

CMS
CULTURE CHANGE 2012



PRODUCED BY:
OFFICE OF THE STATE FIRE MARSHAL

APRIL, 2012

State Fire Marshal
700 SW Jackson, Suite 600
Topeka, KS 66603-3714



phone: 785-296-3401
fax: 785-296-0151
www.ksfm.ks.gov

Office of the State Fire Marshal

Terry L. Maple, State Fire Marshal

Sam Brownback, Governor

Date: May 2, 2012
To: Health Care Facility owners/operators
From: Brenda McNorton, Chief Fire Prevention Division
Subject: CMS Adoption of 2012 Code

On March 9, 2012 Centers for Medicare & Medicaid Services implemented a policy where they formally adopted a portion of the 2012 edition of the National Fire Protection Association (NFPA) 101, the Life Safety Code (LSC) for Health Care Facilities.

The recent changes to the NFPA, LSC 2012 edition allow:

- Previously restricted items to be placed in exit corridors;
- The recognition that a kitchen is not a hazardous area and can be open to an exit corridor under certain circumstances;
- Changes allowing the installation of direct-vent gas fireplaces and solid fuel burning fireplaces; and
- Changes to the requirements allowing the installation of combustible decorations.

A national task force developed these changes over three years subsequent to public comments at the CMS/Pioneer Network 2008 National Symposium on Culture Change and the Environment Requirements. These NFPA approved changes give nursing home providers additional ways to enhance resident autonomy and quality of life.

In support of these changes and the positive impact they may have on residents' lives, CMS will allow providers to implement these four changes by **considering waivers** of the current LSC requirements found in the 2000 edition of the LSC without showing "unreasonable hardship".

Waivers may be considered for:

- (1) Increasing the amount of wall space that may be covered by combustible decorations;
- (2) Permitting gas fireplaces in common areas;
- (3) Permitting permanent seating groupings of furniture in corridors;
- (4) Allowing kitchens, serving less than 30 residents, to be open to corridors as long as they are contained within smoke compartments.

Cont. Page 2

If you have not already done so, the Prevention Division has prepared a handbook for you to use to assist you with ensuring your facility is meeting the code requirements outlined by the state. You can find the handbook, waiver form and instructions on how to fill out your waiver under the Prevention tab of the OSFM website at:

[http://www.ksfm.ks.gov/assets/prevention/Facility-Information/Health Care-HANDBOOK.pdf](http://www.ksfm.ks.gov/assets/prevention/Facility-Information/Health%20Care-HANDBOOK.pdf)

Hopefully you will find this information beneficial in preparing for your upcoming inspection. If you have any questions or concerns regarding the information in this correspondence or regarding the inspection process please feel free to contact the Prevention Division of the OSFM at 785-296-3401.

Thanks for your commitment to fire safety in your facility.

#####

Facility/owner instruction page:

If a facility opts to incorporate any of the 4 changes listed on the previous page, here are the steps you must consider. Please note you may have other steps you must complete for your Licensing Agency (KDOA/KDHE). These are only the steps for OSFM:

- Contact a licensed Architect/Engineer to talk about the desired changes you wish to make.
- Make sure you share with the Architect/Engineer this documented information so they can refer to appropriate code requirements.
- Insure the licensed Architect/Engineer and the facility owner makes contact with the OSFM to ensure they are covering all bases. With this being new to everyone, it is best that you take the opportunity to either phone conference or meet with OSFM prior to a code footprint being designed. (Please note we are not saying this is required. However, it is a good idea simply because we want to ensure everything is correct and is in accordance with the code.)
- The Licensed Architect/Engineer must sign/seal, and then prepare a code footprint using all the code references, which are LSC 2000 and LSC 2012, as well as any other references that are required to be provided on the code footprint.
- Before any project goes out to bid make sure you contact OSFM for approval.
- Once all the changes have been made, request a final inspection to be conducted on site for approval.
- Once you have received approval you will have completed the steps toward your newly renovated culture change.

Please note that during an annual visit the Office of the State Fire Marshal will be required to cite the condition as a violation, as these changes are not allowed in the LSC 2000 edition. The facility can then submit an annual waiver on each change that has been made. These waivers will be applicable to both new and existing health care occupancies. Specifically, CMS will consider a waiver to allow uses that meet the requirements found in the 2012 edition.

