

# *PHYSICAL ENVIRONMENT*

## *ENVIRONMENT OF CARE & LIFE SAFETY CHAPTER*

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President, The George Mills Company

# *Joint Commission General Update*

# *Revision to Final Report*

The SAFER Matrix has been revised (effective 1/2025)

- The standard is replaced with simple common language
- Previous report sorting does not highlight criticality of RFIs
- Change will make it easier to identify priorities with the restructure of the RFIs into the Final Report
  - Priority based SAFER Matrix placement rather than alphabetically by standard
  - Follow-up survey activity sections with associated findings to be reviewed
- The CoP's are included in the Final Report
  - Condition Level Deficiency (CLD) will be identified

# SAFER Matrix

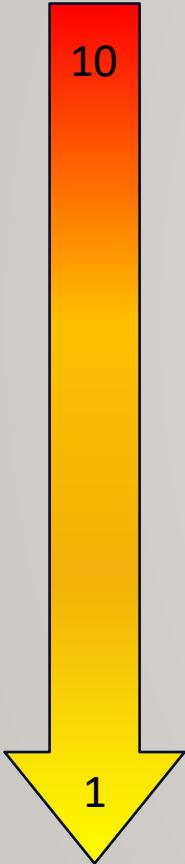
		<b>Immediate Threat to Life</b>		
<b>Likelihood to Harm a Patient/Staff/Visitor</b>	<b>HIGH</b> (HARM COULD HAPPEN AT ANY TIME)			
	<b>MODERATE</b> (HARM COULD HAPPEN OCCASIONALLY)			
	<b>LOW</b> (HARM COULD HAPPEN, BUT WOULD BE RARE)			
		<b>LIMITED</b> (UNIQUE OCCURRENCE THAT IS NOT ROUTINE PRACTICE)	<b>PATTERN</b> (MULTIPLE OCCURRENCES WITH POTENTIAL TO IMPACT SOME)	<b>WIDESPREAD</b> (MULTIPLE OCCURRENCES WITH POTENTIAL TO IMPACT MOST/ALL)
		<b>Scope</b>		

# SAFER Matrix Language Includes Descriptive Text with Std & EP

<b>Likelihood to harm a Patient</b>		
	<p><b>Moderate</b></p> <p>Exit Signs- Visible- LS.02.01.20 EP 40          Kitchen Exhaust Hood- LS.02.01.35 EP 12          Dedicated Sprinkler Piping- LS.02.01.35 EP 4          Smoke Barriers-Suites- LS.02.01.20 EP 28          Exit Dschrg- LS.02.01.20 EP 12          Care Plan-Patient Specific- PC.01.03.01 EP 1          Med Cmpdng Policy/Procdure- MM.05.01.07 EP 2          Surrogate Decision Maker- RI.01.02.01 EP 2          Pain Tx Plan- PC.01.02.07 EP 4          Pain Assement Criteria- PC.01.02.07 EP 1          Obtain Orders By Law &amp; Regs- PC.02.01.03 EP 1          Food Stored Properly- PC.02.02.03 EP 11          Non-High Risk Utility Sys Test- EC.02.05.05 EP 6          Grounds &amp; Equip Maint- EC.02.01.01 EP 5          Ujility System Control Labels- EC.02.05.01 EP 9          Cylinder Handling Policy- EC.02.05.09 EP 12          Low-Risk Equip Maintenance- EC.02.04.03 EP 3          Access Cntrl Sensitive Area- EC.02.01.01 EP 8          Clean Envmt-No Odors- EC.02.06.01 EP 20</p>	<p>Staff Current License- HR.01.02.07 EP 1          Device &amp; Supply Storage- IC.02.02.01 EP 4          OB HTN Role-Specific Education- PC.06.03.01 EP 3          OB Hypertension Case Review- PC.06.03.01 EP 5          Implement Nurse Policies- NR.02.03.01 EP 2          OB Hypertension Policy Content- PC.06.03.01 EP 2          Fire Barrier Penetration Seal- LS.02.01.10 EP 14          Learn Needs Assmnt for Pt- PC.02.03.01 EP 1          Staff Fire Drill Particip- EC.02.03.03 EP 4          Meds Stored per Package Insert- MM.03.01.01 EP 2          IC Utility System Test- EC.02.05.05 EP 5</p>
	<p>Discharge/Transfer Education- PC.04.01.05 EP 7          Sprinkler Maintenance- LS.02.01.35 EP 5          No Exit Signage- LS.02.01.20 EP 41          Ceiling Membrane Inteerity- LS.02.01.34 EP 9</p>	<p>Pt Care- Law &amp; Reg Compliance- LD.04.01.01 EP 2          NFPA Auto Extinguishment- LS.02.01.35 EP 14          Follow Informed Consent Policy- RI.01.03.01 EP 1          Waived Test-Policv/Procedure- WT.01.01.01 EP 2</p>

