Physical Environment

Environment of Care & Life Safety Chapter

2026 Update

The George Mills Company
Compliance Drives Quality

George Mills, FASHE, FAAMI, FRSPH, CHFM, CHSP
President, The George Mills Company

Physical Environment

~~Environment of Care & Life Safety Chapter~~

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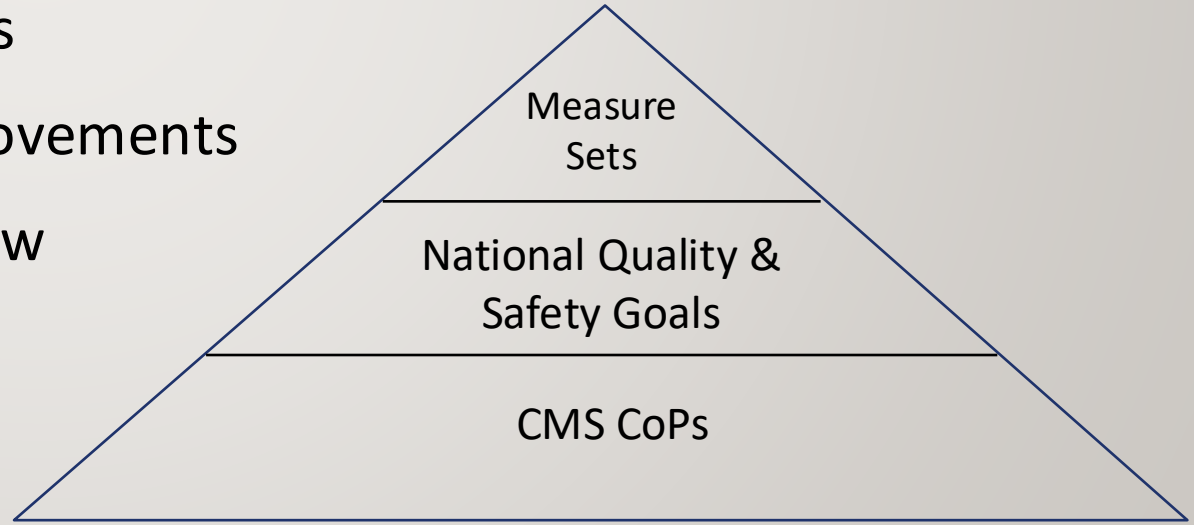
Accreditation 360: The New Standard

2026

Accreditation Standards Re-Write

- CMS proposed rule requiring Conditions of Participation and survey process alignment
  - Joint Commission is under greater scrutiny by CMS
- Joint Commission modified vision for the future
  - Continue to reduce the burden for healthcare organizations by aligning Joint Commission standards with the CoPs
    - Should result in quality and safety improvements
  - Flexibility, ability to develop/introduce new patient safety requirements/products without impacting CMS product



Standards to CoP Alignment

2026 Standards:

- Establish clear, concise compatibility to CoPs
- Use fewer standards / EPs
- Consolidate existing EP content to align with the CoPs
- Maintain current standards organization and structure
- Evaluate EPs removed from crosswalk for relevance
  - Keep or Delete
- Review EPs not connected to CoP requirements
  - Keep or Delete

No Change to the following:

- Organization of standards
  - Patient Care and Organization functions
  - National Performance Goals (NPG) chapter
- Structure - standards and elements of performance (EPs)
- Chapter outlines still available
- Required documentation flags
- SAFER
- LS ILSM documentation
- No change to Survey Process (**IDO**)
  - Continued use of qualitative process

IDO
Interview
Document Review
Observation

Survey Process

No changes

- Daily Briefing with limited participation
- Facility Orientation
- Document Review
- Life Safety Tour
- Emergency Management
- Exit Conference

- Survey Window Change:
  - The Joint Commission changed the Survey Window from the 18-month window to 6-months

Goals for Standards of 2026: National Performance Goals

- Some EP's were deleted when not required by CMS
  - In the PE chapter ILSM and Water Management have dedicated Sections (PE.03.02.01 and PE.04.01.05)
- In the new National Performance Goals chapter, Joint Commission kept some legacy standards not required by CMS and should be reviewed:
    - Clinical Alarm Program (NPG.01.05.01)
    - Workplace Violence Standards (NPG.02.04.01)
    - Emergency Operations (NPG Goal 3, NPG.03.xx.xx)
    - Performance Improvement (NPG.11.01.01.01)
    - Utilities Management (NPG.11.03.01.01)

