



Sparks of Interest

Seven Steps to A successful Medicare Deficiency Follow-Up Survey

It's Friday and your triennial survey just ended. Your Joint Commission surveyor has informed you that one or more deficiencies were scored under the CMS "Conditions of Participation" which will lead to a "Condition Level Finding" for your organization, meaning that you are a candidate for a Medicare Deficiency Follow-up Survey. That's right, they're coming back unannounced within 30 days to ensure your organization has met the identified "Conditions of Participation."

You take a deep breath. You've got a ten-day waiting period before you can log in to view your final report on your Joint Commission intranet site. When the time arrives, you are laser-focused on identifying the severity of your findings, but don't know how to weed through the gobbledy goop and get to the nuts and bolts of the report. Don't panic! There's a sure-fire path for getting the information you need and getting across the compliance finish line quickly. Stay focused and follow these steps.

To begin, head straight for the chart entitled "What's Next-Follow-up Activity" on page 4 of the report to identify the deficiency(s) and the timeframe(s) for completion. Focus squarely on the second column from the right entitled "Included in the Medicare Deficiency Survey (within 45 Calendar Days)." This is your window into what needs to happen now! Forty-five days comes quickly, so let's get moving.

Step 1: Turn to "The Requirements for Improvements" page. Home in on all observations related to Life Safety (LS) and Environment of Care (EC).

Note: If a LS deficiency was corrected during the survey and acknowledged by the surveyor, the observation will end with the following: "The finding was observed during survey but was corrected prior to the surveyor's departure."

Step 2: Create a spreadsheet with a list of the deficiencies that must be addressed/corrected within 30 - 45 days.

Step 3: Start with the most difficult task.

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Special Point of Interest

Effective on March 15, 2021 The Joint Commission resumed its pre-pandemic procedures. This includes on-site unannounced survey team visits. Hospitals will no longer receive phone calls or emails when it has been determined their area is low risk for an accreditation survey team to visit. Hospitals should continue to monitor the Notification of Scheduled Events section of their Joint Commission Connect page for notification on the first day of the unannounced survey.

Seven Steps to a Successful Medicare Deficiency Follow-Up Survey continued....

Step 4: Take a photo for evidence of standard compliance (ESC) as each deficiency is corrected

Note: If a repair requires parts that are on back order and will not arrive in 30 days, contact SIG engineering for guidance and be prepared to present your purchase order to the surveyor. If it appears you will not be able to correct the deficiency within 60 days, you will need to apply for a CMS wavier.

Step 5: On the 29th day following your survey, start checking your intranet for surveyor's arrival.

Step 6: Plan for the surveyor's arrival. Pair your best team member (subject matter expert) with the surveyor, and if need be, have a back-up team. Don't forget to plan your route. Included in your plan should be the "Show and Tell" route. Practice. Be in control of the moment.

Step 7: Relax and be personable. Don't be a robot; however, don't over talk. Provide only the requested documentation, and stick to the prescribed areas for survey.

You've arrived!

Having followed these steps, your race is over. You've had a successful follow-up survey. Remember the words of Collin Powell, "There are no secrets to success. It is the result of preparation, hard work and learning from failure." You've learned a lot, now, put a strategy in place to maintain the gains.



Author

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Effective Point of Interest

Revised Requirements for Organizations Performing Operative or High-Risk Procedures

[Effective July 1, 2021](#), The Joint Commission is revising its requirements for ambulatory health care organizations and office-based surgery practices related to performing history and physical examinations prior to operative or surgical procedures. The changes align expectations across ambulatory settings.

- [Ambulatory Health Care](#)
- [Office-Based Surgery](#)

Mommy Magic

Mommy Magic, as defined by Urban Dictionary, is the magical, comforting, calming, warm, healing love, that no one else gives you like your mommy. It's timeless and everlasting. It has the power to right wrongs, heal hurts and overcome obstacles. It shines a light in the darkness of our children's lives and defeats the monsters hiding under the bed. Moms make the ordinary extraordinary and help you find the magic in small moments. Experience the magic today. "Mommy Magic," by Angela Ayd. Now available at Amazon in both Kindle and paperback versions.





Author

Keith E. Pardoe's career in the swinging door industry spans more than thirty-five (35) years. For more than 18 years, he was the Director of Education and Certification for the Door and Hardware Institute (DHI). His professional certifications include Fire Door Assembly Inspector (FDAI), Distinguished Architectural Hardware Consultant (DAHIC), and Certified Door Consultant (CDC). Currently, he serves as a volunteer instructor for DHI Canada, and he is a member of ASHE's Faculty team. He is also a longtime volunteer for NFPA, where he serves now as the Chair of the Fire Doors and Windows Technical Committee.

