K-Tag Preparedness
Survey Readiness Checklist and Crosswalk

This document provides a comparison of the regulations applicable to most hospitals. It is important to verify the editions of the codes and standards that are applicable in your jurisdiction. Some jurisdictions may have adopted a different edition of the building code for construction. Many states have adopted other editions of the NFPA's Life Safety Code®. For additional information, contact your state agency responsible for licensing hospitals. This resource represents CMS form 2786R Fire Safety Survey Report 2012 Code – Health Care, available at the time of this publication (January 2021).

K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K100	**General Requirements**	List in the REMARKS section, any LSC Section 18.1 and 19.1 General 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.	**NFPA 101** • 18.1 • 19.1	**TJC** • LS.02.01.10 - EP 15 **HFAP** • 11.04.11 • 13.00.01 **DNV** • PE.1.SR.3 • PE.2.SR.1a • PE.2.SR1c • PE.2.SR1d • PE.2.SR.13a-d	
K111	**Building Rehabilitation**	**Repair, Renovation, Modification, or Reconstruction** Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: • Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1 • Requirements of Chapter 18 and 19	**NFPA 101** • 3.3.229; 3.3.228; 3.3.178; 3.3.222 • 18/19.4.3 • Chapter 43	**TJC** • LS.02.01.10 - EP 2 **HFAP** • 11.07.06 • 13.00.02 • 13.00.03 **DNV** • PE.1.SR.3 • PE.2.SR.7 • PE.2.SR.13a-d	NFPA 101: Chapter 43 Building Rehabilitation (2016) James S. Peterkin
		Change of Use or Change of Occupancy • Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2 • 18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7)	**NFPA 101** • 3.3.42 • 3.3.43 • 19.1.1.4.2 • 43.7	**TJC** LS.02.01.10 - EP 3 HFAP • 13.00.01 **DNV** • PE.2.SR.1a	NFPA 101: Chapter 43 Building Rehabilitation (2016) James S. Peterkin
		Additions Any building undergoing an addition shall comply with the requirements of Section 43.8. • If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a 2-hour fire resistance rating constructed of materials as required for the addition. • Communicating openings occur only in corridors and are protected by approved self-closing fire doors with at least a 1 1/2-hour fire resistance rating. Additions comply with the requirements of Section 43.8 (additions). • 18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3), 18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and 4.6.11), 19.1.1.4.1.1 (8.3), • 19.1.1.4.1.2, 19.1.1.4.1.3, 43.1.2.3(43.8)	**NFPA 101** • 3.3.5 • 43.8 • 18/19.1.1.4.1	**TJC** • LS.02.01.10 - EP 4 • LS.02.01.10 - EP 7 **HFAP** • 13.00.02 **DNV** • PE.2.SR.13d	NFPA 101: Chapter 43 Building Rehabilitation (2016) James S. Peterkin

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K112	**Sprinkler Requirements for Major Rehabilitation**	If a non-sprinklered smoke compartment has undergone major rehabilitation, the automatic sprinkler requirements of 18.3.5 have been applied to the smoke compartment. In cases where the building is not protected throughout by a sprinkler system, the requirements of 18.4.3.2, 18.4.3.3, and 18.4.3.8 are also met. Note: Major rehabilitation involves the modification of more than 50 percent, or more than 4500 square feet of the area of the smoke compartment. • 18.1.1.4.3.3,19.1.1.4.3.3	**NFPA 101** • 19.1.1.4.3; 19.1.1.4.3.1 • 18.4.3; 18.4.3.1; 18.4.3.2; 18.4.3.3; 18.4.3.4; 18.4.3.4.1; 18.4.3.4.2; 18.4.3.5	**TJC** • LS.02.01.10 - EP 5 **HFAP** • 13.00.01 **DNV** • PE.2.SR.13d	
K131	**Multiple Occupancies – Sections of Health Care Facilities**	Sections of health care facilities classified as other occupancies meet all of the following: • They are not intended to serve four or more inpatients. • They are separated from areas of health care occupancies by construction having a minimum 2-hour fire resistance rating in accordance with Chapter 8. • The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. • 18.1.3.3, 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623	**NFPA 101** • 18/19.1.3.1; 18/19.1.3.2; 18/19.1.3.3	**TJC** • LS.02.01.10 - EP 7 • LS.02.01.10 - EP 8 • LS.02.01.10 - EP 4 **HFAP** • 13.04.06 **DNV** • PE.2.SR.1a	
K132	**Multiple Occupancies – Contiguous Non-Health Care Occupancies**	Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served. • 18.1.3.4.1, 19.1.3.4.1	**NFPA 101** • 18.1.3.4; 18.1.3.4.1; 18.1.3.4.2	**TJC** • LS.02.01.10 - EP 4 • LS.02.01.10 - EP 7 **Commentary:** (not specifically applicable but closest I could find) **HFAP** • 13.04.06 **DNV** • PE.1.SR.1a	HITF Interpretations, June 2010
K133	**Multiple Occupancies – Construction Type**	Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: • The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 • The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. ○ 18.1.3.5, 19.1.3.5, 8.2.1.3	**NFPA 101** • 18/19.1.3.5 • 18/19.1.6 • 6.1.14.; 6.1.14.3; 6.1.14.4	**TJC** • LS.02.01.10 - EP 8 **HFAP** • 13.04.06 **DNV** • PE.1.SR.1a	

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K161	**Building Construction Type and Height 2012 EXISTING**	Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type • I (442), I (332), II (222) -- Any number of stories (non-sprinklered and sprinklered) • II (111) -- One story (non-sprinklered) -- ≤ 3 stories (sprinklered) • II (000) -- No stories (non-sprinklered) -- ≤ 2 stories (sprinklered) • III (211) -- No stories (non-sprinklered) -- ≤ 2 stories (sprinklered) • IV (2HH) -- No stories (non-sprinklered) -- ≤ 2 stories (sprinklered) • V (111) -- No stories (non-sprinklered) -- ≤ 2 stories (sprinklered) • III (200) -- No stories (non-sprinklered) -- ≤ 1 story (sprinklered) • V (000) -- No stories (non-sprinklered) -- ≤ 1 story (sprinklered) Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.	**NFPA 101** • Table 19.1.6.1 • 19.1.6.2; 19.1.6.3; 19.1.6.4; 19.1.6.5	**TJC** • LS.02.01.10 - EP 1 **HFAP** • 13.04.05 **DNV** • PE.2.SR.13d	
	Building Construction Type and Height 2012 NEW	Building construction type and stories meets Table 18.1.6.1, unless otherwise permitted by 18.1.6.2 through 18.1.6.7. 18.1.6.4, 18.1.6.5 Construction Type • I (442), I (332), II (222) -- No stories (non-sprinklered), Any number of stories (sprinklered) • II (111) -- No stories (non-sprinklered) -- ≤ 3 stories (sprinklered) • II (000) -- No stories (non-sprinklered) -- ≤ 1 story (sprinklered) • III -- (211) No stories (non-sprinklered) -- ≤ 1 story (sprinklered) • IV -- (2HH) No stories (non-sprinklered) -- ≤ 1 story (sprinklered) • V (111) -- No stories (non-sprinklered) -- ≤ 1 story (sprinklered) • III (200) -- Not allowed non-sprinklered • V (000) -- Not allowed non-sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 18.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.	**NFPA 101** • Table 18.1.6.1 • 18.1.6.2; 18.1.6.3; 18.1.6.4; 18.1.6.5	**TJC** • LS.02.01.10 - EP 1 **HFAP** • 13.04.05 **DNV** • PE.2.SR.13d	
K162	**Roofing Systems Involving Combustibles 2012 EXISTING**	Buildings of Type I (442), Type I (332), Type II (222), or Type II (111) having roof systems employing combustible roofing supports, decking or roofing meet the following: • roof covering meets Class C requirements. • roof is separated from occupied building portions with 2 hour fire resistive noncombustible floor assembly using not less than 2½ inches concrete or gypsum fill. • attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system. 19.1.6.2, ASTM E108, ANSI/UL 790	**NFPA 101** • 19.1.6.2	**TJC** • LS.02.01.10 - EP 15 **HFAP** • 13.04.05 **DNV** • PE.2.SR.13d	

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	Roofing Systems Involving Combustibles 2012 NEW	Buildings of Type I (442), Type I (332), Type II (222), or Type II (111) having roof systems employing combustible roofing supports, decking or roofing meet the following: • roof covering meets Class C requirements. • roof is separated from occupied building portions with 2 hour fire resistive noncombustible floor assembly using not less than 2½ inches concrete or gypsum fill. • attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system. 18.1.6.2, ASTM E108, ANSI/UL 790	**NFPA 101** • 18.1.6.2	**TJC** • LS.02.01.10 - EP 15 **HFAP** • 13.04.05 **DNV** • PE.2.SR.13d	
K163	**Interior Non-Bearing Wall Construction**	Interior non-bearing walls in Type I or II construction are constructed of noncombustible or limited-combustible materials. Interior non-bearing walls required to have a minimum 2-hour fire resistance rating are fire-retardant-treated wood enclosed within noncombustible or limited-combustible materials, provided they are not used as shaft enclosures. 18.1.6.4, 18.1.6.5, 19.1.6.4, 19.1.6.5	**NFPA 101** • 18/19.1.6.4; 18/19.1.6.5	**TJC** • LS.02.01.10 - EP 15 **HFAP** • 13.00.01 **DNV** • PE.2.SR13d	
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	**NFPA 101** • 18/19.2	**TJC** • LS.02.01.20 - EP 42 **HFAP** • 11.04.01 • 13.00.01 • 13.00.02 **DNV** • PE.2.SR1a • PE.2.SR1c • PE.2.SR.1d • PE.2.SR.4	
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 continuously maintained free of all obstructions to full instant use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1	**NFPA 101** • 18/19.2.1 • 7.1.10.1	**TJC** • LS.02.01.20 - EP 14 **HFAP** • 11.04.07 • 13.01.08 **DNV** • PE.2.SR.3	LS.02.01.20 Obstructions of the Means of Egress [EP 13] HITF Interpretations, June 2015
K221	**Patient Sleeping Room Doors**	Locks on patient sleeping room doors are not permitted unless the key-locking device that restricts access from the corridor does not restrict egress from the patient room, or the locking arrangement is permitted for patient clinical, security or safety needs in accordance with 18.2.2.2.5 or 19.2.2.2.5. 18.2.2.2, 19.2.2.2, TIA 12-4	**NFPA 101** • 18/19.2.2.2; 18/19.2.2.2.1; 18/19.2.2.2.2	**TJC** • LS.02.01.20 - EP 2 **HFAP** • 13.01.01 • 13.01.02 **DNV** • PE.2.SR.1a	HITF Interpretations, June 2011