Due to the complex nature of some of the requirements, each waiver request must be evaluated separately in the interest of fire safety and to ensure that the facility has followed all LSC requirements and the equipment has been installed properly. All waiver requests will be processed in the regular fashion with input from the State Survey Agency and will require final approval by the CMS Regional Office.

Please see corresponding pages for code references.

Architect/Engineer instruction page:

You have been contacted by a facility owner/operator of a nursing facility to incorporate Culture Changes within their facility. Please note these changes are for facilities who receive Centers for Medicaid/Medicare monies, which are generally Nursing Home or Hospitals.

Each facility must be designed under the Life Safety Code – 2000 edition of NFPA 101. However, there are 4 changes that CMS has adopted which can be found in the Life Safety Code – 2012 edition of NFPA 101 that can be considered. Please note you may have other steps to follow for the facility, which may be required for their licensure through (KDOA/KDHE). These are only the steps for OSFM:

- Require the facility to be clear as to the desired changes they want to make.
- Make sure the facility owner/operator understands all components of the changes and the appropriate code requirements they will be required to meet.
- As the design professional, we encourage you and the owner/operator to make contact with the OSFM to ensure all code requirements are met. With this being new to everyone it is best that you take the opportunity to either phone conference or meet with OSFM prior to a code footprint being designed. (Please note we are not requiring this to be done. However, it is a good idea simply because we want to ensure everything goes correctly and is in accordance with the code.)
- The design professional must then completed a signed and sealed code footprint using all the code references which are LSC 2000 and LSC 2012, as well as any other references that are required to be provided on the code footprint.
- Before any project goes out to bid make sure you have approval from the OSFM - this is a very important step.
- Once all the changes have been made, a final inspection will be conducted on site for approval.
- Once you have received approval, you have now completed the steps toward your newly renovated culture change.

Please see corresponding pages for code reference.

Code Reference Page:

Capacity of Means of Egress:

Under certain circumstances, projections into the means of egress corridor width for wheeled equipment and fixed furniture are as follows and must comply with each requirement:

18.2.3.4: Aisles, corridors, and ramps requirements for exit access in a hospital or nursing home shall be not less than 8 ft in clear and unobstructed width, unless otherwise permitted by one of the following.

- (4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:
 - (a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60in
 - (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.
 - (c) The wheeled equipment is limited to the following:
 - i. Equipment in use and carts in use
 - ii. Medical emergency equipment not in use
 - iii. Patient lift and transport equipment

- (5) Where the corridor width is at least 8 ft, projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:
 - (a) The fixed furniture is securely attached to the floor or to the wall
 - (b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft except as permitted by 18.2.3.4 (2)
 - (c) The fixed furniture is located only on one side of the corridor
 - (d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft
 - (e) The fixed furniture groupings addressed in 18.2.3.4 (5) (d) are separated from each other by a distance of at least 10 ft.
 - (f) The fixed furniture is located so as to not obstruct access to building service and fire protection equipment
 - (g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4 or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurse's station or similar space.

Code Reference Page:

Appendix: Capacity of Means of Egress:

A 18.2.3.4 It is not the intent that the required corridor width be maintained clear and unobstructed at all times. Projections into the required width are permitted by 7.3.2.2. It is not the intent that 18.2.3.4 supersede 7.3.2.2

A 18.2.3.4(4) Wheeled equipment and carts in use include food service carts, housekeeping carts, medication carts, isolation carts, and similar items. Isolation carts should be permitted in the corridor only where patients require isolation precautions.

Unattended wheeled crash carts and other similar wheeled emergency equipment are permitted to be located in the corridor when “not in use,” because they need to be immediately accessible during a clinical emergency. Note that “not in use” is not the same as “in storage” Storage is not permitted to be open to the corridor, unless it meets one of provision permitted in 18.3.6.1 and is not a hazardous area.

Wheeled portable patient lift or transport equipments needs to be readily available to clinical staff for moving, transferring, toileting, or relocating patients. These devices are used daily for safe handling of patients and to provide for worker safety. This equipment might not be defined as “in use” but needs to be convenient for the use of caregivers at all times.

