



What will surveys conducted by CMS and its deemed authorities look like in 2021?

It has long been the practice of CMS Surveys by deemed authorities such as an individual State Department of Health, The Joint Commission, DNV, etc. to enforce adherence to the Environment of Care and Life Safety code requirements for Senior Living Care and Long Term Care facilities, but what impact will the Covid-19 Pandemic have on those practices? High rates of Covid-19 infection leading to loss of life in our elderly population have maintained a direct link back to these types of facilities. This connection will result in government regulators directing surveyors to hold Senior Living Care Facilities and Long-Term Care Facilities to an even higher standard of accountability. Most likely that accountability will initially focus on patient care and infection control, but once a surveyor is onsite, they will begin to increase their focus around the EC and LS Code. 2021 will most likely be the year where enforcement standards will be increased in Senior Living Care and Long-Term Care Facilities, accountability and adherence to the code requirements will become paramount.

The facts are that CMS & The Joint Commission, and other deemed authorities, have resumed accreditation surveys for senior living care centers, nursing homes, and long-term care facilities. The surveys look much different than before. Focused assessments on Infection Control practices and a Safe Environment are targeted for each survey. Visual observations, interviews and document reviews remain to ensure a comprehensive assessment.

CMS Press Release June 1, 2020

"The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provided additional funding to CMS for necessary survey and certification work related to COVID-19, of which \$80 million in new resources will be available for states to increase surveys. To ensure effective oversight is achieved, CMS will allocate the CARES Act funding based on performance-based metrics. States that have not completed 100 percent of focused infection control surveys of their nursing home by July 31, 2020 will be required to submit a corrective action plan to their CMS location outlining the strategy for completion of these surveys within 30 days. If, after the 30-day period, states have still not performed surveys in 100 percent of nursing homes, their CARES Act fiscal year 2021 allocation may be reduced by 10 percent. Subsequent 30-day extensions could result in an additional 5 percent reduction. These funds would then be redistributed to those states that completed 100 percent of their focused infection control surveys by July 31."

Senior Living Care Facilities and Long-Term Care Centers must ensure regulations, guidelines and internal structure are maintained during this national time of pandemic, but also prepare of a new operating normal.

5 Keys to Successfully Navigating a Survey:

- Complete Understanding of the Code Requirements
- Detailed, Accurate, and Organized Documentation
- Implemented Protocol and Process across all team members
- Adherence and Follow through to the Code Requirements
- Documented and Executed "Interim Life Safety Measure" (plan) for unresolved code deficiencies



6 of the TOP 10 cited deficiencies are EC and LS:

1. EC.02.03.01 EP 9
The organization has a written fire response plan that describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2
2. EC.02.03.03 EP 1
The organization conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11)
3. EC.02.06.05 EP 2
When planning demolition, construction, renovation, or general maintenance, the organization conducts a pre-construction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services. This includes an ILSM, ICRA and PCRA.
4. EC.02.03.05 EP 25
There is an inventory of all 1 hour and 1 ½ hour fire doors. Testing of fire doors includes both sides. Fire door are inspected monthly.
5. LS.01.01.01 EP 3
Current and accurate drawings denoting features of fire safety and related square footage. Fire safety features including the following:
 - A. Areas of building sprinklered (if building only partially sprinklered)
 - B. Locations of all hazardous storage areas
 - C. Locations of all fire-rated barriers
 - D. Locations of all smoke-rated barriers
 - E. Sleeping and non-sleeping suite boundaries, including size of identified suites
 - F. Locations of designated smoke compartments
 - G. Locations of chutes and shafts
6. §483.90(a)(1)
Notwithstanding paragraph (a)(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.*

Facilities Management Solutions is focused on ensuring America's senior living care facilities are maintaining regulatory standards and keeping residents safe. We are experts in helping you maintain compliance in your Rated Door, Damper and Firestopping Programs.