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K222	**Egress Doors**	Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:	**NFPA 101** • 18/19.2.2.2.3	**TJC** • LS.02.01.20 - EP 1 **HFAP** • 13.01.01 • 13.01.02 **DNV** • PE.2.SR.1a	Complying with Locking Arrangement Requirements (2017) Lennon Peake and Rebecca Morgenstern TIAs affecting adoption of the 2012 editions of NFPA 101 and NFPA 99 LS.02.01.20 Inappropriate Locking Mechanisms [EP 1] HITF Interpretations January 2004 HITF Interpretations, June 2008 HITF Interpretations, December 2008 Hospital Security - Access Control Through Design and Technology (2007) Vaughn Brewer
	CLINICAL NEEDS OR SECURITY THREAT LOCKING	Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6	**NFPA 101** • 18/19.2.2.2.5; 18/19.2.2.2.5.1; 18/19.2.2.2.6	**TJC** • LS.02.01.20 - EP 2 **HFAP** • 13.01.02 **DNV** • PE.2.SR.1a	
	SPECIAL NEEDS LOCKING ARRANGEMENTS	Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4	**NFPA 101** • 18/19.2.2.2.5.2	**TJC** • LS.02.01.20 - EP 2 **HFAP** • 13.01.02 **DNV** • PE.2.SR.1a	
	DELAYED-EGRESS LOCKING ARRANGEMENTS	Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4	**NFPA 101** • 19.2.2.2.4	**TJC** • LS.02.01.20 - EP 1 **HFAP** • 13.01.02 **DNV** • PE.2.SR.1a	HITF Interpretations June 2005

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	ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS	Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4	**NFPA 101** • 18/19.2.2.2.4 • 7.2.1.6.2	**TJC** • LS.02.01.20 - EP 1 **HFAP** • 13.01.02 **DNV** • PE.2.SR.1a	
	ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS	Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4	**NFPA 101** • 18/19.2.2.2.4 • 7.2.1.6.3	**TJC** • LS.02.01.20 - EP 1 **HFAP** • 13.01.02 **DNV** • PE.2.SR.1a	
K223	**Doors with Self-Closing Devices**	Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: • Required manual fire alarm system; and • Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and • Automatic sprinkler system, if installed; and • Loss of power 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8	**NFPA 101** • 18/19.2.2.2.7, 18/19.2.2.2.8 • 7.2.1.8	**TJC** • LS.02.01.20 - EP 15 • LS.02.01.20 - EP 23 • LS.02.01.30 - EP 2 • LS.02.01.30 - EP 3 **Commentary:** TJC requirement addresses stair doors only. **HFAP** • 13.01.02 **DNV** • PE.2.SR.1a	
K224	**Horizontal Sliding Doors**	Horizontal-sliding doors permitted by 7.2.1.14 that are not automatic-closing are limited to a single leaf and shall have a latch or other mechanism to ensure the door will not rebound. Horizontal-sliding doors serving an occupant load fewer than 10 shall be permitted, providing all of the following criteria are met: • Area served by the door has no hazards • Door is operable from either side without special knowledge or effort • Force required to operate the door in the direction of travel is ≤ 30 lbf to set the door in motion and ≤ 15 lbf to close or open to the required width • Assembly is appropriately fire rated, and where rated is self-or automatic-closing by smoke detection per 7.2.1.8, and installed per NFPA 80 • Where required to latch, the door has a latch or other mechanism to ensure the door will not rebound. 18.2.2.2.10, 19.2.2.2.10	**NFPA 101** • 18/19.2.2.2.10; 18/19.2.2.2.10.1; 18/19.2.2.2.10.2 • 7.2.1.14	**TJC** • LS.02.01.20 - EP 3 • LS.02.01.20 - EP 4 **HFAP** • 13.01.01 **DNV** • PE.2.SR.1a	

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K225	**Stairways and Smokeproof Enclosures**	Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2	**NFPA 101** • 18/19.2.2.3; 18/19.2.2.4	**TJC** • LS.02.01.20 - EP 8 • LS.02.01.20 - EP 9 • LS.02.01.20 - EP 10 • LS.02.01.20 - EP 13 **HFAP** • 13.01.10 **DNV** • PE.2.SR.5	
K226	**Horizontal Exits**	Horizontal exits, if used, are in accordance with 7.2.4 and the provisions of 18.2.2.5.1 through 18.2.2.5.7, or 19.2.2.5.1 through 19.2.2.5.4. 18.2.2.5, 19.2.2.5	**NFPA 101** • 18/19.2.2.5; 18/19.2.2.5.1; 18/19.2.2.5.2; 18/19.2.2.5.3; 18/19.2.2.5.4; 18.2.2.5.5; 18.2.2.5.6; 18.2.2.5.7 • 7.2.4	**TJC** • LS.02.01.20 - EP 5 • LS.02.01.20 - EP 6 • LS.02.01.20 - EP 7 **HFAP** • 13.01.06 **DNV** • PE.2.SR.1a	
K227	**Ramps and Other Exits**	Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12. 18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10	**NFPA 101** • 18/19.2.2.6; 18/19.2.2.7; 18/19.2.2.8; 18/19.2.2.9; 18/19.2.2.10	**TJC** • LS.02.01.20 - EP 9 • LS.02.01.20 - EP 42 **HFAP** • 13.01.06 **DNV** • PE.2.SR.1a	
K231	**Means of Egress Capacity**	The capacity of required means of egress is in accordance with 7.3. 18.2.3.1, 19.2.3.1	**NFPA 101** • 18/19.2.3.1	**TJC** • LS.02.01.20 - EP 11 **HFAP** • 13.00.01 **DNV** • PE.2.SR.1a	
K232	**Aisle, Corridor or Ramp Width 2012 EXISTING**	The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5	**NFPA 101** • 19.2.3.4, 19.2.3.5	**TJC** • LS.02.01.20 - EP 14 • LS.02.01.20 - EP 19 **HFAP** • 13.01.03 **DNV** • PE.2.SR.1a	Frequently asked questions on the new CMS regulations (June 7, 2016) HITF Interpretations, January 2014 HITF Interpretations, June 2015

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	Aisle, Corridor or Ramp Width 2012 NEW	The width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes shall be at least 8 feet. In limited care facility and psychiatric hospitals, width of aisles or corridors shall be at least 6 feet, except as modified by the 18.2.3.4 or 18.2.3.5 exceptions. 18.2.3.4, 18.2.3.5	**NFPA 101** • 18.2.3.4, 18.2.3.5	**TJC** • LS.02.01.20 - EP 14 • LS.02.01.20 - EP 18 **HFAP** • 13.01.03 **DNV** • PE.2.SR.1a	Frequently asked questions on the new CMS regulations (June 7, 2016) HITF Interpretations, December 2007 HITF Interpretations, January 2014 HITF Interpretations, June 2015
K233	**Clear Width of Exit and Exit Access Doors 2012 EXISTING**	Exit access doors and exit doors are of the swinging type and are at least 32 inches in clear width. Exceptions are provided for existing 34-inch doors and for existing 28-inch doors where the fire plan does not require evacuation by bed, gurney, or wheelchair. 19.2.3.6, 19.2.3.7	**NFPA 101** • 19.2.3.6, 19.2.3.7	**TJC** • LS.02.01.20 - EP 20 **HFAP** • 13.00.01 **DNV** • PE.2.SR.1a	
	Clear Width of Exit and Exit Access Doors 2012 NEW	Exit access doors and exit doors are of the swinging type and are at least 41-1/2 inches in clear width. In psychiatric hospitals or limited care facilities, doors are at least 32 inches wide. Doors not subject to patient use, in exit stairway enclosures, or serving newborn nurseries shall be no less than 32 inches in clear width. If using a pair of doors, the doors shall be provided with a rabbet, bevel, or astragal at the meeting edge, at least one of the doors shall provide 32 inches in clear width, and the inactive leaf of the pair shall be secured with automatic flush bolts. 18.2.3.6, 18.2.3.7	**NFPA 101** • 18.2.3.6, 18.2.3.7	**TJC** • LS.02.01.20 - EP 21 **HFAP** • 13.00.01 **DNV** • PE.2.SR.1a	
K241	**Number of Exits – Story and Compartment**	Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4	**NFPA 101** • 18/19.2.4.1; 18/19.2.4.2; 18/19.2.4.3; 18/19.2.4.4	**TJC** • LS.02.01.20 - EP 16 **HFAP** • 13.00.01 **DNV** • PE.2.SR.1a	
K251	**Dead-End Corridors and Common Path of Travel 2012 EXISTING**	Dead-end corridors shall not exceed 30 feet. Existing dead-end corridors greater than 30 feet shall be permitted to be continued to be used if it is impractical and unfeasible to alter them. 19.2.5.2	**NFPA 101** • 19.2.5.2	**TJC** • LS.02.01.20 - EP 25 **HFAP** • 13.01.07 **DNV** • PE.2.SR.1a	
	Dead-End Corridors and Common Path of Travel 2012 NEW	Dead-end corridors shall not exceed 30 feet. Common path of travel shall not exceed 100 feet. 18.2.5.2, 18.2.5.3	**NFPA 101** • 18.2.5.2, 18.2.5.3	**TJC** • LS.02.01.20 - EP 25 **HFAP** • 13.01.07 **DNV** • PE.2.SR.1a	

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K252	**Number of Exits – Corridors**	Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. 18.2.5.4, 19.2.5.4	**NFPA 101** • 18/19.2.5.4	**TJC** • LS.02.01.20 - EP 17 **HFAP** • 13.01.07 **DNV** • PE.2.SR.1a	
K253	**Number of Exits – Patient Sleeping and Non-Sleeping Rooms**	Patient sleeping rooms of more than 1,000 square feet or nonsleeping rooms of more than 2,500 square feet have at least two exit access doors remotely located from each other. 18.2.5.5.1, 18.2.5.5.2, 19.2.5.5.1, 19.2.5.5.2	**NFPA 101** • 18/19.2.5.5.1; 18/19.2.5.5.2	**TJC** • LS.02.01.20 - EP 27 **HFAP** • 13.01.04 **DNV** • PE.2.SR.1a	
K254	**Corridor Access**	All habitable rooms not within suites have a door leading directly outside to grade or have a door leading to an exit access corridor. Patient sleeping rooms with less than eight patient beds may have one room intervening to reach an exit access corridor provided the intervening room is equipped with an approved automatic smoke detection system. 18.2.5.6.1 through 18.2.5.6.4, 19.2.5.6.1 through 19.2.5.6.4	**NFPA 101** • 18/19.2.5.6.1; 18/19.2.5.6.2; 18/19.2.5.6.3; 18/19.2.5.6.4	**TJC** • LS.02.01.20 - EP 26 **HFAP** • 13.01.04 **DNV** • PE.2.SR.1a	
K255	**Suite Separation, Hazardous Content, and Subdivision**	All suites are separated from the remainder of the building (including from other suites) by construction meeting the separation provisions for corridor construction (18.3.6.2-18.3.6.5 or 19.3.6.2-19.3.6.5). Existing approved barriers shall be allowed to continue to be used provided they limit the transfer of smoke. Intervening rooms have no hazardous areas and hazardous areas within suites comply with 18/19.2.5.7.1.3. Subdivision of suites shall be by noncombustible or limited-combustible construction. 18.2.5.7.1.2 through 18.2.5.7.1.4, 19.2.5.7.1.2, 19.2.5.7.1.3, 19.2.5.7.1.4	**NFPA 101** • 18/19.2.5.7.1.2; 18/19.2.5.7.1.3; 18/19.2.5.7.1.4 • 18.3.6.2; 18.3.6.3; 18.3.6.4; 18.3.6.5	**TJC** • LS.02.01.20 - EP 28 • LS.02.01.20 - EP 29 **HFAP** • 11.04.04 **DNV** • PE.2.SR.1a	LS.02.01.20 Improper Use or Designation of Suites [EP 13]