A 18.2.3.4(5) The means for affixing the furniture can be achieved with removable brackets to allow cleaning and maintenance. Affixing the furniture to the floor or wall prevents the furniture from moving, so as to maintain a minimum 6 ft corridor clear width. Affixing the furniture to the floor or wall also provides a sturdiness that allows occupants to safely transfer in and out.

Code Reference Page:

Cooking Facilities

The requirements at 18/19.3.2.5.2, 18/19.3.2.5.3, 18/19.3.2.5.4 and sections 18/19.3.2.5.5 allows certain types of alternative type kitchen cooking arrangements as follows: Each set must be shown on the code footprint.

18.3.2.5.2 Where residential cooking equipment is used for food warming or limited cooking the equipment shall not be required to be protected in accordance with 9.2.3, and the presence of the equipment shall not require the area to be protected as hazardous area.

18.3.2.5.3 Within a smoke compartment, where residential or commercial cooking equipment is used to prepare meals for **30** or fewer persons, one cooking facility shall be permitted to be open to the corridor, provided that all the following conditions are met:

- (1) The portion of the health care facility served by the cooking facility is limited to 30 beds and is separated from other portions of the health care facility by a smoke barrier constructed in accordance with 18.3.7.3, 18.3.6.7 and 18.3.7.8
- (2) The cooking top or range is equipped with a range hood with a width of at least equal to the width of the cooking surface, with grease baffles or other grease4-collecting and clean out capability.
- (3) The hood systems have a minimum airflow of 500 cfm
- (4) The hood systems that are not ducted to the exterior additionally have a charcoal filter to remove smoke and odor.
- (5) The cook top or range complies with all of the following.
 - (a) The cook top or range is protected with a fire suppression system listed in accordance with UL300.
 - (b) A manual release of the extinguishing system is provided in accordance with NFPA 96.
 - (c) An interlock is provided to turn off all sources of fuel and electrical power to the cook top or range when the suppression system is activated.
- (6) The use of solid fuel for cooking is prohibited.
- (7) Deep fat frying is prohibited
- (8) Portable fire extinguisher in accordance with NFPA 96 is located in all kitchen areas.

Code Reference Page:

Cooking Facilities – Cont.

- (9) A switch meeting all of the following is provided.
 - (a) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cook top or range
 - (b) The switch is used to deactivate the cook top or range whenever the kitchen is not under staff supervision.
 - (c) The switch is on a timer, not exceeding a 120 minute capacity that automatically deactivates the cook top or range, independent of staff action.
- (10) Procedures for the use, inspection, testing, and maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the manufacturer’s instructions are followed.
- (11) Not less than two AC powered photoelectric smoke alarms interconnected in accordance with 9.6.2.10.3 equipped with a silence feature, and in accordance with NFPA 72, are located not closer than 20 ft from the cook top or range.
- (12) No smoke detector is located less than 20ft from the cook top or range.

18.3.2.5.4 Within a smoke compartment, residential or commercial cooking equipment that is used to prepare meals for 30 or fewer persons shall be permitted, provided that the cooking facility complies with all the following conditions:

- (1) The space containing the cooking equipment is not a sleeping room
- (2) The space containing the cooking equipment is separated from the corridor by partitions complying with 18.3.6.2 through 18.3.6.5

18.3.2.5.5 Where cooking facilities are protected in accordance with 9.2.3, the presence of cooking equipment shall not cause the room or space housing the equipment to be classified as a hazardous area with respect to the requirements of 18.3.2.1, and the room or space shall not be permitted to be open to the corridor.

Appendix:

18.3.2.5.2 This provision is intended to permit small appliances used for reheating, such as microwave ovens, hot plates, toaster, and nourishment centers to be exempt from the requirement for commercial cooking equipment and hazardous area protection

18.3.2.5.3 The intent of the 8.3.2.5.3 is to limit the number of persons for which meals are routinely prepared to not more than 30. Staff and feeding assistants are not included in this number.

18.3.2.5.3(3) the minimum airflow of 500 cfm is intended to require the use of residential hood equipment at the higher end of equipment capacities. It is also intended to draw a sufficient amount of cooking vapors into the grease baffle and filter system to reduce migration beyond the hood.

Code Reference Page:

Cooking Facilities – Cont.

18.3.2.5.3(6) The intent of this provision is to limit cooking fuel to gas or electricity. The prohibition of solid fuels for cooking is not intended to prohibit charcoal grilling on grills located outside of the facility.