Accreditation 360: 2026

- No more Environment of Care and Life Safety Code chapters
  - Replaced with Physical Environment (**PE**) Standards
  - All Standards and Elements of Performance have been revised and reduced
- Decrease in volume of standards/Eps
    - Less specificity in EPs and more content in SPG
    - Crosswalk content
- Comparison count from 2025 – 2026:

2025: EC 19 Stds 189 EPs	2025 Total: 43 Stds 473 EPs
2025: LS 24 Stds 284 EPs	2026: PE 8 Stds 59 EPs

Changes

EC and LS chapter are now PE chapter for HAP and CAH

- EC/LS remaining for AHC, Hospice and ASC until possibly sometime in late 2026/early 2027 when the structure will be moving to CoP-based EP language
- NEW: CoP numbers referenced with each standard/EP

- All **PE** EP's align with the CMS Conditions of Participation(**CoP**)
  - CoPs that are in alignment with NFPA 99 & 101 will continue to align with 2012 editions

Physical Environment Chapter

Currently applicable to hospitals and critical access hospitals

- Language Based on CMS Physical Environment CoPs

§482.41 *HAP* Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

§485.623 *CAH* Condition of Participation: Physical Environment

CMS Requirements & Joint Commission PE Chapter

Code of Federal Regulations (CFR)

Code of Federal Regulations: Title 42—Public Health

42 CFR Chapter IV - CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Chapter IV, Subchapter G - STANDARDS AND CERTIFICATION

42 CFR Part 482 - CONDITIONS OF PARTICIPATION FOR HOSPITALS

42 CFR Part 482 - Subpart C - Basic Hospital Functions

§ 482.41 Condition of participation: Physical Environment

State Operations Manual (SOM)

State Operations Manual (SOM) Appendix A (Hospital)

State Operations Manual (SOM) Appendix I (LSC)

Joint Commission

Physical Environment

Standards
&
Elements of
Performance

Physical Environment Chapter

CMS HAP and CAH CoPs are very similar

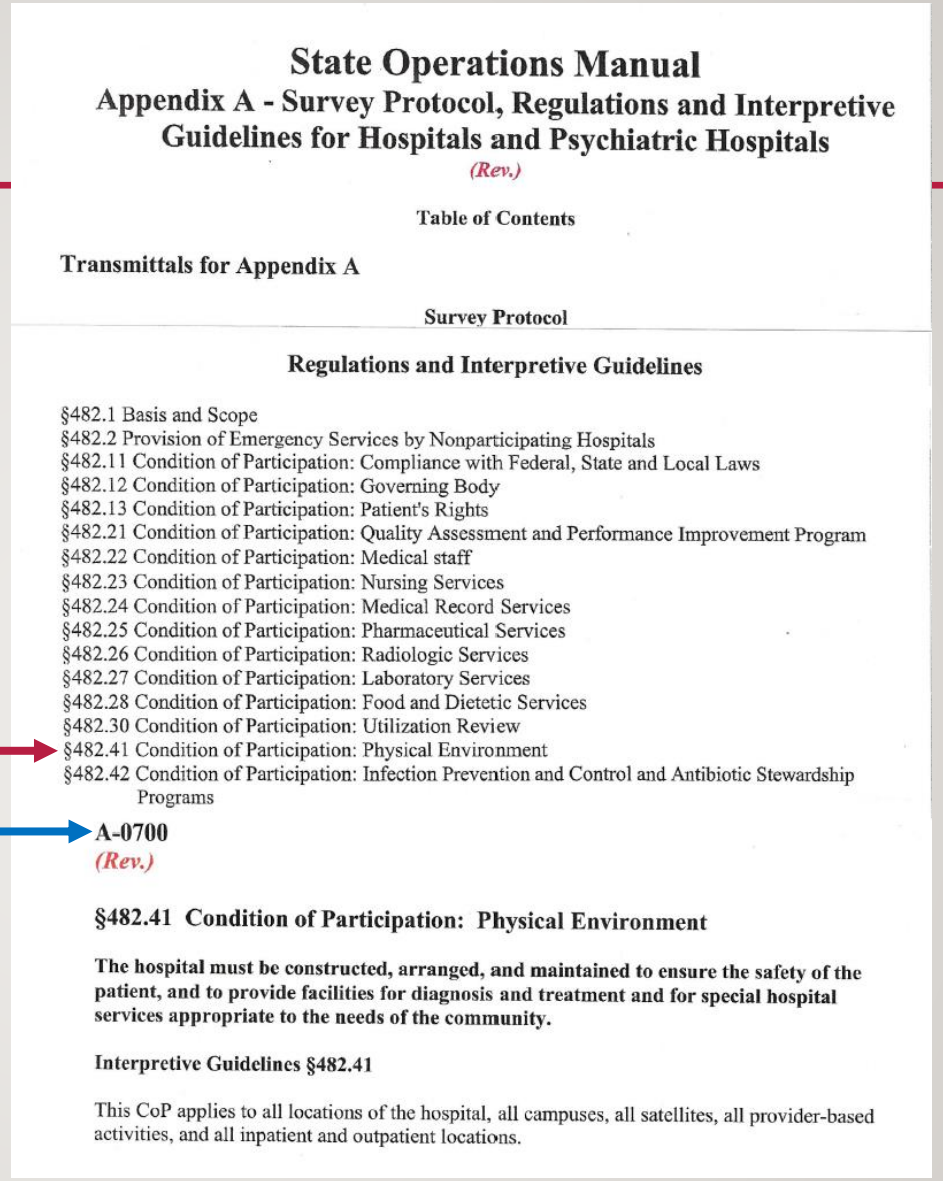
- CMS provides guidance in their SOM with Interpretive Guidelines
- HAP CoPs have some additional requirements
  - Emergency power and lighting in at least the operating, recovery, intensive care, emergency rooms, and stairwells
  - Facilities for emergency gas and water supply
  - Written fire control plans
- Many EC/LS EPs detail addressed in K-Tag document within the new Joint Commission Survey Process Guide
  - Expanded from 117 pages to 629 pages