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K256	**Sleeping Suites**	Occupants shall have exit access to a corridor or direct access to a horizontal exit. Where ≥ 2 exits are required, one exit access door may be to a stairway, passageway or to the exterior. Suites shall be provided with constant staff supervision. Staff shall have direct visual supervision of patient sleeping rooms, from a constantly attended location or the room shall be provided with an automatic smoke detection system. Suites more than 1,000 square feet shall have 2 or more remote exits. One means of egress from the suite shall be to a corridor and one may be into an adjacent suite separated in accordance with corridor requirements. Suites shall not exceed the following size limitations: • 5,000 square feet if the suite is not fully smoke detected or fully sprinklered • 7,500 square feet if the suite is either fully smoke detected or fully sprinklered • 10,000 square feet if the suite is both fully smoke detected and fully sprinklered and the sleeping rooms have direct supervision from a constantly attended location Travel distance between any point in a suite to exit access shall not exceed 100 ft. and distance to an exit shall not exceed 150 ft. (200 ft. if building is fully sprinklered). 18.2.5.7.2, 19.2.5.7.2	**NFPA 101** • 18/19.2.5.7.2.1; 18/19.2.5.7.2.2 • 18/19.2.5.7.2.3; 18/19.2.5.7.2.4	**TJC** • LS.02.01.20 - EP 30 • LS.02.01.20 - EP 32 • LS.02.01.20 - EP 33 • LS.02.01.20 - EP 35 • LS.02.01.20 - EP 36 **Commentary:** TJC requirements do not directly address access to a suite must have access to either a door to an exit access corridor or a horizontal exit. **HFAP** • 13.01.04 • 13.01.19 **DNV** • PE.2.SR.9 • PE.2.SR.12	Frequently asked questions on the new CMS regulations (June 7, 2016) HITF Interpretations, June 2007 HITF Interpretations, June 2010 HITF Interpretations, June 2011
K257	**Non-Sleeping Suites**	Occupants shall have exit access to a corridor or direct access to a horizontal exit. Where ≥ 2 exits are required, one exit access door may be to a stairway, passageway or to the exterior. Suites more than 2,500 square feet shall have 2 or more remote exits. One means of egress from the suite shall be to a corridor and one may be into an adjacent suite separated in accordance with corridor requirements. Suites shall not exceed 10,000 square feet. Travel distance between any point in a suite to exit access shall not exceed 100 ft. and distance to an exit shall not exceed 150 ft. (200 ft. if building is fully sprinklered). 18.2.5.7.3, 19.2.5.7.3	**NFPA 101** • 18/19.2.5.7.3; 18/19.2.5.7.3.1; 18/19.2.5.7.3.2; • 18/19.2.5.7.3.3; 18/ 19.2.5.7.3.4; 18/19.2.5.7.4	**TJC** • LS.02.01.20 - EP 31 • LS.02.01.20 - EP 34 • LS.02.01.20 - EP 35 • LS.02.01.20 - EP 36 **Commentary:** TJC requirements do not directly address access to a suite must have access to either a door to an exit access corridor or a horizontal exit. **HFAP** • 13.01.04 **DNV** • PE.2.SR.1a	HITF Interpretations, June 2007 HITF Interpretations, June 2010 HITF Interpretations, June 2011
K261	**Travel Distance to Exits**	Travel distance (excluding suites) to exits are measured in accordance with 7.6. • From any point in the room or suite to exit ≤ 150 feet (≤ 200 ft. if the building is fully sprinklered) • Point in a room to room door ≤ 50 ft. 18.2.6, 19.2.6	**NFPA 101** • 18/19.2.6; 18/19.2.6.1; 18/19.2.6.2; 18.2.6.2.3 • 19.2.6.2.1; 19.2.6.2.2; 18/19.2.6.2.3; 18/19.2.6.2.4	**TJC** • LS.02.01.20 - EP 37 **HFAP** • 13.01.09 **DNV** • PE.2.SR.1a	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K271	**Discharge from Exits**	Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all- weather travel surface in accordance with CMS Survey and Certification Letter 05-38. 18.2.7, 19.2.7, S&C 05-38	**NFPA 101** • 18/19.2.7 • 7.1.7 • 7.7	**TJC** • LS.02.01.20 - EP 12 **HFAP** • 13.01.06 **DNV** • PE.2.SR.1a	HITF Interpretations, June 2009
K281	**Illumination of Means of Egress**	Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8	**NFPA 101** • 18/19.2.8 • 7.8; 7.8.1.2; 7.8.1.2.2; 7.8.1.2.3	**TJC** • LS.02.01.20 - EP 38 • LS.02.01.20 - EP 39 **HFAP** • 11.06.01 • 12.01.05 **DNV** • PE.8.SR.8a	HITF Interpretations, June 2009
K291	**Emergency Lighting**	Emergency lighting of at least 1½-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1		**JC** • LS.02.01.20 - EP 39 **Commentary:** No specific TJC requirement. Reference is to General 18/19.2 citation. **HFAP** • 11.06.01 **DNV** • PE.8.SR.8a	EC.02.05.01 Lack of Emergency Lighting [EP1]
K292	**Life Support Means of Egress 2012 NEW**	Buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99. (Indicate N/A if life support equipment is for emergency purposes only.) 18.2.9.2, 18.2.10.5	**NFPA 101** • 18.2.9.2 • 18.2.10.5 • 18.5.1.3	**TJC** • LS.02.01.20 - EP 42 **HVAP** • 13.01.06 **DNV** • PE.8.SR.8	
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.)	**NFPA 101** • 19.2.10; 19.2.10.1; 19.2.10.2; 19.2.10.3; 19.2.10.4 • 7.10	**TJC** • LS.02.01.20 - EP 40 **HFAP** • 13.01.05 **DNV** • PE.8.SR.8	HITF Interpretations, November 1998

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
	Exit Signage 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	**NFPA 101** • 18.2.10; 18.2.10.1; 18.2.10.3; 18.2.10.4; 18.2.10.5 • 7.10	**TJC** • LS.02.01.20 - EP 40 **HFAP** • 13.01.05 **DNV** • PE.8.SR.8	
K300	**Protection – Other**	List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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.		**TJC** LS.02.01.30 - EP 26 **HFAP** **DNV**	**Focus on Compliance:** Life safety protection (LS.02.01.30) **(**June/July 2016)
K311	**Vertical Openings – Enclosure 2012 EXISTING**	Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1, through 19.3.1.6	**NFPA 101** • 19.3.1; 19.3.1.1; 19.3.1.2;19.3.1.3; 19.3.1.4; 19.3.1.5; 19.3.1.6	**TJC** • LS.02.01.30 - EP 1 **HFAP** • 13.01.10 **DNV**	
	Vertical Openings – Enclosures 2012 NEW	Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 2 hours connecting four or more stories. (1 hour for single story building and buildings up to three stories in height.) An atrium may be used in accordance with 8.6.7. 18.3.1 through 18.3.1.5	**NFPA 101** • 18.3.1; 18.3.1.2; 18.3.1.3; 18.3.1.4; 18.3.1.5 • 8.6	**TJC** • LS.02.01.30 - EP 1 **HFAP** • 13.01.10 **DNV**	
K321	**Hazardous Areas – Enclosure 2012 EXISTING**	Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)	**NFPA 101** • 19.3.2; 19.3.2.1; 19.3.2.1.1; 19.3.2.1.2; 19.3.2.1.3; 19.3.2.1.4; 19.3.2.1.5 • 8.4	**TJC** • LS.02.01.30 - EP 3 **HFAP** • 13.01.01 • 13.04.08 **DNV** • PE.5.SR.2 • PE.2.SR.1b	HITF Interpretations, June 2008

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
	Hazardous Areas – Enclosure 2012 NEW	Hazardous areas are protected in accordance with 18.3.2.1. The areas shall be enclosed with a 1-hour fire-rated barrier, with a 3/4-hour fire-rated door without windows (in accordance with 8.7.1.1). Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, and 8.4. *Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.* 18.3.2.1, 7.2.1.8, 8.4, 8.7, 9.7 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 and less than 100 sq ft) g. Combustible Storage Rooms/Spaces (over 50 square feet) **h.** Laboratories (if classified as Severe Hazard - see K322)	**NFPA 101** • 18.3.2.1	**TJC** • LS.02.01.30 - EP 2 **HFAP** • 13.01.01 • 13.04.08 **DNV** • PE.2.SR.1b	
K322	**Laboratories**	Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered a severe hazard are protected by 1-hour fire resistance-rated separation, automatic sprinkler system, and are in accordance with 8.7 and with NFPA 99. Laboratories not considered a severe hazard are protected as hazardous areas (see 0321). Laboratories using chemicals are in accordance with NFPA 45. Gas appliances are of appropriate design and installed in accordance with NFPA 54. Shutoff valves are marked to identify material they control. Devices requiring medical grade oxygen from the piped distribution system meet the requirements under 11.4.2.2 (NFPA 99). 18.3.2.2, 19.3.2.2, 8.7, 8.7.4.1 (LSC) 9.3.1.2, 11.4.3.2, 15.4 (NFPA 99)	**NFPA 101** • 18/19.3.2.1; 18/19.3.2.2 • 8.7.4; 8.7.4.1; 8.7.4.2 **NFPA 99** • 9.3.1.2; 11.4.3.2; 15.4	**TJC** • LS.02.01.30 - EP 2 • LS.02.01.30 - EP 3 • LS.02.01.30 - EP 4 **HFAP** **DNV**	
K323	**Anesthetizing Locations**	Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) are in accordance with 8.7 and NFPA 99. Zone valves are: located immediately outside each anesthetizing location for medical gas or vacuum; readily accessible in an emergency; and arranged so shutting off any one anesthetizing location will not affect others. Area alarm panels are provided to monitor all medical gas, medical-surgical vacuum, and piped WAGD systems. Panels are at locations that provide for surveillance, indicate medical gas pressure decreases of 20% and vacuum decreases of 12 inch gauge HgV, and provide visual and audible indication. Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve assemblies. The EES critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits, and EES equipment system supplies power to ventilation system. Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturer's instructions for use are considered before reducing humidity levels to those allowed by ASHRAE, per S&C 13-58. Supply and exhaust systems for windowless anesthetizing locations have smoke control system(s) to automatically vent smoke, prevent the recirculation of smoke originating within the surgical suite, and prevent the circulation of smoke entering the system intake, without interfering with exhaust function, per 79 FR 21551. 18.3.2.3, 19.3.2.3 (LSC) 5.1.4.8.7, 5.1.4.8.7.2, 5.1.9.3, 5.1.9.3.4, 6.4.2.2.4.2 (NFPA 99)	**NFPA 101** • 18/19.3.2.3 • 8.7 **NFPA 99** • 5.1.4.8.7; 5.1.4.8.7.2; 5.1.9.3; 5.1.9.3.4; 6.4.2.2.4.2	**TJC** • LS.02.01.30 - EP 26 **Commentary:** No specific TJC requirement. Reference is to General 18/19.3 citation. **HFAP** • 11.07.03 **DNV** • PE.5.SR.6a-d	CMS Adoption of ASHRAE 170-2008 (2016) Chris P. Rousseau, Jonathan Flannery ASHE Advocacy Alert on new guidance on OR humidity, temperature, and ventilation requirements Pressure relationship between operating rooms and other areas Frequently asked questions on the new CMS regulations (June 7, 2016) ASHRAE 170 Interpretations-2013 Outdoor Air Supply

