medical professionals, facility representatives, architects, engineers, etc.
- FGI is on a 4 year cycle and continuously works to produce guidelines that are relevant to new health care environments



# FGI Guidelines

- These include requirements for everything from a Resident Safety Risk Assessment (RSRA), to the floor being cleanable and non-skid, to nurse call requirements (hardwired or wireless), to air exchange, temperature and humidity requirements, to lighting (natural and artificial), to sinks (which even includes depth of basin to prevent splashing), furniture, etc.

# FGI Guidelines

- An RSRA is an important part of any health care project (Section 1.2-3)
- This is a multi-disciplinary group that starts in the planning of the project and continues for the life of the project
- There are considerations for infection control, resident handling and movement, fall risks, safety and security, mental health, etc.
- How can the facility complete the project to provide the best possible environment outcome with the least disruptions to the existing environment?

# FGI Guidelines

- The specific nursing home requirements are found in 3.1
- Often in the FGI Guidelines, users will be referred to common requirement sections
- For example, if nursing homes and 5 other facility types are required to have resident call systems that comply with UL 1069, then the nursing home section will refer to the requirement that is common for all 5

# FGI Guidelines

- The FGI Guidelines also use many tables for building system requirements
- One of interest is Table 2.5-1 – this table permits water temperatures in new construction to be 70-120 degrees Fahrenheit

# FGI Guidelines

- The FGI Guidelines include appendix text and tables as well
- The appendix material is meant for educational and guidance purposes, but it is not typically enforceable
- For example, there is an Appendix Table A2.5-a that details the maximum length of hot water system pipe or tube
- While this is great information based on national plumbing codes, it is appendix and the plumbing certification from the local or state official would be more appropriate

# FGI Guidelines

- Starting July 1, 2023, new projects for nursing must comply with the 2018 edition of the FGI Guidelines For Design and Construction of Residential Health, Care and Support Facilities
- There are currently 3 FGI books – Hospital, Outpatient and Residential
- There are also multiple editions to include a more current 2022 edition
- Please ensure that you are using the correct edition and book

# Chapter 205

- Existing building compliance remains under Chapter 205 for physical environment requirements until such time that construction, renovations or alterations occur
- Chapter 205 is essentially the same existing requirements prior to the nursing home regulation updates

# Chapter 205

- There was a lot of work to update language and some of the older requirements to newer terms and current practices, but this is very difficult in the regulatory process
- The goal was not to have existing nursing homes out of compliance with new regulations starting July 1, 2023, but to provide a path to these existing homes move towards the requirements in Chapter 204 over time as they upgrade their building(s)



# Chapter 204

- Chapter 204 is new for nursing home compliance
- Every single requirement in Chapter 205 was reviewed and discussed thoroughly to ensure that it was either covered in Chapter 204 or not needed in the current compliance environment
- You will find that some Chapter 205 requirements remained in Chapter 204, in addition to FGI Guidelines compliance

# Chapter 204

- Chapter 204 applies to new construction, renovations and alterations to nursing homes starting with plan approval for new projects on July 1, 2023
- Projects approved prior to this date will continue to be reviewed and surveyed under Chapter 205 for the life of the project, which is 5 years from the initial plan approval date

# Chapter 204

- For example, a nursing home had plans approved on January 1, 2023 under the existing requirements for renovations to upgrade two wings of the facility
- They bring in plans on July 1, 2023 to make some minor revisions to the approved plans
- These plans would continue to be reviewed under Chapter 205 for the life of the project due to initial approval being prior to July 1.

# Chapter 204

- This project would also be reviewed onsite during the occupancy survey under the existing requirements
- While the occupancy might be after July 1, the initial plan approval was prior to July 1 and the existing requirements continue to apply

# Chapter 204

- The new requirements in Chapter 204 only apply to the work approved in the initial plan approval starting July 1
- Example would be a new nurse call system
- The nurse call system would be required to comply with the FGI Guidelines, but the remainder of the building would not be required to be updated to meet all the FGI Guideline and Chapter 204 requirements

# Chapter 204

- How does a surveyor know what requirements the project was approved under?
- The plans are stamped on the cover sheet with the review conducted
- Each project receives an approval letter that will detail this information
- The plan review team also has an internal plan examiner worksheet used to create the letter that also details this information

# Plans and Revisions

- What happens when you are unsure if a project would require plan review by DOH?
- Call the Central Office of the Division of Safety Inspection at 717 787-1911
- Health Facility Plan Reviewers are available daily to field these questions

# Plans and Revisions

- Plan reviewers will request a short narrative describing the proposed project
- If it is determined that the scope of work does not require a full plan review, the plan reviewer will respond to the facility with a letter



# Plans and Revisions

- Facility has submitted and received plan approval for a project
  - One set of the approved plans must be kept at the jobsite at all times
  - Review the plans for any red marks made by the plan reviewer
  - Red marks are part of the approved plans and must be adhered to

# Plans and Revisions

- Facility has submitted and received plan approval for a project – continued:
  - Contractors are to be working from plans showing the red mark notations
  - If the contractors are not working from plans with the red mark notations, it is typical that the project does not pass the occupancy inspection