Joint Commission Resource Site

https://www.jointcommission.org/en-us/accreditation/accreditation-360/prepublication-cah-and-hap-requirements-streamlined-to-reduce-burden

State Operations Manual – Appendix A

See §482.41 Condition of Participation: Physical Environment



State Operations Manual
Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals and Psychiatric Hospitals
(Rev.)

Table of Contents

Transmittals for Appendix A

Survey Protocol

Regulations and Interpretive Guidelines

§482.1 Basis and Scope
§482.2 Provision of Emergency Services by Nonparticipating Hospitals
§482.11 Condition of Participation: Compliance with Federal, State and Local Laws
§482.12 Condition of Participation: Governing Body
§482.13 Condition of Participation: Patient's Rights
§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program
§482.22 Condition of Participation: Medical staff
§482.23 Condition of Participation: Nursing Services
§482.24 Condition of Participation: Medical Record Services
§482.25 Condition of Participation: Pharmaceutical Services
§482.26 Condition of Participation: Radiologic Services
§482.27 Condition of Participation: Laboratory Services
§482.28 Condition of Participation: Food and Dietetic Services
§482.30 Condition of Participation: Utilization Review
§482.41 Condition of Participation: Physical Environment
§482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs

A-0700
(Rev.)

§482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

Interpretive Guidelines §482.41

This CoP applies to all locations of the hospital, all campuses, all satellites, all provider-based activities, and all inpatient and outpatient locations.

www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_a_hospitals.pdf

State Operations Manual (SOM)

Title 42 —Public Health
Chapter IV —Centers for Medicare & Medicaid Services, Department of Health and Human Services
Subchapter G —Standards and Certification
Part 482 —Conditions of Participation for Hospitals
Subpart C —Basic Hospital Functions

Authority: 42 U.S.C. 1302, 1395hh, and 1395rr, unless otherwise noted.
Source: 51 FR 22042, June 17, 1986, unless otherwise noted.

§ 482.41 Condition of participation: Physical environment.

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

(a) ***Standard: Buildings.*** The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.

(1) There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.

(2) There must be facilities for emergency gas and water supply.

(b) ***Standard: Life safety from fire.***

(1) Except as otherwise provided in this section—

(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.

(ii) Notwithstanding paragraph (b)(1)(i) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.

(2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients.

(3) The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals.

(4) The hospital must have procedures for the proper routine storage and prompt disposal of trash.

(5) The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.

Excerpt from the CMS State Operations Manual (SOM)

A-0710
(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)

§482.41(b)

(1) Except as otherwise provided in this section—

(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.

§ 482.41 CoP: Physical Environment A-0709 (b)(1)(i)

(b) *Standard: Life safety from fire.* ***[A-0709] [A-0710]***

(1) Except as otherwise provided in this section—

(i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.

(ii) Notwithstanding paragraph (b)(1)(i) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.

(2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients.

(3) The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals.