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K324	**Cooking Facilities**	Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations , unless: • residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 • cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or • Cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	**NFPA 101** • 18/19.3.2.5; 18/19.3.2.5.1; 18/19.3.2.5.2; 18/19.3.2.5.3; 18/19.3.2.5.4; 18/19.3.2.5.5	**TJC** • LS.02.01.30 - EP 5 • LS.02.01.35 - EP 11 • LS.02.01.35 - EP 12 • LS.02.01.35 - EP 13 **HFAP** • 11.07.03 • 13.03.12 **DNV** • PE.3.SR.3	HITF Interpretations, December 2007
K325	**Alcohol Based Hand Rub Dispenser (ABHR)**	ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: • Corridor is at least 6 feet wide • Maximum individual dispenser capacity is 0.32 gal. (0.53 gal. in suites) of fluid and 18 oz. of Level 1 aerosols • Dispensers shall have a minimum of 4-foot horizontal spacing • Not more than an aggregate of 10 gallons of fluid or 135 oz. aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room • Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 • Dispensers are not installed within 1 inch of an ignition source • Dispensers over carpeted floors are in sprinklered smoke compartments • ABHR does not exceed 95% alcohol • Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) • ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485	**NFPA 101** • 18/19.3.2.6 • 8.7.3.1	**TJC** • LS.02.01.30 - EP 6 **HFAP** • 13.06.05 **DNV** • PE.5.SR.7	What you need to know about the CMS adoption of the 2012 *Life Safety Code®* (May 17, 2016) Video: Changes to the Conditions of Participation impacting health care facilities (June 27, 2016) HITF Interpretations, June 2011
K331	**Interior Wall and Ceiling Finish 2012 EXISTING**	Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s).	**NFPA 101** • 19.3.3.2 • 10.2.4 • 10.2.8.1	**TJC** • LS.02.01.30- EP 7 **HFAP** • 13.00.08 **DNV**	
	Interior Wall and Ceiling Finish 2012 NEW	(Indicate N/A for 2012 EXISTING) Interior finishes shall comply with 10.2. Floor finishes in exit enclosures and exit access corridors and spaces not separated by walls that resist the passage of smoke shall be Class I or II. 18.3.3.3.1, 18.3.3.3.2, 18.3.3.3.3, 10.2, 10.2.7.1, 10.2.7.2	**NFPA 101** • 18.3.3.2; 18.3.3.2.1; 18.3.3.2.2 • 10.2.8.1	**TJC** • LS.02.01.30- EP 7 **HFAP** • 13.00.08 **DNV**	
K332	**Interior Floor Finish 2012 NEW**	(Indicate N/A for 2012 EXISTING) Interior finishes shall comply with 10.2. Floor finishes in exit enclosures and exit access corridors and spaces not separated by walls that resist the passage of smoke shall be Class I or II. 18.3.3.3.1, 18.3.3.3.2, 18.3.3.3.3, 10.2, 10.2.7.1, 10.2.7.2	**NFPA 101** • 18.3.3.3; 18.3.3.3.1; 18.3.3.3.2; 18.3.3.3.3 • 10.2.7.1; 10.2.7.2	**TJC** • LS.02.01.30 - EP 8 **HFAP** • 13.00.01 **DNV** • PE.2.SR.1a	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K341	**Fire Alarm System – Installation**	A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8	**NFPA 101** • 18/19.3.4; 18/19.3.4.1 **NFPA 99** • 9.6.1.3; 9.6.1.4 • 9.6.1.8; 9.6.1.8.1; 9.6.1.8.1.1; 9.6.1.8.1.2 **NFPA 70** **NFPA 72**	**TJC** • LS.02.01.34 - EP 1 • LS.02.01.34 - EP 2 **Commentary:** No specific CMS requirement for fire-rated enclosure of master fire alarm control panel room. **HFAP** • 13.02.01 **DNV** • PE.2.SR.1a	HITF Interpretations, June 2008
K342	**Fire Alarm System – Initiation**	Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200 feet travel distance is not exceeded. 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5	**NFPA 101** • 18/19.3.4.2; 18/19.3.4.2.1; 18/19.3.4.2.2	**TJC** • LS.02.01.34 - EP 3 **HFAP** **DNV** • PE.2.SR.1a	
K343	**Fire Alarm – Notification 2012 EXISTING**	Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1)	**NFPA 101** • 19.3.4.3; 19.3.4.3.1 • 19.3.4.3.2; 19.3.4.3.2.1; 19.3.4.3.2.2	**TJC** • LS.02.01.34 - EP 5 **HFAP** • 13.02.03 **DNV**	
	Fire Alarm – Notification 2012 NEW	Positive alarm sequence in accordance with 9.6.3.4 are permitted. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. Annunciation and annunciation zoning for fire alarm and sprinklers shall be provided by audible and visual indicators and zones shall not be larger than 22,500 square feet per zone. 18.3.4.3 through 18.3.4.3.3, 9.6.4	**NFPA 101** • 18.3.4.3; 18.3.4.3.1 • 18.3.4.3.2; 18.3.4.3.2.1 • 18.3.4.3.3; 18.3.4.3.3.1; 18.3.4.3.3.2; 18.3.4.3.3.3	**TJC** • LS.02.01.34 - EP 4 **HFAP** **DNV**	
K344	**Fire Alarm – Control Functions**	The fire alarm automatically activates required control functions and is provided with an alternative power supply in accordance with NFPA 72. 18.3.4.4, 19.3.4.4, 9.6.1, 9.6.5, NFPA 72	**NFPA 101** • 18/19.3.4.4 • 9.6.5; 9.6.5.1; 9.6.5.2 **NFPA 72**	**TJC** • LS.02.01.34 - EP 6 • LS.02.01.20 - EP 15 **HFAP** • 13.02.02 **DNV**	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K345	**Fire Alarm System – Testing and Maintenance**	A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72	**NFPA 101** • 9.7.5; 9.7.7; 9.7.8 **NFPA 25** • 4.3; 4.4 **NFPA 70** **NFPA 72** • Chapter 14	**TJC** • EC.02.03.05 - EPs 1-5 • EC.02.03.05 - EP 28 **HFAP** • 13.02.02 • 13.02.04 **DNV** • PE.2.Sr.10	**Focus on Compliance:** Fire Protection (EC.02.03.05) **(**February/March 2016)
K346	**Fire Alarm – Out of Service**	Where required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6	**NFPA 101** • 9.6.1.6	**TJC** • LS.01.02.01 - EP 2 **HFAP** • 13.00.04 • 13.00.09 **DNV** • PE.2.SR.7	HITF Interpretations, June 2009
K347	**Smoke Detection 2012 EXISTING**	Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2	**NFPA 101** • 19.3.4.5.2; 19.3.6.1	**TJC** • LS.02.01.34 - EP 8 **HFAP** **DNV**	
	Smoke Detection 2012 NEW	Smoke detection systems are provided in spaces open to corridors as required by 18.3.6.1 In nursing homes, an automatic smoke detection system is installed in the corridors of all smoke compartments containing resident sleeping rooms, unless the resident sleeping room has: • smoke detection, or • Automatic door closing devices with integral smoke detectors on the room side that provide occupant notification. Such detectors are electrically interconnected to the fire alarm system. 18.3.4.5.2, 18.3.4.5.3	**NFPA 101** • 18.3.4.5.2; 18.3.4.5.3	**TJC** • LS.02.01.34 - EP 8 **HFAP** • 13.01.04 **DNV**	
K351	**Sprinkler System – Installation 2012 EXISTING**	Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 ft² and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)	**NFPA 101** • 19.3.5; 19.3.5.1; 19.3.5.2; 19.3.5.3; 19.3.5.4; 19.3.5.5 • 19.4.2; 19.4.2.1; 19.4.2.2 • 19.3.5.10 • 9.7.1.1	**TJC** • LS.02.01.35 - EP 8 • LS.02.01.35 - EP 14 **HFAP** • 13.03.01 **DNV**	**Focus on Compliance:** Automated suppression systems (LS.02.01.35) **(**August/September 2016) HITF Interpretations, December 2008 HITF Interpretations, June 2009 HITF Interpretations, June 2010

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
	Sprinkler System – Installation 2012 NEW	Buildings are to be protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where State and local regulations prohibit sprinklers. Listed quick-response or listed residential sprinklers are used throughout smoke compartments with patient sleeping rooms. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 ft² and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 18.3.5.1, 18.3.5.4, 18.3.5.5, 18.3.5.6, 9.7, 9.7.1.1(1), 18.3.5.10	**NFPA 101** • 18.3.5; 18.3.5.1; 18.3.5.4; 18.3.5.5; 18.3.5.6; 18.3.5.10 • 9.7.1; 9.7.1.1	**TJC** • LS.02.01.35 - EP 8 • LS.02.01.35 - EP 9 • LS.02.01.35 - EP 14 **HFAP** • 13.03.01 **DNV**	HITF Interpretations, December 2008 HITF Interpretations, June 2009 HITF Interpretations, June 2010
K352	**Sprinkler System – Supervisory Signals**	Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72	**NFPA 101** • 9.7.2.1 **NFPA 72** • 14.2.1; 14.2.2; 14.2.3; 14.2.4 • Table 14.3.1	**TJC** • LS.02.01.35 - EP 1 • EC.02.03.05 - EP 1 **HFAP** • 13.03.03 **DNV**	
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. • Date sprinkler system last checked • Who provided system test • 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	**NFPA 101** • 9.7.5; 9.7.7; 9.7.8 **NFPA 25**	**TJC** • EC.02.03.05 - EPs 2, 6-12, and 17 • EC.02.03.05 - EP 28 **HFAP** • 13.03.02 **DNV**	**Focus on Compliance:** Fire protection (EC.02.03.05) (February/March 2016) HITF Interpretations, June 2011
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)	**NFPA 101** • 9.7.6 **NFPA 25** • 15.5.2	**TJC** • LS.01.02.01 - EP 2 **HFAP** • 13.00.04 • 13.00.09 **DNV** • PE.2.SR.8a-b	What you need to know about the CMS adoption of the 2012 *Life Safety Code®* (May 17, 2016) Video: Changes to the Conditions of Participation impacting health care facilities (June 27, 2016)
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	**NFPA 101** • 18/19.3.5.12 **NFPA 10**	**TJC** • LS.02.01.35 - EP 10 • LS.02.01.35 - EP 11 • EC.02.03.05 - EP 15 • EC.02.03.05 - EP 16 **HFAP** • 13.03.09 **DNV** • PE.2.SR.10	HITF Interpretations, November 1999 HITF Interpretations, June 2008