# Preliminary and Final Report: Sorted by SAFER Box Number

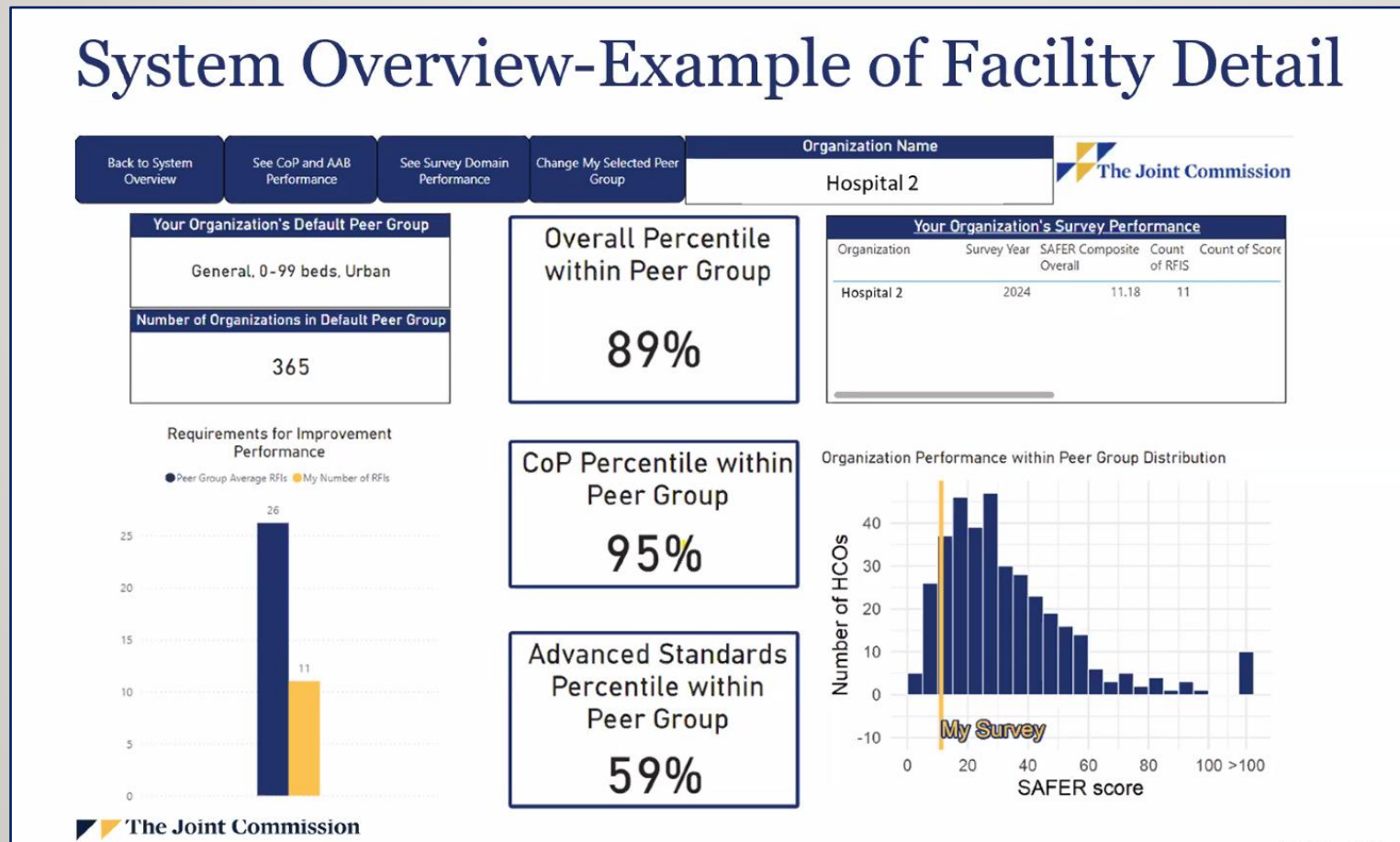
Repurposed Column



SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
Moderate Pattern	EC.02.05.07	2	Every 12 months, the hospital performs a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 1 1/2 hours. For new construction, renovation, or modernization, battery-powered lighting in locations where deep sedation and general anesthesia are administered is tested annually for 30 minutes. The test results and completion dates are documented. (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5) (See also LS.02.01.20, EP 39)	1). Observed in Data Tracer at Baptist Healthcare of Oklahoma, LLC (200 Second Ave. S.W., Miami, OK) site. Test	§482.41(d)(2) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
Low Widespread	EM.12.02.03	2	The hospital's staffing plan addresses the management of all staff and volunteers as follows: - Reporting processes - Roles and responsibilities for essential functions - Integrating staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities	1). Observed in Data Session at Baptist Healthcare of Oklahoma, LLC (200 Second Ave. S.W., Miami, OK) site. Test	§482.15(b)(6) - (6) The use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
Low Pattern	PC.01.02.09	1	The hospital uses written criteria to identify those patients who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, or elder or child abuse and neglect. Patients are evaluated upon entry into the hospital and on an ongoing basis. Note: Criteria can be based on age, sex, and circumstance. (See also RI.01.06.03, EP 2)	1). Observed in Leadership Session at Baptist Healthcare of Oklahoma, LLC (200 Second Ave. S.W., Miami, OK) site. vv	
Low Limited	IC.04.01.01	5	The infection prevention and control program reflects the scope and complexity of the hospital services provided by addressing all locations, patient populations, and staff. (See also LD.01.03.01, EP 27)	1). Observed in Competency Session at Baptist Healthcare of Oklahoma, LLC (200 Second Ave. S.W., Miami, OK) site. test	§482.42(a)(4) - (4) The infection prevention and control program reflects the scope and complexity of the hospital services provided.

# Proposed Overall Performance Displayed Within Default Peer Group

- Dashboard is not a Rating System, use for peer review after survey closes
- Dashboard is available when Final Report is published
- Dashboard can be set for system review or by like entity