The 8 Physical Environment (PE) Standards

- PE.01.01.01 The hospital has a safe and adequate physical environment.
- PE.02.01.01 The hospital manages risks related to hazardous materials & waste.
- PE.03.01.01 The hospital designs and manages the physical environment to comply with the Life Safety Code.
- PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.
- PE.04.01.01 The hospital addresses building safety and facility management.
- PE.04.01.03 The hospital manages utility systems.
- PE.04.01.05 The hospital has a water management program that addresses Legionella and other waterborne pathogens.
- PE.05.01.01 The hospital manages imaging safety risks.

PE.03.01.01 The hospital designs and manages the physical environment to comply with the Life Safety Code.

EP 3 The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).

- Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.
- Note 2: For hospitals … for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in hospitals.
- Note 3: For hospitals … for deemed status purposes: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients.
- Note 4: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
- CoP(s): §482.41(b), §482.41(b)(1)(i), §482.41(b)(2), §482.41(b)(3), §482.41(e)(1)(ix), §482.41(e)(1)(vii), §482.41(e)(1)(viii), §482.41(e)(1)(x), §482.41(e)(1)(xi)

The hospital manages utility systems. (SOM & COP)

A-0702

§482.41(a)(1) - There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.

Interpretive Guidelines §482.41(a)(1)

The hospital must comply with the applicable provisions of the Life Safety Code, National Fire Protection Association (NFPA) 101–2000 Edition and applicable references, such as, NFPA-99: Health Care Facilities, for emergency lighting and emergency power.

Survey Procedures §482.41(a)(1)

Use the **Life Safety Code Survey Report Form (CMS-2786)** to evaluate compliance with this item.

The 8 Physical Environment (PE) Standards

- PE.01.01.01 The hospital has a safe and adequate physical environment.
- PE.02.01.01 The hospital manages risks related to hazardous materials & waste.
- PE.03.01.01 The hospital designs and manages the physical environment to comply with the Life Safety Code.
- PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.
- PE.04.01.01 The hospital addresses building safety and facility management.
- PE.04.01.03 The hospital manages utility systems.
- PE.04.01.05 The hospital has a water management program that addresses Legionella and other waterborne pathogens.
- PE.05.01.01 The hospital manages imaging safety risks.

PE.04.01.03 The hospital manages utility systems.

EP 1 The hospital has emergency power and lighting in the following areas, at a minimum:

- Operating Rooms
- Intensive Care
- Stairwells
- Recovery Rooms
- Emergency Rooms

Battery lamps and flashlights are available in all other areas not serviced by the emergency power supply source.

CoP(s): §482.41(a)(1)

A-0702

§482.41(a)(1) - There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.

Interpretive Guidelines §482.41(a)(1)

The hospital must comply with the applicable provisions of the Life Safety Code, National Fire Protection Amendments (NFPA) 101, 2000 Edition and applicable references, such as, NFPA-99: Health Care Facilities, for emergency lighting and emergency power.

Survey Procedures §482.41(a)(1)

Use the **Life Safety Code Survey Report Form (CMS-2786)** to evaluate compliance with this item.

State Operations Manual (SOM) A-0724 (d)(2)

(d) ***Standard: Facilities.*** The hospital must maintain adequate facilities for its services.

(1) Diagnostic and therapeutic facilities must be located for the safety of patients.

(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

(3) The extent and complexity of facilities must be determined by the services offered.

(4) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.

(e) The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: *http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html*. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the FEDERAL REGISTER to announce the changes.

(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, *www.nfpa.org*, 1.617.770.3000.

§482.41(d)(2) CoP Physical Environment A-0724

(d) ***Standard: Facilities.*** The hospital must maintain adequate facilities for its services. **[A-0722]**

(1) Diagnostic and therapeutic facilities must be located for the safety of patients. **[A-0723]**

(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality. **[A-0724]**

(3) The extent and complexity of facilities must be determined by the services offered. **[A-0725]**

(4) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas. **[A-0726]**

The 8 Physical Environment (PE) Standards

- PE.01.01.01 The hospital has a safe and adequate physical environment.
- PE.02.01.01 The hospital manages risks related to hazardous materials & waste.
- PE.03.01.01 The hospital designs and manages the physical environment to comply with the Life Safety Code.
- PE.03.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.
- PE.04.01.01 The hospital addresses building safety and facility management.
- PE.04.01.03 The hospital manages utility systems.
- PE.04.01.05 The hospital has a water management program that addresses Legionella and other waterborne pathogens.
- PE.05.01.01 The hospital manages imaging safety risks.

PE.04.01.01 The hospital addresses building safety and facility management.