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Survey Readiness Checklist and Crosswalk

K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
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	**NFPA 101** • 18/19.3.6.1	**TJC** • LS.02.01.30 - EP 9 **HFAP** **DNV**	HITF Interpretations, June 2008
K362	**Corridors – Construction of Walls 2012 EXISTING**	Corridors are separated from use areas by walls constructed with at least ½-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating_____if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7	**NFPA 101** • 19.3.6.2; 19.3.6.2.1; 19.3.6.2.2; 19.3.6.2.3; 19.3.6.2.4; 19.3.6.2.5; 19.3.6.2.6; 19.3.6.2.7; 19.3.6.2.8	**TJC** • LS.02.01.30 - EP 9 • LS.02.01.30 - EP 10 • LS.02.01.30 - EP 11 **HFAP** • 13.04.10 **DNV**	HITF Interpretations June 2005 HITF Interpretations, June 2006 HITF Interpretations, June 2009
	Corridors – Construction of Walls 2012 NEW	Corridor walls shall form a barrier to limit the transfer of smoke. Such walls shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is required for the corridor walls. 18.3.6.2	**NFPA 101** • 18.3.6.2; 18.3.6.2.1; 18.3.6.2.2; 18.3.6.2.3	**TJC** • LS.02.01.30 - EP 9 • LS.02.01.30 - EP 11 **HFAP** • 13.04.10 **DNV**	HITF Interpretations June 2005 HITF Interpretations, June 2006 HITF Interpretations, June 2009
K363	**Corridor – Doors 2012 EXISTING**	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.	**NFPA 101** • 19.3.6.3; 19.3.6.3.1; 19.3.6.3.4; 19.3.6.3.5; 19.3.6.3.7; 19.3.6.3.10; 19.3.6.3.12; 19.3.6.3.13, 19.3.6.3.16; 19.3.6.3.14; 19.3.6.3.15; 19.3.6.3.17	**TJC** • LS.02.01.30 - EP 13 • LS.02.01.30- EP 14 **HFAP** • 13.01.01 **DNV** • PE.2.SR.1b	Frequently asked questions on the new CMS regulations (June 7, 2016) Video: Changes to the Conditions of Participation impacting health care facilities (June 27, 2016) HITF Interpretations, December 2006
	Corridor – Doors 2012 New	Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with self-latching and positive latching hardware. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. 18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc.	**NFPA 101** • 18.3.6.3.1; 18.3.6.3.5; • 18.3.6.4; 18.3.6.5; 18.3.6.3.11	**TJC** • LS.02.01.30 - EP 12 **HFAP** • 13.01.01 **DNV** • PE.2.SR.1b	HITF Interpretations, December 2006

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K364	**Corridor – Openings**	Transfer grilles are not used in corridor walls or doors. Auxiliary spaces that do not contain flammable or combustible materials are permitted to have louvers or be undercut. In other than smoke compartments containing patient sleeping rooms, miscellaneous openings are permitted in vision panels or doors, provided the openings per room do not exceed 20 in² and are at or below half the distance from floor to ceiling. In sprinklered rooms, the openings per room do not exceed 80 in². Vision panels in corridor walls or doors shall be fixed window assemblies in approved frames. (In fully sprinklered smoke compartments, there are no restrictions in the area and fire resistance of glass and frames.) 18.3.6.5.1, 19.3.6.5.2, 8.3	**NFPA 101** • 18/19.3.6.4; 18/19.3.6.4.1; 18/19.3.6.4.2 • 18/19.3.6.5; 18/19.3.6.5.1; 19.3.6.5.2 • 19.3.6.2.7; 19.3.6.2.8	**TJC** • LS.02.01.30 - EP 12 • LS.02.01.30 - EP 13 • LS.02.01.30 - EP 14 • LS.02.01.30 - EP 15 **Commentary:** TJC requirement for vision panels in fixed window assemblies differs from CMS and NFPA requirement **HFAP** **DNV**	
K371	**Subdivision of Building Spaces – Smoke Compartments 2012 EXISTING**	Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors.	**NFPA 101** • 19.3.7; 19.3.7.1; 19.3.7.2	**TJC** • LS.02.01.30 - EP 18 **HFAP** • 13.04.02 **DNV**	**Focus on Compliance:** Life safety protection (LS.02.01.30) (June/July 2016)
	Subdivision of Building Spaces – Smoke Compartments 2012 NEW	Smoke barriers shall be provided to form at least two smoke compartments on every floor used by inpatients for sleeping or treatment, and on every floor with an occupant load of 50 or more persons, regardless of use. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. Smoke subdivision requirements do not apply to any of the stories or areas described in 18.3.7.2. 18.3.7.1, 18.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors.	**NFPA 101** • 18.3.7; 18.3.7.1; 18.3.7.2	**TJC** • LS.02.01.30 - EP 17 **HFAP** • 13.04.02 **DNV**	
K372	**Subdivision of Building Spaces – Smoke Barrier Construction 2012 EXISTING**	Smoke barriers shall be constructed to a ½-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS.	**NFPA 101** • 19.3.7.3	**TJC** • LS.02.01.30 - EP 19 • LS.02.01.30 - EP 22 • LS.02.01.30 - EP 23 **HFAP** • 13.04.02 **DNV**	HITF Interpretations, June 2009
	Subdivision of Building Spaces – Smoke Barrier Construction 2012 NEW	Smoke barriers shall be constructed to provide at least a 1-hour fire resistance rating and constructed in accordance with 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations of fully ducted HVAC systems. 18.3.7.3, 18.3.7.4, 18.3.7.5, 8.3 Describe any mechanical smoke control system in REMARKS.	**NFPA 101** • 18.3.7.3; 18.3.7.4	**TJC** • LS.02.01.30 - EP 19 • LS.02.01.30 - EP 22 • LS.02.01.30 - EP 23 **HFAP** • 13.04.02 **DNV**	HITF Interpretations, June 2009

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K373	**Subdivision of Building Spaces – Accumulation Space**	Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments 18.3.7.5.1, 18.3.7.5.2, 19.3.7.5.1, 19.3.7.5.2	**NFPA 101** • 18/19.3.7.5; 18/19.3.7.5.1; 18/19.3.7.5.2	**TJC** • LS.02.01.20 - EP 17 • LS.02.01.30 - EP 18 **HFAP** **DNV**	
K374	**Subdivision of Building Spaces – Smoke Barrier Doors 2012 EXISTING**	Doors in smoke barriers are 1¾-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 in for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9	**NFPA 101** • 19.3.7.6, 19.3.7.8, 19.3.7.9	**TJC** • LS.02.01.30 - EP 20 **HFAP** • 13.04.02 **DNV**	
	Subdivision of Building Spaces – Smoke Barrier Doors 2012 NEW	Doors in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded core wood. Required clear widths are provided per 18.3.7.6(4) and (5). Nonrated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal-sliding doors comply with 7.2.1.14. Swinging doors shall be arranged so that each door swings in an opposite direction. Doors shall be self-closing and rabbets, bevels, or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.6, 18.3.7.7, 18.3.7.8	**NFPA 101** • 18.3.7.6; 18.3.7.7; 18.3.7.8	**TJC** • LS.02.01.30 - EP 20 **HFAP** **DNV**	
K379	**Smoke Barrier Door Glazing 2012 EXISTING**	Openings in smoke barrier doors shall be fire-rated glazing or wired glass panels in steel frames. 19.3.7.6, 19.3.7.6.2, 8.5	**NFPA 101** • 19.3.7.6; 19.3.7.6.1; 19.3.7.6.2 • 8.5.4.5	**TJC** • LS.02.01.30 - EP 21 **HFAP** • 13.04.02 **DNV**	
	Smoke Barrier Door Glazing 2012 New	Windows in smoke barrier doors shall be installed in each cross corridor swinging or horizontal-sliding door protected by fire- rated glazing or by wired glass panels in approved frames. 18.3.7.9	**NFPA 101** • 18.3.7.9; 18.3.7.9.1; 18.3.7.10 **Commentary:** Wired glass panels are not permitted in new smoke barriers by LSC. No	**TJC** • LS.02.01.30 - EP 26 **Commentary:** No specific TJC requirement. Reference is to General 18/19.3 citation. **HFAP** **DNV**	
K381	**Sleeping Room Outside Windows and Doors**	Every patient sleeping room has an outside window or outside door. In new occupancies, sill height does not exceed 36 in. above the floor. Windows in atrium walls are considered outside windows. Newborn nurseries and rooms intended for occupancy less than 24 hours have no outside window or door requirements. Window sills in special nursing care areas (e.g., ICU, CCU, hemodialysis, neonatal) do not exceed 60 inches above the floor. 42 CFR 403, 418, 460, 482, 483, and 485	**Commentary:** This requirement was removed from the 2009 Edition of the Life Safety Code. Requirement likely comes from FGI guidelines.	**TJC** • LS.02.01.30 - EP 24 • LS.02.01.30 - EP 25 **HFAP** • 11.07.01 **DNV** • PE.2.SR.9a • PE.2.SR.9b	What you need to know about the CMS adoption of the 2012 *Life Safety Code®* (May 17, 2016) Video: Changes to the Conditions of Participation impacting health care facilities (June 27, 2016)

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K400	**Special Provisions – Other**	List in the REMARKS section any LSC Section 18.4 and 19.4 Special Provisions 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.		**TJC** • LS.02.01.40 - EP 2 **HFAP** • 13.03.04 • 13.04.05 **DNV** • PE.2.SR.5	
K421	**High-Rise Buildings 2012 EXISTING**	High-rise buildings are protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7 within 12 years of LSC final rule effective date. 19.4.2	**NFPA 101** • 19.4.2; 19.4.2.1; 19.4.2.2; 19.4.2.3	**TJC** • LS.02.01.40 - EP 1 **HFAP** • 13.03.01 **DNV**	Video: Changes to the Conditions of Participation impacting health care facilities (June 27, 2016
	High-Rise Buildings 2012 NEW	High-rise buildings comply with section 11.8. 18.4.2	**NFPA 101** • 18.4.2	**TJC** • LS.02.01.40 - EP 1 **HFAP** • 13.03.01 **DNV**	
K500	**Building Services – Other**	List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services 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.		**TJC** • LS.02.01.50- EP 14 **HFAP** **DNV** • PE.2.SR.1a • PE.8.SR.1	
K511	**Utilities – Gas and Electric**	Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	**NFPA 101** • 19.5.1; 19.5.1.1; 19.5.1.2	**TJC** • LS.02.01.50 - EP 1 **HFAP** • 11.03.08 **DNV** • PE.8.SR.6	
K521	**HVAC**	Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2	**NFPA 101** • 18/19.5.2; 18/19.5.2.1 **NFPA 99** • Chapter 6 and Chapter 9	**TJC** • LS.02.01.50 - EP 2 **HFAP** • 11.03.14 • 11.07.03 **DNV** • PE.8.SR.6	**ASHE Publication:** Mechanical Systems Handbook for Health Care Facilities