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Acceptance Testing: A Constant State of Readiness

Notice: The comments and opinions expressed in this article are based solely on the author's expertise and experience. They do not represent the NFPA, ASHE, or any other organization's official positions or opinions.

In the preceding articles, we discussed that fire doors (of any type) are specially engineered systems designed to prevent a fire from spreading—they have one job. Hence, they demand a higher degree of attention from architects, authorities having jurisdiction (AHJs), contractors, suppliers, installers, building owners, and maintenance personnel. Correctly maintaining fire doors throughout the life of their installation is imperative to sustaining their ability to prevent a fire from spreading.

The codes also mandate that many swinging fire doors provide safe and immediate egress during a fire emergency and other panic-inducing emergencies. In addition to their fire protection and life safety roles, swinging fire doors provide typical daily functions such as security, privacy, entry, exiting, environmental control, convenience, and accessibility.

Of their many roles, preventing a fire from spreading is their most important role. Accordingly, knowing the provisions and requirements of NFPA 80, *Standard for Fire Doors and Other Opening Protectives*, for swinging fire doors is essential, which brings us to the topic of this article; acceptance testing of swinging fire doors.

What is acceptance testing of swinging fire doors? That's a good question. The most straightforward answer is that acceptance testing of swinging fire doors is the process of visually inspecting and operationally testing the doors. Passing an acceptance test means that the composition, configuration, installation, and operation of the doors complies with the codes (and standards like NFPA 80); they reliably close and latch every time they open. In other words, acceptance testing ensures swinging fire doors are ready to prevent a fire from spreading at any time.

Remember the third principle of door safety inspections; "*Fire doors must be kept in a constant state of readiness.*" NFPA 80's acceptance testing provisions and requirements ensure swinging fire doors are ready to perform their one job—to prevent a fire from spreading.

One of the misconceptions of acceptance testing of swinging fire doors is that as long as the doors close from the full-open position (only) and latch, they will prevent a fire from spreading. Answer this question: "Can non-compliant fire doors close and latch from the full-open position?" Spoiler alert; the answer is, yes, non-compliant fire doors can close and latch from the full-open position. While closing and latching are critical functions of swinging fire doors, these functions alone are not sufficient to ensure any fire door will prevent a fire from spreading. The acceptance testing process includes other equally critical inspection points essential to correctly maintaining swinging fire doors, of which most people are unaware.

Consider the following questions. What might happen if the latching hardware is not labeled or listed for use on fire doors; will the latching hardware remain latched in a fire? What if the codes require a fire door to have fire exit hardware, but it has bored latching hardware instead; will the bored latching hardware entrap occupants under fire (aka panic) conditions? What if the self-closing device has a manual hold-open feature; will the door be closed in a fire? What if the door doesn't close completely from any partially opened position; will the door be closed and latched in a fire? What if the glass in the door is not fire protection-rated or fire resistance-rated; will the glass fall out in a fire and allow smoke and flames to spread? What if the wrong hinges are used on a fire door; will the hinges melt (e.g., brass, bronze, and aluminum hinges) and cause the door to fall out of its frame when subjected to elevated temperatures of a fire? What if the clearance dimensions between the perimeter of the doors and the door frames, or under doors, are too large; will they resist the passage of hot smoke, gases, and flames?

Perhaps the most concerning scenario of all is, what if malfunctioning or broken components (e.g., hinges, latching hardware, closing devices, etc.)—required components—are replaced with incorrect or non-fire-rated components; will they cause the doors to fail in a fire? The replacement components might function adequately for daily uses, but they will fail under fire conditions; the fire doors will not prevent a fire from spreading.

The list of what-if non-compliant conditions that might cause swinging fire doors to fail in a fire is seemingly endless. That is why acceptance testing of swinging fire doors and periodic door safety inspections throughout the life of swinging fire doors is necessary.

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Acceptance Testing: A Constant State of Readiness continued....

Most swinging fire doors have either self-closing or automatic-closing operations—some are power-operated. Self-closing fire doors are closed except for momentarily opening when occupants move through them; the codes require most swinging fire doors to have a self-closing operation—they must be kept closed at all times. Appropriately, the codes and standards prohibit the use (or even the presence) of manual hold-open functions of surface-mounted door closers on swinging fire doors. Automatic-closing swinging fire doors are self-closing doors electrically held open by fail-safe devices (e.g., magnetic door releases and electrically-controlled door closers) connected to detectors and fire alarm systems.

Generally, the codes allow swinging fire doors to have either a self-closing operation or an automatic-closing operation. Although there are instances where the codes mandate swinging fire doors in specific locations in buildings and spaces have automatic-closing operations—in these instances, a self-closing operation is not allowed. Similarly, codes mandate that certain swinging fire doors have a self-closing operation—in these cases, an automatic-closing operation is not permitted.