EP 1 The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).

EP 2 The hospital maintains essential equipment in safe operating condition. CoP(s): §482.41(d)(2)

EP 3 The hospital has proper ventilation, lighting, and temperature control in all pharmaceutical, patient care, and food preparation areas. CoP(s): §482.41(d)(4)

EP 4 The hospital maintains equipment and supplies appropriate for the types of nuclear medicine services offered. The equipment is maintained for safe operation and efficient performance. CoP(s): §482.53(c), §482.53(c)(1)

EP 5 The hospital maintains supplies to ensure an acceptable level of safety and quality. Note: Supplies are stored in a manner to ensure the safety of the stored supplies and to not violate fire codes or otherwise endanger patients. CoP(s): §482.41(d)(2)

PE.04.01.01 EP 2: The hospital maintains essential equipment in safe operating condition.

§482.41(d)(2)

Hospital Physical Environment Document List & Review Tool

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
PE.04.01.01					**Fire Protection and Suppression Testing and Inspection**					
EP 2					NFPA 72-2010: Table 14.4.5 NFPA 25-2011: Table 5.1.1.2					
					Tamper switches NFPA 72-2010: Table 14.4.5	Semiannual				
EP 2					Duct, heat, smoke detectors, and manual fire alarm boxes NFPA 72-2010: Table 14.4.5; 17.14	Annually				
EP 2					Notification devices (audible & visual), and door-releasing devices NFPA 72-2010: Table 14.4.5	Annually				
EP 2					Emergency services notification transmission equipment NFPA 72-2010: Table 14.4.5	Annually				
EP 2					Electric motor-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Weekly				
EP 2					Sprinkler systems main drain tests on all risers NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1	Annually				
EP 2					Fire department connections inspected (Fire hose connections N/A) NFPA 25-2011: 13.7; Table 13.1.1.2	Quarterly				
EP 2					Fire pump(s) tested – under flow Fire pump supervisory signals for pump running and pump power loss tested NFPA 25-2011: 8.3.3; 8.3.3.4	Annually				
EP 2					Standpipe flow test every 5 years	5 years				

PE.04.01.01 EP 2:
The hospital maintains essential equipment in safe operating condition

Observation	OLD	NEW	COP
Supervisory Testing	EC.02.03.05 EP 1	PE.04.01.01 EP 2	§482.41 (d)(2) A-0724
Tampers & Flows	EC.02.03.05 EP 2		
Duct, Heat and Smoke Detectors	EC.02.03.05 EP 3		
Fire Pump Testing	EC.02.03.05 EP 6		
Sprinkler Main Drain Test	EC.02.03.05 EP 9		
Fire Department Connections Inspected	EC.02.03.05 EP 10		
Kitchen Suppression Testing	EC.02.03.05 EP 13		
Damper Testing	EC.02.03.05 EP 18		

CMS K-Tags Required in SOM Appendix I

State Operations Manual, Appendix I – Survey Procedures for Life Safety Code Surveys

Introduction (Rev. 209; Issued: 12-09-22; Effective: 10-01-22; Implementation: 10-01-22) Use the survey procedures in this appendix section for all Life Safety Code (LSC) surveys (initial and recertification) of facilities subject to Quality, Safety and Oversight surveys for Medicare/Medicaid certification.

Procedures The fire safety survey report forms, worksheets and procedures are designed to assist in the gathering information about the level of fire safety provided by the facility. **The K-Tags refer to the data tags on the Fire Safety Survey Report form**. For each item on the report form page indicate "Met" or "Not Met" or "Not Applicable." For each item marked "Not Met," enter the appropriate documentation in the Explanatory Remarks section explaining the nature of the deficiency and the degree of hazard it presents.

- To ensure quality care and safety for patients, hospitals must comply with **CMS K-Tags**:
  - K-Tags are part of the CMS regulations that set standards for hospital operations.
  - Compliance ensures hospitals meet health and safety requirements for patient care.
  - K-Tags help identify deficiencies in hospital practices and promote improvements.