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K522	**HVAC – Any Heating Device**	Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety features to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also is chimney or vent connected takes air for combustion from outside combustion system separate from occupied area atmosphere 18.5.2.2, 19.5.2.2	**NFPA 101** • 18/19.5.2.2	**TJC** • LS.02.01.50 - EP 3 **HFAP** **DNV** • PE.8.SR.6	
K523	**HVAC – Suspended Unit Heaters**	Suspended unit heaters are permitted provided the following are met: • Not located in means of egress or in patient rooms • Located high enough to be out of reach of people in the area • Has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. 18.5.2.3(1), 19.5.2.3(1)	**NFPA 101** • 18/19.5.2.3 (1)	**TJC** • LS.02.01.50 - EP 4 **HFAP** **DNV**	
K524	**HVAC – Direct-Vent Gas Fireplaces**	Direct-vent gas fireplaces, as defined in NFPA 54, inside of all smoke compartments containing patient sleeping areas comply with the requirements of 18.5.2.3(2), 19.5.2.3(2). 18.5.2.3(2), 19.5.2.3(2), NFPA 54	**NFPA 101** • 18/19.5.2.3 (2)	**TJC** • LS.02.01.50 - EP 5 **HFAP** • 13.05.01 **DNV**	
K525	**HVAC – Solid Fuel-Burning Fireplaces**	Solid fuel-burning fireplaces are permitted in other than patient sleeping areas provided: • Areas are separated by 1-hour fire resistance construction • Fireplace complies with 9.2.2 • Fireplace enclosure resists breakage up to 650°F and has heat-tempered glass • Room has supervised CO detection per 9.8 18.5.2.3(3) and 19.5.2.3(3)	**NFPA 101** • 18/19.5.2.3 (3)	**TJC** • LS.02.01.50 - EP 6 **HFAP** **DNV**	
K531	**Elevators 2012 EXISTING**	Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3	**NFPA 101** • 19.5.3 • 9.4.2.2; 9.4.3.2	**TJC** • LS.02.01.50 - EP 7 **HFAP** • 13.05.02 **DNV**	
	Elevators 2012 NEW	Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. New elevators conform to ASME/ANSI A17.1, Safety Code for Elevators and Escalators, including Firefighter's Service Requirements. (Includes firefighter's Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 18.5.3, 9.4.2, 9.4.3	**NFPA 101** • 18.5.3 • 9.4.2; 9.4.3	**TJC** • LS.02.01.50 - EP 7 • EC.02.03.05 - EP 27 **HFAP** • 13.05.02 **DNV**	
K532	**Escalators, Dumbwaiters, and Moving Walks 2012 EXISTING**	Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (Includes escalator emergency stop buttons and automatic skirt obstruction stop. For power dumbwaiters, includes hoistway door locking to keep doors closed except for floor where car is being loaded or unloaded.) 19.5.3, 9.4.2.2	**NFPA 101** • 19.5.3 • 9.4.2.2	**TJC** • LS.02.01.50 - EP 8 **HFAP** **DNV**	

K-Tag Preparedness
Survey Readiness Checklist and Crosswalk

K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
	Escalators, Dumbwaiters, and Moving Walks 2012 NEW	Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. 18.5.3, 9.4.2.2	**NFPA 101** • 18.5.3 • 9.4.2.1	**TJC** • LS.02.01.50 - EP 8 **HFAP** **DNV**	
K541	**Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING**	(1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4 (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.) (4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82	**NFPA 101** • 19.5.4; 19.5.4.1; 19.5.4.3; 19.5.4.4; 19.5.4.5; 19.5.4.6 • 9.5; 9.5.1; 9.5.1.1; 9.5.1.2; 9.5.1.3; 9.5.1.4; 9.5.1.5; 9.5.2	**TJC** • LS.02.01.50 - EP 9 • LS.02.01.50 - EP 10 • LS.02.01.50 - EP 11 • LS.02.01.50 - EP 12 • LS.02.01.50 - EP 13 • LS.02.01.50 - EP 14 **HFAP** • 13.05.03 **DNV**	HITF Interpretations, November 1999 HITF Interpretations, June 2006
	Rubbish Chutes, Incinerators, and Laundry Chutes 2012 NEW	Rubbish chutes, incinerators, and laundry chutes shall comply with the provisions of Section 9.5, unless otherwise specified in 18.5.4.2. • The fire resistance rating of chute charging room shall not be required to exceed 1 hour. • Any rubbish chute or linen chute shall be provided with automatic extinguishing protection in accordance with Section 9.7. • Chutes shall discharge into a trash collection room used for no other purpose and shall be protected in accordance with 8.7. 18.5.4.2, 8.7, 9.5, 9.7, NFPA 82	**NFPA 101** • 18.5.4; 18.5.4.1 18.5.4.2; 18.5.4.3; 18.5.4.4; 18.5.4.6 • 9.5; 9.5.1; 9.5.1.1; 9.5.1.2; 9.5.1.3 9.5.1.4; 9.5.1.5; 9.5.2	**TJC** • LS.02.01.50 - EP 9 • LS.02.01.50 - EP 10 • LS.02.01.50 - EP 11 • LS.02.01.50 - EP 12 • LS.02.01.50 - EP 13 • LS.02.01.50 - EP 14 **HFAP** • 13.05.03 **DNV**	HITF Interpretations, June 2006
K700	**Operating Features – Other**	List in the REMARKS section any LSC Section 18.7 and 19.7 Operating Features 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 in Form CMS-2567.		**TJC** • LS.02.01.70 - EP 9 **HFAP** **DNV** • PE.2.SR.1a • PE.2.SR.4 • PE.6.SR.1 • PE.6.SR.2	

K-Tag Preparedness
Survey Readiness Checklist and Crosswalk

K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K711	**Evacuation and Relocation Plan**	There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3	**NFPA 101** • 18/19.7.1; 18/19.7.1.1; 18/19.7.1.2; 18/19.7.1.3 • 18/19.7.2.1.2; 18/19.7.2.2 • 18/19.7.2.3; 18/19.7.2.3.1; 18/19.7.2.3.2; 18/19.7.2.3.3	**TJC** • EC.02.03.01 - EP 9 **HFAP** • 11.00.02 • 11.02.02 **DNV** • PE.1.SR.5 • PE.6.SR.3 • PE.6.SR.4a-h	
K712	**Fire Drills**	Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7	**NFPA 101** • 18/19.7.1.4; 18/19.7.1.5; 18/19.7.1.6; 18/19.7.1.7; 18/19.7.1.8	**TJC** • EC.02.03.03 - EP 1 • EC.02.03.03 - EP 2 • EC.02.03.03 - EP 3 • EC.02.03.03 - EP 4 • EC.02.03.03 - EP 5 **HFAP** • 11.04.02 • 11.04.03 • 11.04.04 **DNV**	HITF Interpretations, November 1998 HITF Interpretations, June 2006 HITF Interpretations, December 2006 HITF Interpretations, June 2014
K741	**Smoking Regulations**	Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4	**NFPA 101** • 19.7.4	**TJC** • LS.02.01.70 - EP 1 • LS.02.01.70 - EP 2 **HFAP** • 11.01.09 **DNV** • PE.1.SR.10	HITF Interpretations, December 2006
K751	**Draperies, Curtains, and Loosely Hanging Fabrics**	Draperies, curtains including cubicle curtains and loosely hanging fabric or films shall be in accordance with 10.3.1. Excluding curtains and draperies: at showers and baths; on windows in patient sleeping room located in sprinklered compartments; and in non-patient sleeping rooms in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. 18.7.5.1, 18.3.5.11., 19.7.5.1, 19.3.5.11, 10.3.1	**NFPA 101** • 18/19.7.5, 18/19.7.5.1 • 18/19.3.5.11 **Commentary:** Requirements do not align with all NFPA 101 requirements.	**TJC** • LS.02.01.70 - EP 3 **HFAP** • 13.06.01 **DNV** • PE.2.SR.11	