18.3.2.5.3(7) Deep-fat frying is defined as a cooking method that involves fully immersing food in hot oil.

18.3.2.5.3(9) The intent of this requirement is that the fuel source for the cook top or range is to be turned on only when staff is present or aware that the kitchen is being used. The timer function is meant to provide an additional safeguard if the staff forgets to deactivate the cook top or range. If the cooking activity lasts longer than 120 minutes, the timer would be required to be manually reset.

18.3.2.5.3(11) The intent of requiring smoke alarms instead of smoke detectors is to prevent false alarms from initiating the building's fire alarm system and notifying the fire department. Smoke alarms should be maintained at a minimum of 20 ft away from the cook top or range, as studies have shown this distance to be the threshold for significantly reducing false alarms caused by cooking. The intent of the interconnected smoke alarms, with the silence feature, would alert staff members to a potential problem, but if it is a false alarm the staff members can use the silence feature instead of disabling the alarm. The referenced study indicated that nuisance alarms are reduced with photoelectric smoke alarms. Providing two interconnected alarms provides a safety factor since they are not electrically supervised by the fire alarm system.

Code Reference Page:

Heating, Ventilating, and Air Conditioning

The requirements at 18/19.5.2.3(2), (3) and (4) allow the installation of direct vent gas fireplaces in smoke compartments containing patient sleeping rooms and the installation of solid fuel burning fireplaces in areas other than patient sleeping areas;

18.5.2.3 The requirements of 18.5.2.2 shall not apply where otherwise permitted by the following:

- (3) Solid fuel-burning fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that all of the following criteria are met:
 - (a) Such areas are separated from patient sleeping spaces by construction having not less than a 1 hour fire resistance rating.
 - (b) The fireplace complies with the provision of 9.2.2
 - (c) The fireplace is equipped with both the following
 - i. Hearth raised not less than 4 in.
 - ii. Fireplace enclosure guaranteed against breakage up to a temperature of 650 degree and constructed of heat-tempered glass or other approved material
 - (d) Electrically supervised carbon monoxide detection in accordance with Section 9.8 is provided in the room where the fireplace is located.
- (4) If, in the opinion of the authority having jurisdiction, special hazards are present, a lock on the enclosure specified in 18.5.2.3 © (ii) and other safety precautions shall be permitted to be required.

Code Reference Page:

Furnishings, Mattresses, and Decorations

Section 18/19.7.5 Furnishings, Mattresses, and Decorations including sections 18/19.7.5.6 allow the installation of combustible decorations on walls, doors and ceilings.

18.7.5.6 Combustible decorations shall be prohibited in any health care occupancy, unless one of the following criteria is met:

- (1) They are flame-retardant or are treated with approved fire-retardant coating that is listed and labeled for application to the material to which it is applied.
- (2) The decorations meet the requirement of NFPA 701.
- (3) The decorations exhibit a heat release rate not exceeding 100 kW when tested in accordance with NFPA 289 using the 20kW ignition source.
- (4) The decorations, such as photographs, paintings, and other art, are attached directly to the walls, ceiling, and non-fire-rated doors in accordance with the following:
 - (a) Decorations on non-fire-rated doors do not interfere with the operation or any required latching of the door and do not exceed the area limitations of 18.7.5.6(b), (c), or (d)
 - (b) Decorations do not exceed 20 percent of the wall, ceiling, and door area inside any room or space of a smoke compartment that is not protected throughout by an approved automatic sprinkler system in accordance Section 9.7
 - (c) Decorations do not exceed 30 percent of the wall, ceiling, and door area inside any room or space of a smoke compartment that is protected throughout by an approved supervised automatic sprinkler system in accordance with Section 9.7
 - (d) Decorations do not exceed 50 percent of the wall, ceiling, and door areas inside patient sleeping room having a capacity not exceeding four persons, in a smoke compartment that is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7

No changes were made to the Corridor Access provisions at 18/19.2.5.6.1 which requires “every habitable room shall have an exit access door leading directly to an exit access corridor, unless otherwise provided ...” Also, previous guidance concerning “not in use” criteria found in S&C-10-18-LSC is still applicable.

No other requirements of the 2012 edition of the LSC are being implemented at this time. Further changes to the Fire Safety requirements will be done through the formal rule-making process.