# Plans and Revisions

- Facility has submitted and received plan approval for a project – continued:
  - Check to see if the plan reviewer has requested revisions to be submitted, to include sprinkler drawings
  - This information can be found on the cover sheet of the approved plans and on the plan review approval letter

# Plans and Revisions

(717) 787-1911

October 27, 2014

[REDACTED]

File No.: [REDACTED]

Plan Reviewer: [REDACTED]

Drawing Index: H-14-1236

Approval Date: 10/14/2014

**RE:** [REDACTED]

Dear [REDACTED]:

Plans for the subject project have been approved. This is a Type II (222) fully sprinklered building construction as per NFPA 220 and shall comply with the NFPA 101, "Life Safety Code," 2000 Edition, including Chapter 2 and all Hospital Licensure Regulations as adopted by the Pennsylvania Department of Health.

**Sprinkler shop drawings are required. Revisions required for door schedule; lighting schedule and ceiling finish.**

This project must also comply with the 2010 Edition of the "Guidelines for Design and Construction of Healthcare Facilities", Chapter 1.2-3, **Infection Control Risk Assessment (ICRA)**. Adequate precautions must be taken to maintain a safe environment of care throughout the construction project. Sanctions may be imposed by regulatory authorities for failure to maintain a safe environment of care.

# CMS 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.**

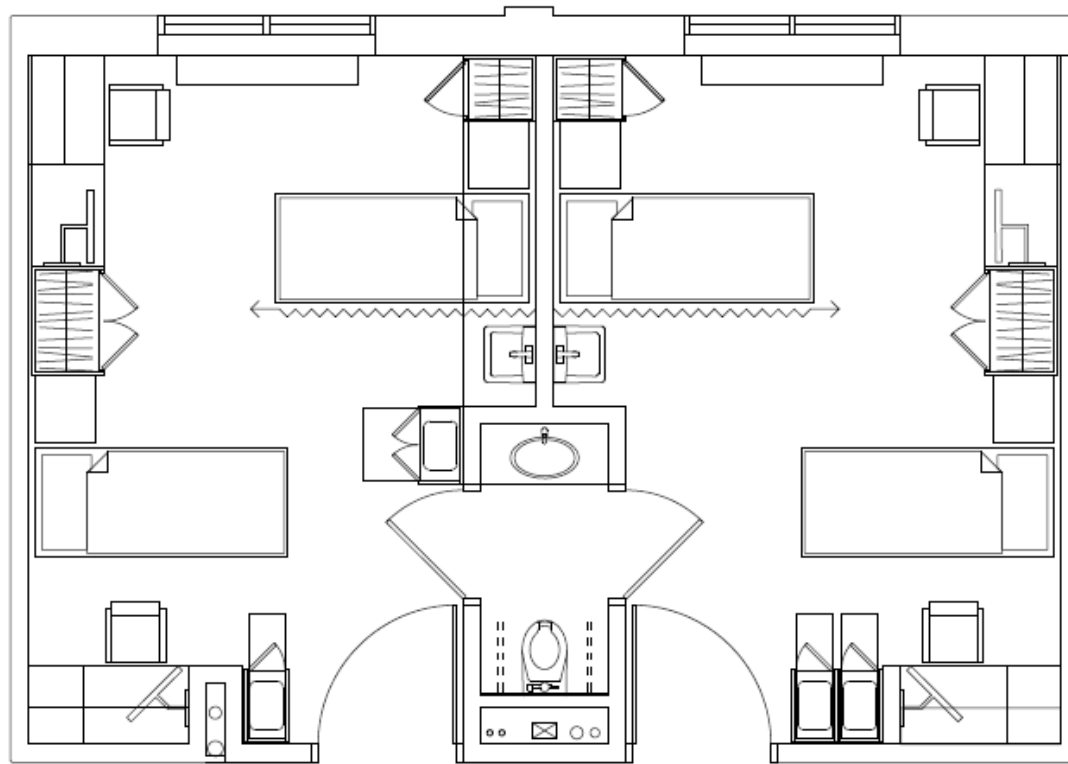
# CMS Long Term Care Update

- 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.**

# CMS 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.

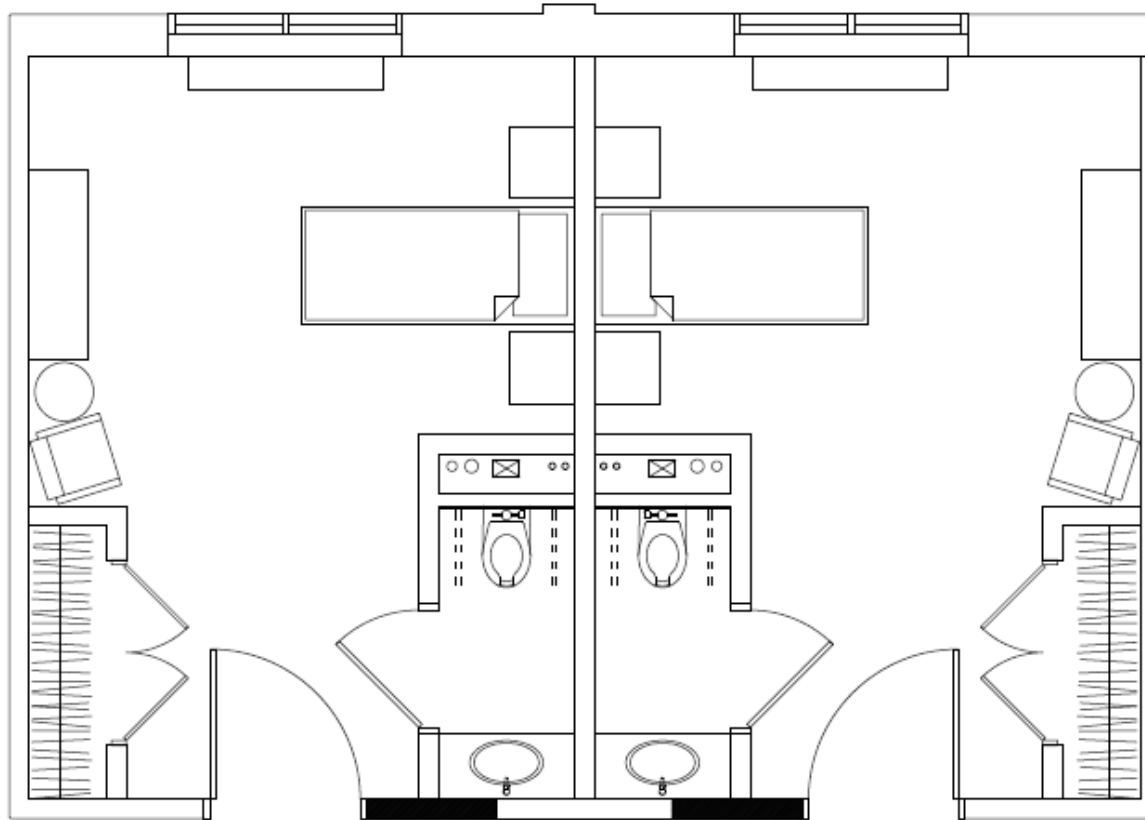
# CMS Long Term Care Update



EXISTING UNIT



# CMS Long Term Care Update



PROPOSED SINGLE OCCUPANCY UNITS