K-Tag Preparedness
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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K752	**Upholstered Furniture and Mattresses**	Newly introduced upholstered furniture meets Class I or char length, and heat release criteria in accordance with 10.3.2.1 and 10.3.3, unless the building is fully sprinklered. Newly introduced mattresses shall meet char length and heat release criteria in accordance with 10.3.2.2 and 10.3.4, unless the building is fully sprinklered. Upholstered furniture and mattresses belonging to nursing home residents do not have to meet these requirements as all nursing homes are required to be fully sprinklered. Newly introduced upholstered furniture and mattresses means purchased on or after the LSC final rule effective date. 18.7.5.2, 18.7.5.4, 19.7.5.2, 19.7.5.4	**NFPA 101** • 18/19.7.5.2; 19.7.5.3; 18/19.7.5.4; 19.7.5.5	**TJC** • LS.02.01.70 - EP 4 **HFAP** **DNV** • PE.2.SR.11	HITF Interpretations May 2003
K753	**Combustible Decorations**	Combustible decorations shall be prohibited unless one of the following is met: • Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. • Decorations meet NFPA 701 • Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. • Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6 or 19.7.5.6. • The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present. 18.7.5.6, 19.7.5.6	**NFPA 101** • 18/19.7.5.6	**TJC** • LS.02.01.70 - EP 5 **HFAP** • 13.06.01 **DNV** • PE.2.SR.11	
K754	**Soiled Linen and Trash Containers**	Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/ square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is ≤ 96 gal. unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7	**NFPA 101** • 18/19.7.5.7; 18/19.7.5.7.1; 18/19.7.5.7.2; 18/19.7.5.7.3 **Commentary:** This requirement is exempted by the LSC in Section 18.7.5.7.3.	**TJC** • LS.02.01.70 - EP 6 **HFAP** • 13.06.02 **DNV** • PE.3.SR.8	HITF Interpretation, November 2009
K771	**Engineer Smoke Control Systems 2012 EXISTING**	When installed, engineered smoke control systems are tested in accordance with established engineering principles. Test documentation is maintained on the premises. 19.7.7	**NFPA 101** • 19.7.7; 19.7.7.1; 19.7.7.2	**TJC** • LS.02.01.70 - EP 7 **HFAP** • 13.00.07 **DNV** • PE.2.SR.5a-d	
	Engineer Smoke Control Systems 2012 NEW	When installed, engineered smoke control systems are tested in accordance with NFPA 92, Standard for Smoke Control Systems. Test documentation is maintained on the premises. 18.7.7	**NFPA 101** • 18.7.7; 18.7.7.1; 18.7.7.2	**TJC** • LS.02.01.70 - EP 7 **HFAP** **DNV** • PE.2.SR.5a-d	
K781	**Portable Space Heaters**	Portable space heating devices shall be prohibited in all health care occupancies. Except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8	**NFPA 101** • 18/19.7.8	**TJC** • LS.02.01.70 - EP 8 **HFAP** • 13.06.03 **DNV**	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K791	**Construction, Repair, and Improvement Operations**	Construction, repair, and improvement operations shall comply with 4.6.10. Any means of egress in any area undergoing construction, repair, or improvements shall be inspected daily to ensure its ability to be used instantly in case of emergency and compliance with NFPA 241. 18.7.9, 19.7.9, 4.6.10, 7.1.10.1	**NFPA 101** • 18/19.7.9.1; 18/19.7.9.2	**TJC** • LS.01.02.01 - EP 4 **HFAP** • 13.00.02 **DNV** • PE.1.SR	
K900	**Health Care Facilities Code - Other**	List in the REMARKS section, any NFPA 99 requirements (excluding Chapter 7, 8, 12, and 13) that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Health Care Facilities Code or NFPA standard citation, should be included on Form CMS-2567.		**TJC** • EC.02.03.01 - EP 13 • EC.02.05.05 - EP 8 • EC.02.05.09 - EP 14 **HFAP** • 13.00.03 **DNV** • PE.1.SR.8	Navigating, Identifying, and Interpreting NFPA 99 (2016) Jonathan R. Hart NFPA 99: Health Care Facilities Code (2012) Classroom Training **Health Care Facility Management Training:** Advanced Maintenance and Operations
K901	**Fundamentals – Building System Categories**	Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)	**NFPA 99** • Chapter 4	**TJC** • EC.02.05.01 - EP 2 **HFAP** • 13.00.05 **DNV**	NFPA 99 2012 Update: Risk Categories (2017) Michael A. Crowley Risk Assessment of Medical Equipment (2015) John Collins, FASHE, HFDP
K902	**Gas and Vacuum Piped Systems – Other**	List in the REMARKS section, any NFPA 99 Chapter 5 Gas and Vacuum Systems 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. Chapter 5 (NFPA 99)	**NFPA 99** • Chapter 5	**TJC** • EC.02.05.09 - EP 14 **HFAP** **DNV**	NFPA 99 2012 Update: Medical Gas and Vacuum Systems (2017) James K Lathrop TIAs affecting adoption of the 2012 editions of NFPA 101 and NFPA 99
K903	**Gas and Vacuum Piped Systems – Categories**	Medical gas, medical air, surgical vacuum, WAGD, and air supply systems in which failure is likely to cause major injury or death are designated Category 1. Systems in which failure is likely to cause minor injury to patients are designated Category 2. Systems in which failure is not likely to cause injury, but can cause discomfort is designated Category 3. Deep sedation and general anesthesia are not administered when using a Category 3 medical gas system. 5.1.1.1, 5.2.1, 5.3.1.1, 5.3.1.5 (NFPA 99)	**NFPA 99** • 5.1.1.1; 5.2.1; 5.3.1.1; 5.3.1.5	**TJC** • EC.02.05.09 - EP 1 **HFAP** • 11.05.01 • 11.05.02 **DNV**	
K904	**Gas and Vacuum Piped Systems – Warning Systems**	All master, area, and local alarm systems used for medical gas and vacuum systems comply with appropriate Category warning system requirements, as applicable. 5.1.9, 5.2.9, 5.3.6.2.2 (NFPA 99)	**NFPA 99** • 5.1.9 • 5.2.9 • 5.3.6.2.2	**TJC** • EC.02.05.09 - EP 2 **HFAP** **DNV**	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K905	**Gas and Vacuum Piped Systems – Central Supply System Identification and Labeling**	Containers, cylinders and tanks are designed, fabricated, tested, and marked in accordance with 5.1.3.1.1 through 5.1.3.1.7. Locations containing only oxygen or medical air have doors labeled with "Medical Gases, NO Smoking or Open Flame". Locations containing other gases have doors labeled "Positive Pressure Gases, NO Smoking or Open Flame, Room May Have Insufficient Oxygen, Open Door and Allow Room to Ventilate before opening. 5.1.3.1, 5.2.3.1, 5.3.10 (NFPA 99)	**NFPA 99** • 5.1.3.1 • 5.2.3.1 • 5.3.10	**TJC** • EC.02.05.09 - EP 3 • EC.02.05.09 - EP 4 **HFAP** **DNV** • PE.8.SR.3	
K906	**Gas and Vacuum Piped Systems – Central Supply System Operations**	Adaptors or conversion fittings are prohibited. Cylinders are handled in accordance with 11.6.2. Only cylinders, reusable shipping containers, and their accessories are stored in rooms containing central supply systems or cylinders. No flammable materials are stored with cylinders. Cryogenic liquid storage units intended to supply the facility are not used to transfill. Cylinders are kept away from sources of heat. Valve protection caps are secured in place, if supplied, unless cylinder is in use. Cylinders are not stored in tightly closed spaces. Cylinders in use and storage are prevented from exceeding 130°F, and nitrous oxide and carbon dioxide cylinders are prevented from reaching temperatures lower than manufacture recommendations or 20°F. Full or empty cylinders, when not connected, are stored in locations complying with 5.1.3.3.2 through 5.1.3.3.3, and are not stored in enclosures containing motor-driven machinery, unless for instrument air reserve headers. 5.1.3.2, 5.1.3.3.17, 5.1.3.3.1.8, 5.1.3.3.4, 5.2.3.2, 5.2.3.3, 5.3.6.20.4, 5.6.20.5, 5.3.6.20.7, 5.3.6.20.8, 5.3.6.20.9 (NFPA 99)	**NFPA 99** • 5.1.3.2; 5.1.3.3.17; 5.1.3.3.1.8; 5.1.3.3.4 • 5.2.3.2; 5.2.3.3 • 5.3.6.20.4; 5.3.6.20.5; 5.3.6.20.7; 5.3.6.20.8; 5.3.6.20.9 • 11.6.2	**TJC** • EC.02.05.09 - EP 12 **HFAP** **DNV**	
K907	**Gas and Vacuum Piped Systems – Maintenance Program**	Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms, manufactured assemblies, and outlets. Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or credentialing to the requirements of AASE 6030 or 6040. 5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99)	**NFPA 99** • 5.1.14.2.1; 5.1.14.2.2; 5.1.15 • 5.2.14 • 5.3.13.4.2	**TJC** • EC.02.05.09 - EP 7 **HFAP** • 11.05.01 • 11.05.02 • 11.06.09 **DNV**	
K908	**Gas and Vacuum Piped Systems – Inspection and Testing Operations**	The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99)	**NFPA 99** • 5.1.14.2.3 • 5.2.13 • 5.3.13; 5.3.13.4	**TJC** • EC.02.05.09 - EP 7 **HFAP** • 13.05.10 **DNV**	
K909	**Gas and Vacuum Piped Systems – Information and Warning Signs**	Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (Table 5.1.11), and operating pressure if other than standard. Labels are at intervals not more than 20 ft., are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. 5.1.14.3, 5.1.11.1, 5.1.11.2, 5.2.11, 5.3.13.3, 5.3.11 (NFPA 99)	**NFPA 99** • 5.1.14.3; 5.1.11.1; 5.1.11.2, • 5.2.11 • 5.3.13.3; 5.3.11	**TJC** • EC.02.05.09 - EP 11 **HFAP** • 13.05.10 **DNV**	
K910	**Gas and Vacuum Piped Systems – Modifications**	Whenever modifications are made that breach the pipeline, any necessary installer and verification test specified in 5.1.2 is conducted on the downstream portion of the medical gas piping system. Permanent records of all tests required by system verification tests are maintained. 5.1.14.4.1, 5.1.14.4.6, 5.2.13, 5.3.13.4.3 (NFPA 99)	**NFPA 99** • 5.1.14.4.1; 5.1.14.4.6 • 5.2.13 • 5.3.13.4.3	**TJC** • EC.02.05.09 - EP 10 **HFAP** **DNV**	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K911	**Electrical Systems – Other**	List in the REMARKS section, any NFPA 99 Chapter 6 Electrical Systems 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. Chapter 6 (NFPA 99)	**NFPA 99** • Chapter 6	**TJC** • EC.02.04.03 - EP 27 • EC.02.05.05 - EP 8 **HFAP** **DNV**	Electrical Systems Handbook for Health Care Facilities Electrical Systems for Health Care Facilities Program TIAs affecting adoption of the 2012 editions of NFPA 101 and NFPA 99 **Focus on Compliance:** Utility systems (EC.02.05.01) (August/September 2015)
K912	**Electrical Systems – Receptacles**	Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.4.2 (NFPA 99)	**NFPA 99** • 6.3.2.2.6.2; 6.3.2.4.2	**TJC** • EC.02.05.01 - EP 22 **HFAP** **DNV**	
K913	**Electrical Systems – Wet Procedure Locations**	Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment conducted by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection. 6.3.2.2.8.4, 6.3.2.2.8.7, 6.4.4.2	**NFPA 99** • 6.3.2.2.8; 6.3.2.2.8.4; 6.3.2.2.8.7 • 6.4.4.2	**TJC** • EC.02.05.01 - EP 20 **HFAP** **DNV** • PE.8.SR.3	Wet Location Tool
K914	**Electrical Systems – Maintenance and Testing**	Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of ≤ 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals ≤ 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)	**NFPA 99** • 6.3.4	**TJC** • EC.02.05.01 - EP 22 • EC.02.05.01 - EP 5 • EC.02.05.05 - EP 7 **HFAP** • 13.05.12 **DNV** • PE.8.SR.3 • PE.8.SR.6	
K915	**Electrical Systems – Essential Electric System Categories**	Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1 1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3	**NFPA 99** • 3.3.138 • 6.3.2.2.10 • 6.6.2.2.2; 6.6.3.1.1	**TJC** • EC.02.05.01 - EP 21 **HFAP** • 11.06.02 **DNV**	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K916	**Electrical Systems – Essential Electric System Alarm Annunciator**	A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)	**NFPA 99** • 6.4.1.1.17; 6.4.1.1.17.5	**TJC** • EC.02.05.03 - EP 11 **HFAP** • 13.05.04 **DNV** • PE.6.SR.5c	
K917	**Electrical Systems – Essential Electric System Receptacles**	Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking. 6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2 (NFPA 99)	**NFPA 99** • 6.4.2.2.6 • 6.5.2.2.4.2 • 6.6.2.2.3.2	**TJC** • EC.02.05.01 - EP 22 **HFAP** **DNV**	
K918	**Electrical Systems – Essential Electric System Maintenance and Testing**	The generator or other alternate power source and associated equipment is capable of supplying service within 10-seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)	**NFPA 99** • 6.4.4 • 6.5.4 • 6.6.4 **NFPA 110** **NFPA 111** **NFPA 70** • 700.10	**TJC** • EC.02.05.01 - EP 9 • EC.02.05.03 - EP 5 • EC.02.05.03 - EP 6 • EC.02.05.03 - EP 7 • EC.02.05.03 - EP 11 • EC.02.05.07 - EP 3 • EC.02.05.07 - EP 4 • EC.02.05.07 - EP 5 • EC.02.05.07 - EP 6 • EC.02.05.07 - EP 7 • EC.02.05.07 - EP 9 • EC.02.05.07 - EP 10 **HFAP** • 11.05.05 • 11.06.02 • 13.05.04 • 13.05.05 • 13.05.06 **DNV** • PE.6.SR.5a • PE.6.SR.5b • PE.8.SR.6	Video: Changes to the Conditions of Participation impacting health care facilities (June 27, 2016)