K355 from CMS-2786R

Name of Facility **2012 LIFE SAFETY CODE**

ID PREFIX		MET	NOT MET	N/A	REMARKS
K353	**Sprinkler System – Maintenance and Testing** Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, *Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems*. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked. _____ b) Who provided system test. _____ c) Water system supply source. _____ *Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.* 9.7.5, 9.7.7, 9.7.8, and NFPA 25				
K354	**Sprinkler System – Out of Service** Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24 hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service. 18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)				
K355	**Portable Fire Extinguishers** Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, *Standard for Portable Fire Extinguishers*. 18.3.5.12, 19.3.5.12, NFPA 10				
K361	**Corridors – Areas Open to Corridor** Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1				

K293 & K200

Name of Facility

ID PREFIX		MET	NOT MET	N/A	
K293	**Exit Signage** 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)				
	2012 NEW Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1				
	SECTION 3 – PROTECTION				
	SECTION 2 – MEANS OF EGRESS REQUIREMENTS				
K200	**Means of Egress Requirements – Other** List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2				
K211	**Means of Egress – General** Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is				

Joint Commission & CMS K-Tags

Standard	EP	Text	K-Tag	Text	A-Tag	§482.41
LS.02.10.20	41	Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit.	K293	**Exit Signage 2012 EXISTING** Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) 2012 NEW Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1	A-0710	(b)(1)(i)
	42	The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 18/19.2	K200	**Means of Egress Requirements – Other** List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable LSC or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2	A-0710	(b)(1)(i)

K100 – General Requirements

- K100 General Requirements – Other / Catch-all
- K111 Building Rehabilitation (pulls in Chapter 43)
- K112 Sprinkler Requirements for Major Rehabilitation
- K131 Multiple Occupancies - Sections of Health Care Facilities
- K132 Multiple Occupancies - Contiguous Non-Health Care Occupancies
- K133 Multiple Occupancies - Construction Type
- K161 Building Construction Type and Height
- K162 Roofing Systems Involving Combustibles
- K163 Interior Nonbearing Wall Construction

K200 – Means of Egress

- K200 Means of Egress Requirements – Other
- K211 Means of Egress – General
- K221 Patient Sleeping Room Doors
- K222 Egress Doors
- K223 Doors with Self-Closing Devices
- K224 Horizontal-Sliding Doors
- K225 Stairways and Smokeproof Enclosures
- K226 Horizontal Exits
- K227 Ramps and Other Exits
- K231 Means of Egress Capacity
- K232 Aisle, Corridor or Ramp Width
- K233 Clear Width of Exit and Exit Access Doors
- K241 Number of Exits - Story and Compartment
- K251 Dead-End Corridors and Common Path of Travel
- K252 Number of Exits – Corridors
- K253 Number of Exits - Patient Sleeping and Non-Sleeping Room
- K254 Corridor Access
- K255 Suite Separation, Hazardous Content and Subdivision
- K256 Sleeping Suites
- K257 Non-Sleeping Suites
- K261 Travel Distance to Exits
- K271 Discharge from Exits
- K281 Illumination of Means of Egress
- K291 Emergency Lighting
- K292 Life Support Means of Egress
- K293 Exit Signage

K300 – Protection

- K300 Protection – Other
- K311 Vertical Openings – Enclosure
- K321 Hazardous Areas – Enclosure
- K322 Laboratories
- K323 Anesthetizing Locations
- K324 Cooking Facilities
- K325 Alcohol Based Hand Rub Dispenser (ABHR)
- K331 Interior Wall and Ceiling Finish
- K332 Interior Floor Finish
- K341 Fire Alarm System – Installation
- K342 Fire Alarm System – Initiation
- K343 Fire Alarm – Notification
- K344 Fire Alarm - Control Functions
- K345 Fire Alarm System - Testing and Maintenance
- K346 Fire Alarm - Out of Service
- K347 Smoke Detection
- K351 Sprinkler System – Installation
- K352 Sprinkler System - Supervisory Signals K353 Sprinkler System - Maintenance and Testing
- K354 Sprinkler System - Out of Service
- K355 Portable Fire Extinguishers
- K361 Corridors - Areas Open to Corridor
- K362 Corridors - Construction of Walls
- K363 Corridor – Doors
- K364 Corridor – Openings
- K371 Subdivision of Building Spaces - Smoke Compartments
- K372 Subdivision of Building Spaces - Smoke Barrier Construction
- K373 Subdivision of Building Spaces - Accumulation Space
- K374 Subdivision of Building Spaces - Smoke Barrier Doors
- K379 Smoke Barrier Door Glazing
- K381 Sleeping Room Outside Windows and Doors

K500 – Building Services

- K500 Buildings Services – Other
- K511 Utilities - Gas and Electric
- K521 HVAC
- K522 HVAC - Any Heating Device
- K523 HVAC - Suspended Unit Heaters
- K524 HVAC - Direct-Vent Gas Fireplaces
- K525 HVAC - Solid Fuel-Burning Fireplaces
- K531 Elevators
- K532 Escalators, Dumbwaiters and Moving Walks
- K541 Rubbish Chutes, Incinerators and Laundry Chutes