# System View: Benchmarking opportunity within a system with details

## System Overview-Example System Detail

The Joint Commission

My System

Filter By Organization Type

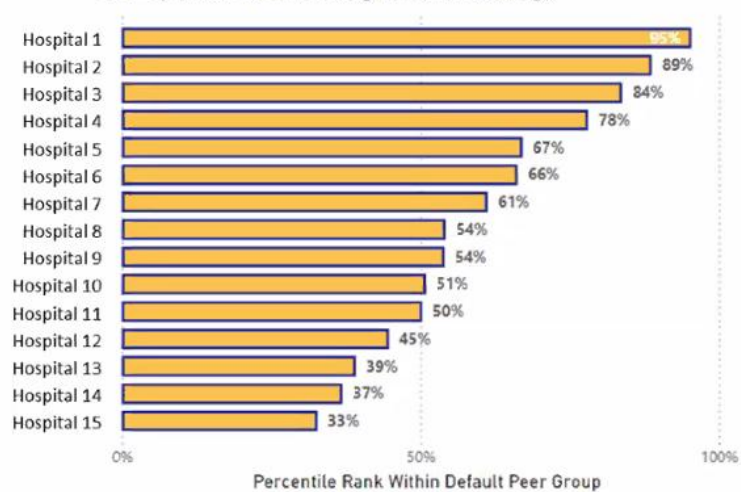
All

Go to Organization Selection

Your System's Survey Performance

Organization	HCO ID	Survey Year	Average of SAFER Composite Overall	Count of RFIS	Count of Scored CoPs	Count of Stem CLDs	Count of Scored Advanced Standards	SAFER Overall Peer Group Percentile	Default Peer Group	Number of Default Pe
Hospital 2		2024	11.18	11	6	0	1	89%	General, 0-99 beds, Urban	
Hospital 5		2024	33.17	26	8	0	9	67%	General, 100-299 beds, Rural	
Hospital 18		2024	75.10	52	10	4	9	9%	General, 100-299 beds, Urban	
Hospital 4		2024	19.60	19	9	1	2	78%	General, 0-99 beds, Rural	
Hospital 3		2024	20.98	32	6	0	5	84%	General, 100-299 beds, Urban	
Hospital 16		2024	96.08	73	15	3	14	8%	General, 300+ beds, Urban	

Your System's Individual Organization Rankings



How does my system rank when each organization is compared against its default peer group?



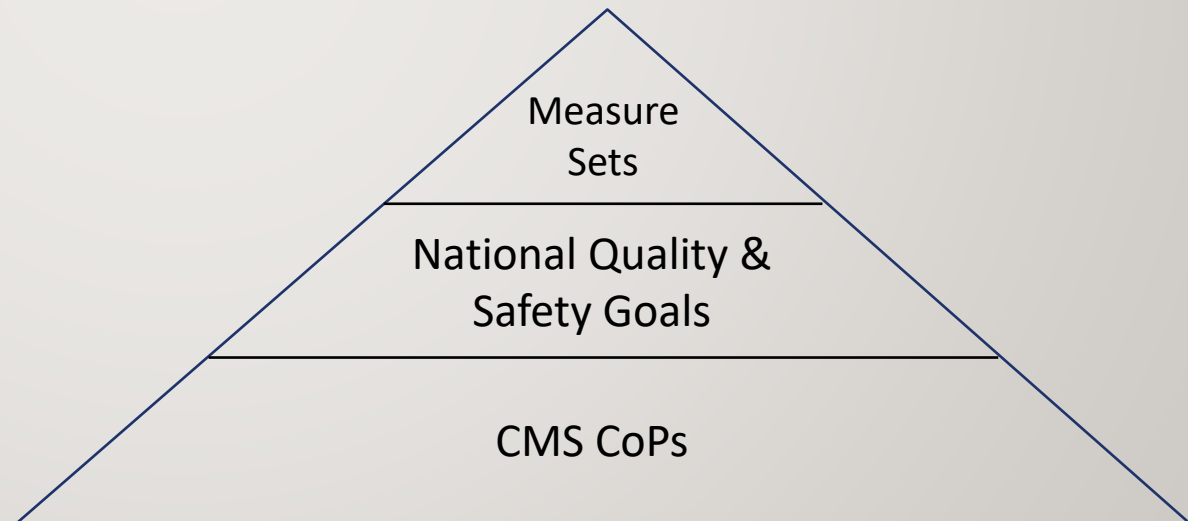
# Standards of the Future: Coming in 2026

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# Accreditation Standards Re-Write

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



# Standards to CoP Alignment

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## **Project Goals:**

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

## *No Change to the following:*

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

**IDO**  
Interview  
Document Review  
Observation

# Standards of the Future: Coming in 2026

- No more Environment of Care and Life Safety Code chapters
  - Replaced with **NEW** Physical Environment (**PE**) Standards
    - All Standards and Elements of Performance will be revised and reduced
- All **PE** EP's will be in alignment with the CMS Conditions of Participation (CoP)
  - CoPs that are in alignment with NFPA 99 & 101 will continue to align with 2012 editions

# Changes

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EC and LS chapter will be PE chapter for HAP and CAH

- EC/LS remaining for Hospice and ASC until possibly sometime in 2026 when the structure will be moving to CoP-based EP language
- NEW: CoP numbers referenced with each standard/EP
- Standards language more closely aligned with CoPs
  - Considered CMS SOM language
  - Considered CMS Interpretive Guidelines
- Decrease in volume of standards/Eps
  - Less specificity in EPs and more content in SPG
  - Crosswalk content