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K919	**Electrical Equipment – Other**	List in the REMARKS section, any NFPA 99 Chapter 10, Electrical Equipment, 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. Chapter 10 (NFPA 99)	**NFPA 99** • Chapter 10	**TJC** • EC.02.04.03 - EP 27 **HFAP** **DNV** • PE.6.SR.5c • PE.8.SR.6	Evaluating Electrical Distribution Equipment to Determine Replacement Needs (2013) Krista McDonald Biason, PE Managing Hospital Emergency Power Systems: Testing, Operation, Maintenance, Vulnerability Mitigation, and Power Failure Planning (2014) David L. Stymiest, PE, CHFM, CHSP, FASHE Managing Hospital Electrical Shutdowns (2012) David Stymiest, PE, CHFM, FASHE, and Jason D'Antona, PE, LEED AP Performing an Emergency Power Systems Hazard Vulnerability Analysis(2007) Timothy Adams, CHFM, SASHE Super Storm Sandy's Impact on Essential Electrical Systems (2013) Jonathan Flannery EC.02.05.01 Failure to Label Electric Panel or Utilities [EP8]
K920	**Electrical Equipment – Power Cords and Extension Cords**	Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5	**NFPA 99** • 10.2.3.6 • 10.2.4 **NFPA 70** • 400-8 • 590.3(D)	**TJC** • EC.02.05.01 - EP 23 • EC.02.05.01 - EP 24 **HFAP** • 11.03.24 **DNV**	Quantifying Hospital Cord Connected Plug Loads in Inpatient Areas(2014) Jason V. D'Antona, PE, LEED® AP, and John Messervy, AIA TIAs affecting adoption of the 2012 editions of NFPA 101 and NFPA 99 EC.02.05.01 Inappropriate Electrical Issues [EP1] HITF Interpretations, June 2014

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K921	**Electrical Equipment – Testing and Maintenance Requirements**	The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) are performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacture include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuing trained. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8	**NFPA 99** • 10.3 • 10.5.2.1; 10.5.2.1.2; 10.5.2.5 • 10.5.3 • 10.5.6 • 10.5.8	**TJC** • EC.02.04.03 - EP 27 **HFAP** **DNV** • PE.8.SR.10	Managing Hospital Emergency Power Systems: Testing, Operation, Maintenance, Vulnerability Mitigation, and Power Failure Planning (2014) David L. Stymiest, PE, CHFM, CHSP, FASHE
K922	**Gas Equipment – Other**	List in the REMARKS section, any NFPA 99 Chapter 11 Gas Equipment 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. Chapter 11 (NFPA 99)	**NFPA 99** • Chapter 11	**TJC** • EC.02.05.09 - EP 14 **HFAP** **DNV** • PE.6.SR.2	**Focus on Compliance:** Utility systems (EC.02.05.01) (August/September 2015) Safe, Functional Environment (EC.02.06.01)
K923	**Gas Equipment – Cylinder and Container Storage**	**≥ 3,000 cubic feet** Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. **> 300 but <3,000 cubic feet** Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. **≤ 300 cubic feet** In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of ≤ 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2 A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS (ES) STORED WITHIN NO SMOKING". Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)	**NPFA 99** • 11.3.1; 11.3.2; 11.3.3; 11.3.4 • 11.6.2; 11.6.5	**TJC** • EC.02.05.09 - EP 5 • EC.02.05.09 - EP 6 • EC.02.05.01 - EP 18 **HFAP** • 13.05.10 **DNV** • PE.5.SR.5 • PE.6.SR.2	Medical Gas Cylinder and Bulk Tank Storage (2012) Susan B. McLaughlin, MBA, FASHE, CHFM, CHSP; David A. Dagenais, CHSP, CHFM, SASHE **Focus on Compliance:** EC.02.06.01 Medical Gas Cylinder Storage [EP1]
K924	**Gas Equipment – Testing and Maintenance Requirements**	Anesthesia apparatus are tested at the final path to patient after any adjustment, modification or repair. Before the apparatus is returned to service, each connection is checked to verify proper gas and an oxygen analyzer is used to verify oxygen concentration. Defective equipment is immediately removed from service. Areas designated for servicing of oxygen equipment are clean and free of oil, grease, or other flammables. Manufacturer service manuals are used to maintain equipment and a scheduled maintenance program is followed. 11.4.1.3, 11.5.1.3, 11.6.2.5, 11.6.2.6 (NFPA 99)	**NFPA 99** • 11.4.1.3, 11.5.1.3, 11.6.2.5, 11.6.2.6	**TJC** • EC.02.04.01 - EPs 2-6 • EC.02.04.03 - EP 2 **HFAP** • 13.05.10 **DNV** • PE.6.SR.2 • PE.8.SR.10	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K925	**Gas Equipment – Respiratory Therapy Sources of Ignition**	Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition are within in the site of intentional expulsion (1-foot). When other oxygen deliver equipment is used or oxygen is delivered inside a patient's room, no sources of ignition are within the area are of administration (15-feet). Solid fuel-burning appliances is not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. 11.5.1.1, TIA 12-6 (NFPA 99)	**NFPA 99** • 11.5.1.1	**TJC** • EC.02.03.01 - EP 1 **Commentary:** No specific TJC requirement for protection from sources of ignition in respiratory therapy areas. **HFAP** **DNV** • PE.6.SR.2	
K926	**Gas Equipment – Qualifications and Training of Personnel**	Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99)	**NFPA 99** • 11.5.2.1	**TJC** • EC.02.05.09 - EP 7 **HFAP** **DNV** • PE.6.SR.2	
K927	**Gas Equipment – Transfilling Cylinders**	Transfilling of oxygen from one cylinder to another is in accordance with CGA P-2.5, Transfilling of High Pressure Gaseous Oxygen Used for Respiration. Transfilling of any gas from one cylinder to another is prohibited in patient care rooms. Transfilling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfilling to liquid oxygen containers or to portable containers under 50 psi comply with conditions under 11.5.2.3.2 (NFPA 99). 11.5.2.2 (NFPA 99)	**NFPA 99** • 11.5.2.2 • 11.5.2.3; 11.5.2.3.1; 11.5.2.3.2	**TJC** • EC.02.05.09 - EP 6 • EC.02.05.09 - EP 7 • EC.02.05.09 - EP 13 **HFAP** **DNV** • PE.6.SR.2	
K928	**Gas Equipment – Labeling Equipment and Cylinders**	Equipment listed for use in oxygen-enriched atmospheres are so labeled. Oxygen metering equipment and pressure reducing regulators are labeled "OXYGEN-USE NO OIL". Flowmeters, pressure reducing regulators, and oxygen-dispensing apparatus are clearly and permanently labeled designating the gases for which they are intended. Oxygen-metering equipment, pressure reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier. Cylinders and containers are labeled in accordance with CGA C-7. Color coding is not utilized as the primary method of determining cylinder or container contents. All labeling is durable and withstands cleaning or disinfecting. 11.5.3.1 (NFPA 99)	**NFPA 99** • 11.5.3.1	**TJC** • EC.02.05.09 - EP 12 • EC.02.05.09 - EP 14 **Commentary:** No specific TJC requirement to address labeling of gas equipment and cylinders. Reference is to general Chapter 11 citation. **HFAP** • 13.05.10 **DNV** • PE.6.SR.2	
K929	**Gas Equipment – Precautions for Handling Oxygen Cylinders and Manifolds**	Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99) 11.6.2 (NFPA 99)	**NFPA 99** • 11.6.2; 11.6.2.1; 11.6.2.2; 11.6.2.3; 11.6.2.4	**TJC** • EC.02.05.09 - EP 12 **HFAP** **DNV** • PE.6.SR.2	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K930	**Gas Equipment – Liquid Oxygen Equipment**	The storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections 11.7.2 through 11.7.4 (NFPA 99). 11.7 (NFPA 99)	**NFPA 99** • 11.7; 11.7.2; 11.7.3; 11.7.4	**TJC** • EC.02.05.09- EP 12 **Commentary:** No specific TJC requirement to address liquid oxygen storage. Reference is to general Chapter 11 citation. **HFAP** • 13.05.10 **DNV** • PE.6.SR.2	
K931	**Hyperbaric Facilities**	All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99. Chapter 14 (NFPA 99)	**NFPA 99** • Chapter 14	**TJC** N/A **Commentary:** No TJC requirements related to hyperbaric facilities. **HFAP** • 13.05.12 **DNV** • PE.6.SR.2	
K932	**Features of Fire Protection – Other**	List in the REMARKS section, any NFPA 99 Chapter 15 Features of Fire Protection 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. Chapter 15 (NFPA 99)	**NFPA 99** • Chapter 15	**TJC** N/A **HFAP** • 13.03.04 • 13.03.06 • 13.03.08 **DNV** • PE.6.SR.2 • PE.6.SR.3 • PE.6.SR.4 • PE.6.SR.5	

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K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources

K933	**Features of Fire Protection – Fire Loss Prevention in Operating Rooms**	Periodic evaluations are made of hazards that could be encountered during surgical procedures, and fire prevention procedures are established. When flammable germicides or antiseptics are employed during surgeries utilizing electrosurgery, cautery or lasers:
		• packaging is non-flammable
		• applicators are in unit doses
		• Preoperative "time-out" is conducted prior the initiation of any surgical procedure to verify:
		  ○ application site is dry prior to draping and use of surgical equipment
		  ○ pooling of solution has not occurred or has been corrected
		  ○ solution-soaked materials have been removed from the OR prior to draping and use of surgical devices
		  ○ policies and procedures are established outlining safety precautions related to the use of flammable germicide or antiseptic use.
		Procedures are established for operating room emergencies including alarm activation, evacuation, equipment shutdown, and control operations. Emergency procedures include the control of chemical spills, and extinguishment of drapery, clothing and equipment fires. Training is provided to new OR personnel (including surgeons), continuing education is provided, incidents are reviewed monthly, and procedures are reviewed annually.
		15.13 (NFPA 99)
			NFPA 99
			• 15.13
				TJC
				N/A
				
				Commentary:
				No TJC requirements related to fire prevention in operating rooms.
				
				HFAP
				
				DNV	

The ASHE advocacy team works to monitor and unify the many overlapping codes and standards regulating the health care physical environment allowing health care facilities to optimize their physical environment and focus more of their valuable resources on patient care.

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