K700 – Operating Features

- K700 Operating Features – Other
- K711 Evacuation and Relocation Plan
- K712 Fire Drills
- K741 Smoking Regulations
- K751 Draperies, Curtains and Loosely Hanging Fabrics
- K752 Upholstered Furniture and Mattresses
- K753 Combustible Decorations
- K754 Soiled Linen and Trash Containers
- K771 Engineer Smoke Control Systems
- K781 Portable Space Heaters
- K791 Construction, Repair and Improvement Operations

K900 – Health Care Facilities Code (NFPA 99)

- K900 Health Care Facilities Code – Other
- K901 Fundamentals - Building System Categories
- K902 Gas and Vacuum Piped System – Other
- K903 Gas and Vacuum Piped Systems – Categories
- K904 Gas and Vacuum Piped Systems - Warning Systems
- K905 Gas and Vacuum Piped Systems - Central Supply System Identification and Labeling
- K906 Gas and Vacuum Piped Systems - Central Supply System Operations
- K907 Gas and Vacuum Piped Systems - Maintenance Program
- K908 Gas and Vacuum Piped Systems - Inspection and Testing Operations
- K909 Gas and Vacuum Piped Systems - Information and Warning Signs
- K910 Gas and Vacuum Piped Systems – Modifications
- K911 Electrical Systems – Other
- K912 Electrical Systems - Receptacles
- K913 Electrical Systems - Wet Procedure Locations
- K914 Electrical Systems - Maintenance and Testing
- K915 Electrical Systems - Essential Electrical System Categories
- K916 Electrical Systems - Essential Electrical System Alarm Annunciator
- K917 Electrical Systems - Essential Electrical System Receptacles
- K918 Electrical Systems - Essential Electrical System Maintenance and Testing
- K919 Electrical Equipment – Other
- K920 Electrical Equipment - Power Cords and Extension Cords
- K921 Electrical Equipment - Testing and Maintenance Requirements
- K922 Gas Equipment – Other
- K923 Gas Equipment - Cylinder and Container Storage
- K924 Gas Equipment - Testing and Maintenance Requirements
- K925 Gas Equipment - Respiratory Therapy Sources of Ignition
- K926 Gas Equipment - Qualifications and Training of Personnel

K927 Gas Equipment - Transfilling Cylinders

- K928 Gas Equipment - Labeling Equipment and Cylinders
- K929 Gas Equipment - Precautions from Handling Oxygen Cylinders and Manifolds
- K930 Gas Equipment - Liquid Oxygen Equipment
- K931 Hyperbaric Facilities
- K932 Features of Fire Protection – Other
- K933 Features of Fire Protection - Fire Loss Prevention in Operating Rooms

Understanding Documentation

Survey Process Issues: Documentation

- Document review is ‘limited’ to 4 hours
  - Generally, takes between 90 and 120 minutes
- Electronic records are acceptable
  - Ensure the program or other data source works as expected
  - Ensure the program or other data source can sort high risk vs non-high risk
- Documents required for Surveyor review during Survey include:
  - Life Safety Drawings
  - Written Fire Response Plan
  - Documentation and Evaluations of Fire Drills for previous 12 months
  - EC Data
  - EC Management Plans and Annual Evaluations
  - Previous 12 months EC Meeting Minutes
  - ILSM Policy
- Cover Sheet may not be acceptable if it is not integrated into the test results

Document Checklist

Hospital Physical Environment Document List & Review Tool

Revised - Effective: 4/20/2024

The following pages present documentation required by the Hospital Accreditation program Physical Environment (PE) standards. The Life Safety surveyor will begin review of these documents soon after arrival for the on-site survey. Surveyors may request other documents, as needed, throughout the survey. This list also includes some elements of performance that do not require documentation but appear as reminders to both organizations and surveyors of these expectations.

Please conduct during Facility Orientation.