# Standards of the Future: 2025

- Approximately 3 EP's for each Condition of Participation (CoP)
- In the new Physical Environment standards, the Joint Commission will keep some legacy standards that are not required by CMS, such as:
  - Workplace Violence Standards
  - Water Management Standards
- Some EP's are planned for deletion when not required by CMS
  - i.e. The Management Plans and Annual Assessment of the Management Plans will be removed

# Physical Environment Chapter

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Applicable to hospitals and critical access hospitals

- Language Based on CMS Physical Environment CoPs

## **482.41 *HAP* Condition of Participation: Physical Environment**

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

## **485.623 *CAH* Condition of Participation: Physical Plant and Environment**

**485.623(a) Standard:** Construction. The *CAH* is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of services.

# *Physical Environment Chapter*

CMS HAP and CAH CoPs are very similar

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

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

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

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

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

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

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

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

(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, [www.nfpa.org](http://www.nfpa.org), 1.617.770.3000.

## § 482.41 Condition of participation: Physical Environment

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

**[A-0722]**

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

**[A-0723]**

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

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

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

# Joint Commission & CMS K-Tags

Standard	EP	Text	K-Tag	Text	A-Tag	§482.41
EC.02.03.05	15	Monthly test <b>fire extinguishers</b> and results and completion dates are documented	K355	<b>Portable Fire Extinguishers</b> 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	A-0724	(d)(2)
	16	Annually maintenance on fire extinguisher's, including charging and results and completion dates are documented	K355	<b>See text at EC.02.03.05 EP 15</b>	A-0724	(d)(2)
	17	Hydrostatic tests on standpipe occupant hoses every 5 years after installation and then every 3 years and results and completion dates are documented	N/A		A-0724	(d)(2)

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	17	Hydrostatic tests on standpipe occupant hoses every 5 years after installation and then every 3 years and results and completion dates are documented	N/A		A-0724	<b>(d)(2)</b>

# K355 from CMS-2786R

Name of Facility		2012 LIFE SAFETY CODE			
ID PREFIX		MET	NOT MET	N/A	REMARKS
K353	<p><b>Sprinkler System – Maintenance and Testing</b></p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, <i>Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems</i>. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked. _____</p> <p>b) Who provided system test. _____</p> <p>c) Water system supply source. _____</p> <p><i>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</i></p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p>				
K354	<p><b>Sprinkler System – Out of Service</b></p> <p>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. When 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.</p> <p>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)</p>				
K355	<p><b>Portable Fire Extinguishers</b></p> <p>Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, <i>Standard for Portable Fire Extinguishers</i>.</p> <p>18.3.5.12, 19.3.5.12, NFPA 10</p>				
K361	<p><b>Corridors – Areas Open to Corridor</b></p> <p>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</p> <p>18.3.6.1, 19.3.6.1</p>				

# State Operations Manual (SOM)

## Title 42 – Public Health

### Chapter IV – Centers for Medicare & Medicaid Services, Department of Health and Human Services

#### Subchapter G – Standards and Certification

#### Part 482 – Conditions of Participation for Hospitals

#### Subpart C – Basic Hospital Functions

**Authority:** 42 U.S.C. 1302, 1395hh, and 1395rr, unless otherwise noted.

**Source:** 51 FR 22042, June 17, 1986, unless otherwise noted.

#### § 482.41 Condition of participation: Physical environment.

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

- (a) **Standard: Buildings.** The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
  - (1) There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.
  - (2) There must be facilities for emergency gas and water supply.
- (b) **Standard: Life safety from fire.**
  - (1) Except as otherwise provided in this section—
    - (i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4.) Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.
    - (ii) Notwithstanding paragraph (b)(1)(i) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.
  - (2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients.
  - (3) The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals.
  - (4) The hospital must have procedures for the proper routine storage and prompt disposal of trash.
  - (5) The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.

