Surviving a CMS Accreditation Survey: What Facility Managers Need to Know

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Who is CMS?

- Formally Health Care Financing Administration
- Oversees Medicare, Medicaid program, and State Children's Health Insurance Program (SCHIP)
- Oversees national accreditation organizations such as TJC & DNV
Why Do We Care?

400,000 square foot healthcare occupancy (1.2MM SQ Total)

<table>
<thead>
<tr>
<th>Joint Commission</th>
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<tbody>
<tr>
<td>1 RN</td>
<td>4 days</td>
</tr>
<tr>
<td>1 Admin</td>
<td>4 days</td>
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<tr>
<td>1 MD</td>
<td>4 days</td>
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<tr>
<td>1 LSC</td>
<td>2 days</td>
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14 survey days
Why Do We Care?

400,000 square foot healthcare occupancy (1.2MM SQ Total)

<table>
<thead>
<tr>
<th>CMS</th>
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<tbody>
<tr>
<td>4 RNs</td>
<td>5 days</td>
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<tr>
<td>2 ICP</td>
<td>5 days</td>
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<tr>
<td>1 MD</td>
<td>5 days</td>
</tr>
<tr>
<td>5 LSC</td>
<td>4 days</td>
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</tbody>
</table>

55 survey days
CMS’s Authority

- To receive payment from Medicare/Medicaid, must comply with CMS CoPs
- 1965 - hospitals with TJC accreditation were deemed compliant w/ CoPs.
- TJC must now apply to CMS for hospital deeming authority
  - required of all AOs e.g., DNV, HFAP
- TJC current deeming authority runs through July 15, 2014.
- TJC is voluntary, CMS is Not!
When You Might See CMS

• Initial
• Validation oversight of accreditation organizations, recognized by CMS as suitable for deeming an accredited hospital
  – 2% of TJC surveyed hospital ~ 80/yr
  – No later than 60 days after the TJC survey.
• Complaint (or news story)
• Substantial Allegation
• On-site Revisit Surveys
CMS Survey Team

- Unannounced
- State Public Health Department (State Fire Marshall)
- Physician
- Nurse
- Infection Control
- Life Safety Code Surveyor
Two levels:

1. Immediate jeopardy, a crisis situation in which the health and safety of individuals is at risk. Must be resolved within 23 days

2. All other issues noted in statement of deficiency with equal weight
What to Expect

- Document review
  - Black and white
  - Methodical check list inspection
  - Detailed surveyor documentation

- Building Tour
  - All patient care areas
  - LSC code
Relevant Code

  - March 11, 2003 (new v. existing healthcare)

- “CMS does not consider the number of patients .. hospital does not need four or more inpatients in order to be classified as a Health Care Occupancy”

- “Therefore, occupancy classification must be determined regardless of the number of patients being served.. whether or not a patient has been rendered incapable of self-preservation”
Document Review

- Methodical
- Little interpretation
- Three years of documents
- Alternative life safety measures (ILSM)
- Evidence of completion for testing and PM
Sprinkler Systems

- Test main drain annually
- Test supervisory switches semi-annually
- Close & open control valves annually
- Lubricate & exercise OS&Y valves annually
- All main, PIV, and all zone valves are supervised
- Test or replace pressure gages every 5 years
Sprinkler Systems
Wet / Dry Systems

**Wet:**
- Test alarms quarterly via inspectors test valve
- Check psi monthly
- Internal check of alarm valve every 5 years

**Dry:**
- Test low air pressure alarm quarterly
- Check priming level quarterly
- Check psi weekly
- Valve tag provided
- Annual flow test conducted
- 3-year full flow test conducted
Fire Alarm Systems

- Test off-premises transmission equipment quarterly
- Conduct (battery) load voltage test semi-annually
- Conduct 30-min battery discharge test annually
- 100% of devices tested annually
- Replace battery(s) every 4 years
Fire Pump Systems

- Annual flow test report with pump test curve
- Visually inspect weekly
- Visually inspect weekly while running
- Preventative maintenance program per manufacturer
Emergency Generator Systems

- Monthly load test conducted
- Run for 30 min.
- Transfer switch maintenance program
- Document weekly inspections
- Document gauge readings
- Battery heater(s) provided
- Battery powered emergency lighting @ gen. set (new only)
Kitchen Range Exhaust Systems

- Semi-annual maintenance
- Inspect monthly
- Inspect/clean hood semi-annual
- Sticker on hood
- Wired to fire alarm system & test connection annually
- Baffle type filters
Fire Damper / Emergency Lighting Systems