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Yes	No	
PE.03.01.01					**Buildings serving patients comply w/ NFPA 101 (2012)**			
EP 1					Current and accurate drawings w/ fire safety features & related square footage a. Areas of building fully sprinklered (if building only partially sprinklered) ☐ b. Locations of all hazardous storage areas ☐ c. Locations of all fire-rated barriers ☐ d. Locations of all smoke-rated barriers ☐ e. Sleeping and non-sleeping suite boundaries, including size of identified suites ☐ f. Locations of designated smoke compartments ☐ g. Locations of chutes and shafts ☐ h. Any approved equivalencies or waivers ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
EP 5					The hospital maintains written evidence of regular inspection and approval by state or local fire control agencies.			
EP 2					The hospital maintains current Basic Building Information (BBI) within the Statement of Conditions (SOC).			
COMMENTS:								

Clarifications to the Physical Environment

Plant Operations Staff Competency

- Evaluation of the Facilities Director / Manager (or equivalent) will be incorporated into the HR Review session
- The LSCS will review staff / vendors competency during document review session
  - Functional areas where staff competency is reviewed
    - Fire Alarm (i.e. NICET Certified)
    - Medical Gases
    - Fire Doors (although a license or certificate is not required, evidence of competency would be expected)
    - Others based on municipality
      - i.e. Boiler Operator License

EC.02.05.01 OR Temp. Ranges Outside Established Ranges

- The Joint Commission references NFPA 99-2012 Ch 9, which requires the use of ASHRAE 170-2008 Ventilation Table 7-1
  - NOTE: the Joint Commission uses the edition of the FGI Guidelines the space was designed & built to, unless renovated (see NFPA 101-2012 Ch 42)
- ASHRAE table provides allowances to exceed minimum temperature ranges.
  - To use this exception, *follow established organization policy.*
  - This must be on a case-by-case basis and restored to normal ranges following the procedures.
    - Based on either surgeon, patient or procedure
  - **IT IS NOT ACCEPTABLE TO APPLY THIS EXCEPTION CONSISTENTLY**
    - **"THIS IS NOT A BLANKET WAIVER"**
- *Expectation is the Operating Room RH range is ≤60%*
  - *Operating Room Temperature range is 68°F – 75°F*

EC.02.05.01 OR Temp. Ranges Outside Established Ranges

For critical spaces, to include operating rooms, standard EC.02.05.01 EP 15 uses the 2008 ASHRAE 170, Ventilation Table 7-1.

- Note "l" has an allowance to deviate from the prescribed temperature ranges. It states, *"lower or higher temperature shall be permitted when patients' comfort and/or medical conditions required those conditions."*
- Note "o" states, *"Surgeons or surgical procedures may require room temperatures, ventilation rates, humidity ranges, and/or air distribution methods that exceed the minimum indicated ranges"*.

These notes indicate that organizations may take allowances to meeting the range requirements however these are not blanket allowances but based on specific patient, surgeon and or procedure requirements.

- This is inferred by Note "o" as the guidance begins with "Surgeons or surgical procedures…"

Outpatient & Freestanding Hospice

Outpatient Facilities (Not PE Chapter, EC & LS Still Used)

- Staffing matches clinical team
  - Minus days already included for ASC and FSED
    - ASC & FSED were added to the LSCS in 2020
  - Clinical team identifies what off-site locations and shares with the LSCS
    - LSCS may or may not survey at the same time as the clinical team
- Scoring for Outpatient Facilities is based on occupancy type
  - Healthcare occupancy: LS.02.xx.xx
  - Ambulatory occupancy: LS.03.xx.xx
  - Business occupancy: LS.05.xx.xx

LSCS will perform:
- ITM Document Review
- LSC Drawings
- Above Ceiling Inspection
- SOC/BBI Documentation Review

- Examples of Outpatient Facilities
  - Intensive Chemotherapy
  - Advanced Cardiac Rehab
  - Complex Wound Care
  - Intensive Medication Management

Outpatient Facilities

Surveyors will review (as time allows):

- Document Review/Drawings
- Above Ceiling Compliance
- Means of Egress & Exit Signs
- Corridors: 44” Minimum Width
- GFCIs and Electrical Panels
- SDS Management
- Security Management
- Fire Extinguishers
- Hazardous Waste
- ABHRs
- Hazardous Areas (storage)
- Medical Equipment
- Critical Space HVAC Requirements
- Pharmacy Compounding
- Oxygen Cylinder Storage
- Sprinkler System/Heads

Freestanding & Hospital-based Hospice

<u>LSCS now surveys Freestanding Hospice</u>

- Effective 3/2025 in the Home Care Program
  - Deemed programs (not the VA or DoD)
  - Different CoP's: §418.110 Condition of participation, Hospice Care
    - Durable Medical Equipment is maintained: §418.106(f)
    - Physical Environment §418.110(c) – (i)
    - Emergency Preparedness §418.113
  - Both Freestanding and Hospital-based
    - Freestanding will include one LSCS day for each inpatient location
    - Hospital-based is already built into the hospital survey team compliment

Questions?

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