



Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-05-25

DATE: April 14, 2005

TO: State Survey Agency Directors
State Fire Authorities

FROM: Director
Survey and Certification Group

SUBJECT: **Nursing Homes** - Adoption of a New Fire Safety Requirement for Long Term Care Facilities (Battery Powered Smoke Detector Installation)

Letter Summary

- This letter announces the publication of a new fire safety requirement for long term care facilities.
- Non-sprinklered facilities are now required to install battery powered smoke detectors in resident rooms and common areas such as dining, activity and other meeting rooms where residents gather.
- Facilities will have one year from the effective date of the regulation to install the required battery operated smoke detectors.

The purpose of this memorandum is to notify states and regional offices (ROs) of the publication on March 25, 2005 in the **Federal Register** (Vol. 70, No. 57, page 15229), of an interim final rule with comment period entitled "Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities; Amendment." A 60-day comment period, which closes May 24, 2005, is provided for in the rule. We have attached a copy of the regulation to this memorandum.

Regulation Requirement

A recent Government Accountability Office (GAO) report recommended the installation of smoke detectors to provide additional early warning of a fire occurring in a nursing home. This regulation requires, among other items, the installation of battery powered smoke detectors in resident rooms and commons areas in non-sprinklered Long Term Care (LTC) facilities. We have added this change to the Physical Environment requirements at 42 CFR 483.70(a)(7).

All nursing homes that are not fully sprinklered are required to comply with the requirements of this regulation. A fully sprinklered nursing home is one that has all areas sprinklered in accordance with National Fire Protection Association (NFPA) 13 “Standard for the Installation of Sprinkler Systems” without the use of waivers or the Fire Safety Evaluation System (FSES).

The effective date of this regulation is May 24, 2005. We expect to begin surveying facilities for compliance with this requirement on May 24, 2006. This will give providers time to install the required battery powered smoke detectors and to review and make any changes to their facility operating and fire plans.

Installation and Maintenance

The Centers for Medicare & Medicaid Services (CMS) expects that these battery powered smoke detectors will be installed, at a minimum, in all resident sleeping rooms and common areas such as dining rooms, activity rooms, meeting rooms where residents are located on a regular basis, and other areas in the facility where residents may gather together with other residents, visitors, and staff.

Detectors shall be installed in accordance with the manufacturer’s recommendations, but at a minimum, one shall be installed in each resident sleeping room. In larger rooms detectors shall be installed in accordance with the manufacturer’s recommendations but not more than 30 feet apart. The detectors shall be tested weekly and batteries changed at least semi-annually, or, if the battery has a longer life in accordance with the manufacture’s recommendations.

Additional maintenance may be required such as cleaning on a regular basis, to ensure the detectors operate properly. CMS expects that facilities will keep records of all maintenance, testing and battery changing and have such records available at the time of any inspection.

Facility fire plans may need to be modified and staff trained in response to the alarm from a smoke detector. It is expected that the staff shall respond to an alarm sounding from one of these detectors by activating the facility wide fire alarm system without delay.

Beginning on May 24, 2006 deficiencies concerning the installation and maintenance of these smoke detectors shall be cited on Life Safety Code (LSC) surveys using the LSC Form CMS-2786R at tag K-54 with a Scope/Severity level of D, E, or F depending on the particular situation. Documentation of the smoke detection system installation should be included in the remarks section of the Form CMS-2786R. **A waiver of this requirement cannot be granted due to the negative impact on the health and safety of the residents of the facility.** Emergency plan deficiencies concerning facility response to individual smoke detector activation should be cited at tag K-48 with a Scope/Severity level of D, E, or F depending on the particular situation.

If you have questions concerning this memorandum, please contact James Merrill (James.Merrill@cms.hhs.gov) at (410)786-6998.

Effective Date: All nursing home facilities must comply with the requirements of this rule by May 24, 2006.

Training: This information should be shared with all appropriate survey and certification staff, surveyors, their managers and state fire authorities and their staff.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

Attachment