## § 482.41 Condition of participation: Physical Environment

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

(1) Except as otherwise provided in this section—

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

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

# Joint Commission & CMS K-Tags

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

# K293 & K200

## Name of Facility

ID PREFIX		MET	NOT MET	N/A	
K293	<b>Exit Signage</b> 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)				
	2012 NEW Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1				
<b>SECTION 3 – PROTECTION</b>					

<b>SECTION 2 – MEANS OF EGRESS REQUIREMENTS</b>					
K200	<b>Means of Egress Requirements – Other</b> List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2				
K211	<b>Means of Egress – General</b> Aisles, passageways, corridors, exit discharges, exit locations, and				

# *Survey Process*

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No changes anticipated

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

# *Clarifications to the Environment of Care*

## *Plant Operations Staff Competency*

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

## *EC.02.05.01 OR Temp. Ranges Outside Established Ranges*

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

## EC.02.05.01 OR Temp. Ranges Outside Established Ranges

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

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

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

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

# *Survey & Process Issues*

## *Survey Process Issues*

*See it . . .*  
*. . . Cite it*

# *Joint Commission Update*

- Survey Window Change:
  - The Joint Commission changed the Survey Window from the 18-month window to 6-months
- Immediate Threat to Health & Safety:
  - Air pressure relationships in critical spaces (i.e. Operating Rooms)
  - No Infection Control Risk Assessment (ICRA) during active construction
  - No Interim Life Safety Measures (ILSM) during active construction
  - Multiple penetrations in rated barriers (walls & ceilings)

# Survey Process Issues

- Document review: see the Survey Activity Guide, which includes the *“Life Safety and Environment of Care-Documents List and Review Tool”*
- Resource located at the Joint Commission website:
- chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.jointcommission.org/-/media/tjc/documents/accred-and-cert/survey-process-and-survey-activity-guide/2025/hospital-life-safety-environment-of-care-doc-list-review-tool.pdf

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

STANDARD - EPs	See Legend				Document / Requirement	Yes	No
	C	NC	NA	IOU			
<b>LS.01.01.01</b>					<b>Buildings serving patients comply w/ NFPA 101 (2012)</b>		
EP 1					Individual assigned to assess Life Safety Code® compliance		
EP 2					Building Assessment to determine compliance with Life Safety (LS) chapter (frequency of assessment is defined by the hospital)		
EP 3					Current and accurate drawings w/ fire safety features & related square footage <ul style="list-style-type: none"> <li>a. Areas of building fully sprinklered (if building only partially sprinklered)</li> <li>b. Locations of all hazardous storage areas</li> <li>c. Locations of all fire-rated barriers</li> <li>d. Locations of all smoke-rated barriers</li> <li>e. Sleeping and non-sleeping suite boundaries, including size of identified suites</li> <li>f. Locations of designated smoke compartments</li> <li>g. Locations of chutes and shafts</li> <li>h. Any approved equivalencies or waivers</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EP 5					Deemed Hospitals: Documentation of inspections and approvals made by state or local AHJs		
EP 7					The hospital maintains current Basic Building Information (BBI) within the Statement of Conditions (SOC).		
<b>COMMENTS:</b>							

## *Survey Process Issues: Documentation*

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

# *Survey Process Issues: Infection Control*

Joint Commission, CMS, and State AHJs are putting a lot of focus on Infection Control, often scored at EC.02.05.05 EP 5 :

- Ice machine dirty or build up
- Dirty/dusty HVAC vents
- Non-cleanable counter and wall surfaces
- Mixed clean and soiled storage
- Dirty filters
- Dish machine temperatures
- ICRA

Clinical Issues related to Infection Control:

- Intracavity probe disinfection
- HLD issues (temperature too low)
- Dental equipment

## *Survey Process Issues: GFCI Outlets*

Joint Commission has been scoring the lack of GFCIs on equipment that they haven't scored in the past:

- Soda Dispensers
- Coffee Machines
- Water/Ice Machines
- Ice Bin (Kitchen)
- Vending Machines
- Water Fountains
- Bottled Water Dispensers

## *Survey Process Issues: Kitchen*

Kitchens have been identified as an issue:

- Dish machine temps low or log incomplete
- Dirty floors, ceiling, and HVAC vents
- Rusty sprinklers and HVAC vents
- Dirty ice machines
- Dry storage room door blocked open
- Eyewash station blocked
- K-type fire extinguisher blocked or too far away
- Ansul system nozzles not lined up
- Exhaust hood filters dirty and gaps
- Expired or undated food

# The Joint Commission Top 10 EC/LS Findings January – August 2024

## Most Frequently Scored EC/LS EP's

EC.02.06.01 EP 1	66.7%	Safety catch all (odors in geriatrics)
EC.02.05.01 EP 9	61.4	Utility controls labeling (FA Circuit)
LS.02.01.35 EP 4	55.1	Items on sprinkler piping
EC.02.05.05 EP 6	54.7	Non-HR Utility components ITM
EC.02.02.01 EP 5	49.4	Haz Chem: selecting, storing, handling
LS.02.01.10 EP 14	48.7	Barrier Penetrations
EC.02.06.01 EP 20	48.1	Clean Environment
LS.02.01.35 EP 14	47.4	Extinguishing Requirements
LS.02.01.10 EP 11	46.1	Fire door latching, gaps, propping
EC.02.06.01 EP 26	42.5	Furnishings & Equipment condition

# 18.7%

Average number of Requirement for Improvement (RFI) Findings in EC & LS

# 54.4%

Rough percentage of hospitals with at least ONE Condition Level Deficiency (CLD) in first ½ of 2024

- **17%** of RFI are EC High Risk
- **9%** of RFI are High Risk
- **33%** of the RFI in EC/LS are CLD

# Top 7 Survey Findings: EC

Rank	Standard	EP	Description	Examples	%
1	EC.02.06.01	1	Interior space meets the needs of the patient population	Stained or wrong type of ceiling tiles; defective flooring; wall stains; peeling paint, chip in drywall	66.7
2	EC.02.05.01	9	The hospital labels utility system controls for partial or complete emergency shutdown	Identify fire alarm circuit; Spare circuit breaker in off position	61.4
3	EC.02.05.05	6	Hospital ITM non-high risk utility system components on the inventory, with doc. date and activity results	Open J boxes; exceeding ITM schedules	54.7
4	EC.02.02.01	5	Minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals	Eye Wash stations weekly testing (AN358.1); 2 liquid cleaners with pH 1 and bleach (pH 11.9) without eyewash station in the clinic; Manifests & DOT;	49.4
5	EC.02.06.01	26	Furnishings and equipment are safe and in good repair	Damaged equipment/furniture	48.1
6	EC.02.06.01	20	Clean and free from odors	Dirty environment; Geriatric odors; dust on ventilation grill in OR	42.5
7	EC.02.05.01	15	Critical areas ventilation (pressure relationships, temperature and humidity)	Rooms out of balance; Rooms out of range for temperature and RH	40.0

## Top 7 Survey Findings: LS

Rank	Standard	EP	Description	Examples	%
1	LS.02.01.35	4	Piping for Approved Automatic Sprinkler Systems (AASS) is not to be used to support any item other than the AASS	Wires on piping	55.1
2	LS.02.01.10	14	Space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating rated walls or floors are protected with approved fire-rated material	Holes, gaps or improperly repaired barriers	48.7
3	LS.02.01.35	14	The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012	Stained ceiling tiles; kitchen: Ansul system not identified properly	47.4
4	LS.02.01.10	11	Fire door non-compliance	Fire door issues	46.1
5	LS.02.01.35	5	Sprinklers are not damaged and have escutcheons missing	Escutcheon plates missing, foreign materials on heads	42.5
6	LS.01.02.01	ALL	Ongoing construction without proper signage or containment strategies	Failure to assess and implement ILSM	41.2
7	LS.02.01.35	6	18" clearance below sprinkler	Compromised space	38.6

*Questions?*

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# *Announcement:*

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# New Partnership



## **About The George Mills Company**

The George Mills Company is committed to assisting healthcare organizations achieve excellence as demonstrated by their accrediting agency survey activities. Currently, he teaches the *Life Safety Code*<sup>®</sup> (NFPA 10-2012) and CMS A-Tags & K-Tags to understand their relationship with the proposed Joint Commission Physical Environment Chapter.

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