Fire Dampers:
Service every 6 years

Emergency Lighting:
- Test monthly
- Test battery powered lighting annually for 1.5 hour
Building Tour

- Every patient care area!
- Often every rated door
- Actually test your LS and emergency power systems
- Every deficiency provided a K-Tag
Common Findings – K11 (Fire Barriers)
Common Findings – K211 (ABHR)
Common Findings – K18 (Corridor Doors)
Occupancy classification determined regardless of the number of patients being served or whether or not a patient has been rendered incapable of self-preservation.
Common Findings – K21 (Self closing door hold opens)

Rated doors can only be held open by a device that automatically closes the door upon activation of:

• Fire alarm system
• Local smoke detector *(on one side w/i 5 feet <24 inch depth wall section)*
• Sprinkler system
Common Findings - K22 (Exit Signage)
Common Findings – K33 (Exit Stairwells - Door Latching and Storage)
Common Findings – K61
(Sprinkler System Supervision)

• All control valves must be electronically supervised
• Post Indicator Valve must be monitored
• Valves that control water supply to floors or other areas of the building
Common Findings – K36 (Travel Distances)

Measured along natural path of travel:

• From exit access door to exit shall not exceed 100ft (150ft if fully sprinklered)
• From any point in a room to an exit shall not exceed 150ft (200ft if fully sprinklered)
• Travel from any point in a suite to an exit access door shall not exceed 100ft
Common Findings – K70 (Portable Space Heaters)

- Portable space heaters prohibited in health care
- Permitted in non-sleeping staff only areas if heating element < 212° F
- A written policy is required if the exception is used
Common Findings – K62
(Sprinkler System Testing and Maintenance)

• Testing and maintenance of fire alarm system conducted at the proper frequency in accordance with NFPA 72

• Components have different test and inspection frequencies
  – Appendix B contains sample forms
Common Findings – K62
(Sprinkler System Testing and Maintenance)

• Lack of complete supply of spare sprinklers or special sprinkler wrench
• Insulation, lint, grease, paint, corrosion, etc.
• A sprinkler must be replaced if there is paint on any part of it
• Gauges past due for calibration
• Fire department connection obstructed
(Un-*) Common Findings

Less focus on:
• Corridor clutter
• Hazardous materials (eyewashes, exposure monitoring, etc.)
• Safety/EC committee review
• Management plans and PI
• Emergency Management
• Limited line level staff interaction from LS/EC

* Based upon participation in several CMS full surveys in several Massachusetts hospitals (v. TJC)
Survey Do’s and Don’t’s

Do’s
- Attend entrance / exit conference
- Take detailed notes on building tour
- Ask for explanation of documentation requirements
- Ask for resources (checklists that surveyors use)
- Put your life safety system vendors on standby
- Ensure vendor’s report findings are closed out

Don’t’s
- Say Joint Commission doesn’t require…..
- Argue code (but OK to ask for explanation)
- Expect traditional equivalency to be accepted (unless submitted to CMS annually)
Preparing the Plan of Correction

• Exit conference will typically provide plenty of details to “get started”
• Statement of Deficiency received ~2-3 weeks
• 10 days to respond
• State reviews and recommends acceptance
• Response part of public record
Statement of Deficiency and Plan of Correction
Follow-Up Surveys

Follow surveys may be made by state agency

• Unannounced
• Verify PoC
• Follow-up surveys can continue after PoC is complete
Preparing the Plan of Correction

- Each Building/Occupancy will have its own SoD and POC

POC should be:
- In depth, detailed plan
- Description of the action
- Date action will be complete
- Responsible person by title
Building Tour Preparedness

- Any inpatient served = healthcare (or ambulatory healthcare)
- CMS does not accept TJC traditional equivalency
  - Must contact regional CMS office and submit waiver request at time of equivalency (annually thereafter)
  - Complete FSES
Fire Safety Evaluation System

Numerical value derived from four basic equivalency functions:

- Containment safety
- Extinguishment safety
- People movement
- General safety

If FSES demonstrates an acceptable level of safety, the AHJ should approve it as an equivalency. Indisputable by both CMS and TJC.
Ways to Prepare

• Documentation!
• Review equivalencies
• Review CMS ruling for HC occupancy
• Use CMS checklist to audit your documentation binders
Ways to Prepare

• Audit vendor record keeping
  – Insist on NFPA/expert vetted form
  – Ensure close out of vendor findings

• Routine program audits

• Space heaters!

• Include routine items on Environmental Tours (ABHR)
For more information:
www.eheinc.com
800-825-5343