Occupants sometimes perceive self-closing doors as obstacles that impair their ability to move through buildings—the doors resist opening and constantly press against occupants as they move through the openings. Frequently, occupants take matters into their own hands by tampering with or disabling

“Today’s building, fire, and life safety codes require fire doors to comply with NFPA 80. ”



self-closing devices and latching hardware or blocking doors open. They are unaware that their *user modifications* might have compromised the fire doors’ ability to perform their job—to prevent a fire from spreading.

On a larger scale, tampering with or disabling closing devices on swinging fire doors compromises the fire-resistance ratings of the walls. Likewise, when fire doors are blocked open. Interfering with or preventing the closing of fire doors might have severe consequences under fire conditions. Open fire doors allow deadly smoke and gases to spread beyond the door assemblies, jeopardizing the occupants’ life safety and the building’s structural integrity.

It’s important to know that the usage frequency of swinging fire doors can accelerate wear and tear on the hinges, latching hardware, and closing devices. Doors subject to high-frequency (e.g., 100 to 400 cycles per day) usage are likely to need maintenance more often over their lifetime than low-frequency (e.g., 1 to 3 cycles per day) use doors. Swinging fire doors are systems with many mechanical components that are subject to wear and tear over time; replacing worn and malfunctioning components is necessary to keep the doors in a constant state of readiness as required by NFPA 80.

Today’s building, fire, and life safety codes require fire doors to comply with NFPA 80. In fact, for more than 75 years, all of the former model codes required fire doors to comply with NFPA 80. Formal acceptance testing requirements first appeared in the 2013 edition of NFPA 80.

When is acceptance testing of fire doors required? NFPA 80 specifies acceptance testing to be performed: 1) upon installation; 2) upon completion of maintenance work; and, 3) periodic inspection and testing not less than annually. Let’s take a closer look at each of these instances of acceptance testing.

Since the 2013 edition of NFPA 80, acceptance testing of all fire doors is required upon installation, which is to say that inspecting and testing of new fire doors must occur before the owner takes possession of a new building or space. In this instance, acceptance testing ensures fire doors are ready to prevent a fire from spreading—their one job—on the first day of occupancy.

Architects, contractors, and building owners rely on code officials (aka AHJs) to verify all required construction, systems, and elements—such as fire doors—comply with the applicable codes (and standards) before the certificate of occupancy issues. Unfortunately, most code officials do not have



Acceptance Testing: A Constant State of Readiness continued....

adequate training, background knowledge, or the time to accurately and completely assess the condition of all of the fire doors in a building. While code officials have this responsibility and have the authority to approve (or disapprove) virtually any code-related condition found in new construction, many code officials are not otherwise qualified to conduct NFPA 80's acceptance testing of fire doors.

The fact is that most newly installed swinging fire doors have deficiencies since there are no formal qualifications for installers. Most installers of swinging doors are unaware of the special installation requirements of fire doors—they have not read or are even aware of NFPA 80's requirements; they install the doors as quickly as possible and move on. Another unfortunate reality is that architects do not require acceptance testing of fire doors in their door and hardware specifications, even though their specifications require fire doors to comply with NFPA 80. They expect fire doors to comply with NFPA 80, but they do not verify it—it's an unrealistic (and dangerous) expectation on their part.

The next instance of acceptance testing is upon completion of maintenance, specifically, work that affects the operation and configuration of the fire doors. For example, worn full-mortise hinges can be replaced with new hinges that exactly fit the existing hinge cutouts and reinforcements in doors and door frames. Similarly, a continuous hinge can replace existing full-mortise hinges, provided the conversion complies with the listing of the door and the installation instructions of the continuous hinge. New door closing devices can replace defective (e.g., leaking) and malfunctioning closing devices. Even existing door leaves can be replaced with new doors. NFPA 80 permits all of this work (and more). Upon completion of such work, acceptance testing ensures the doors are ready to perform their job—preventing a fire from spreading.

The third instance of acceptance testing occurs when the doors are inspected and tested “...not less than annually....” In this case, NFPA 80's door safety inspections verify the conditions of fire doors on an ongoing basis, and follow-up corrective work to restore compliance occurs—thereby triggering another instance of acceptance testing following the maintenance work.