## 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

## 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

## 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

# ABHR - LSC



Emergency Escape Plan

## 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

## 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

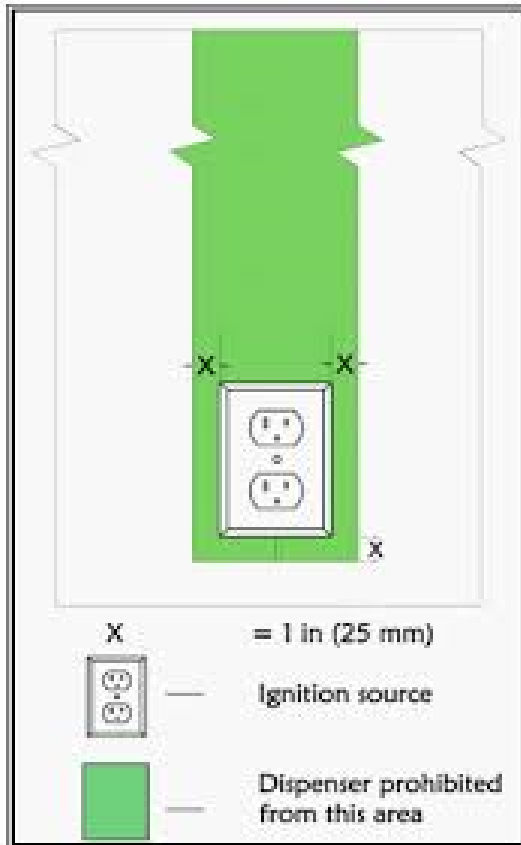
- The dispenser shall be designed, constructed and operated in a manner that ensures that accidental or malicious activation of the device is minimized
- The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed



## 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)

# ABHR - LSC



## ABHR - LSC

- How to handle ABHR dispensers located on moveable carts and additional dispensers in a room?
- For consistency and simplicity, use the same ABHR dispensers throughout, whether on the wall or a moveable cart
- Count these dispensers in the aggregate total for the smoke compartment, ensuring that the total does not exceed 10 gallons

## ABHR - LSC

- Have policies and procedures in place to address these additional ABHR dispensers
- Keep this simple:
  - The facility will follow the LSC ABHR requirements (detailed in prior slides)
  - ABHR storage can be found in “this room” with the total storage maintained at “X” amount or less

## ABHR - LSC

- One ABHR dispenser located in most rooms and is not counted towards the aggregate total
- Additional ABHR can be found in corridors and the following locations, “a, b, c, d,” and are counted towards the aggregate total within the smoke compartment
- The aggregate total within the smoke compartment is “X” gallons (must be 10 or less)
- Staff are trained on ABHR policies and procedures

# Emergency Preparedness

- Remember to use the resources that you have available to you for emergency preparedness needs, training and testing

# Questions?



# Contact Information

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