By now, you might be asking yourself, if most code officials are not qualified to perform NFPA 80's acceptance testing, who is? That's another good question. NFPA 80 requires a *qualified person* to conduct acceptance testing of fire doors. NFPA 80 defines a Qualified Person as: “A person who, by possession of a recognized degree, certificate, professional standing, or skill, and who, by knowledge, training, and experience, has demonstrated the ability to deal with the subject matter, the work, or the project.” The latter part of the definition clarifies that the persons performing acceptance testing must have “...knowledge, training, and experience... ..with the subject matter....” In other words, the persons performing acceptance testing must know a great deal about the code and standard requirements for swinging fire doors and the components making up those assemblies. Most code officials and installers do not have adequate knowledge, training, and experience with the code and standard requirements for swinging fire doors. Nor the myriad of components making up swinging fire door assemblies.

Summary

Acceptance testing of swinging fire doors is necessary to ensure the doors are kept in a constant state of readiness to prevent a fire from spreading; that's what it's all about. Considering that swinging fire doors are mechanical systems comprised of a broad and varied range of components, many of which are subject to wear and tear over time, acceptance testing makes perfect sense. Other factors such as poor installation, improper maintenance, neglect, and user modifications reinforce the need for acceptance testing of fire doors throughout the life of their installations. Remember, fire doors must be kept in a state of constant readiness.

The next article in this series covers the visual inspection points of acceptance testing for swinging fire doors.

FROM ALL OF US:

stay safe
take care.

Huge thanks
to the
Healthcare
Workers
on the
front line
of the
coronavirus
pandemic

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Sparks of Knowledge

ASHE Annual Conference:
Aug. 8 - 11 in Nashville, TN

ASHE Annual Conference Virtual:
Sept. 15-17

NFPA 125th Anniversary
Conference Series :
July 20, 2021 & Sept. 14, 2021

Addressing ESG in a Tangible Way

We struggle with doing the right thing every day. Sometimes, in our personal lives, it can be as simple as remembering to turn off the water as you brush your teeth to conserve water. In our professional lives it can be much more complicated. But, embracing stewardship has tangible rewards and there are win-win scenarios we can use to our advantage.

A whole new paradigm of stewardship and accountability is upon us in the form of Environmental, Social, and Governance (ESG) Considerations. These cover a wide range of issues, but we can consider them in some general ways:

1. Environmental – think energy usage, carbon footprint, pollution
2. Social – think diversity, working conditions, social justice
3. Governance – think ethics, pay issues, cyber security

In this article, we will look at immediate ways we can tackle Environmental issues pertaining to energy usage. In healthcare there are three immediate solutions to reducing energy usage:

1. Convert to LED lighting
2. Clean all heating/cooling coils
3. Retro Commission HVAC equipment

Hospitals run 24 hours a day, 7 days a week. Lights are constantly on and shining. If those lights are still fluorescent, not only is your hospital wasting money but you have poor quality lights. Conversion to LED will save energy usage as well as decrease the maintenance in replacing bulbs. There is a cost to LED conversion, but it is offset by potential credits and direct energy savings. There is also the FTE savings which allows your limited forces to focus on other problems in the hospital. And, there are additional ESG benefits such as reducing the waste from fluorescents, reducing the frequency of shipping and the improvement of the light quality within the hospital.

Hospitals continuously condition the internal air for patient safety by achieving sufficient air exchanges, proper humidity levels, and for infection prevention. This requires HVAC equipment consisting of large AHUs with heat exchange coils to add or remove heat from the filtered air. These coils are densely packed together and have fragile fins attached to facilitate the heat exchange. The densely packed coils are a gathering place for dirt and grime as well as biofilm. This causes significant pressure drops across the coils, inefficient heat transfer, and contributes to poor air quality. The challenge is how to effectively clean the coils without significant interruption, without creating a mess, and without damaging the fragile fins. In the past, hospitals have opted for not cleaning, or have used pressure washing which requires shutting down the AHU, creates a big mess, and can easily damage the fins. Today, there is an alternative method using a biofoam solution which does not have system shutdowns, does not create a huge mess, nor is it injected at pressure, preventing harm to the fins. This solution reduces the pressure drop, brings the heat transfer back up to new levels, and destroys the mold or bacteria hiding in the biofilm. Not only does it pay for itself directly through reducing operating costs by allowing your AHUs to run slower and reducing heating and cooling loads, it has the added ESG benefit of extending the life of HVAC equipment. And, it will significantly improve the internal air quality.

After a thorough cleaning, the next best step is to Retro Commission the HVAC system. All fan and pump systems are reactive. They are designed for certain parameters, but function based upon the actual conditions into which they are installed. This means the equipment likely will not run at optimum efficiency which wastes energy and shortens the life of the equipment. A proper retro commissioning effort will entail a condition assessment, testing and balancing, and a resetting of the operation of equipment. Recommendations may include using variable frequency drives (VFDs) in the system and smart controls to keep the system running in an optimal manner. Again, the retro commissioning will pay for itself in direct energy savings and by extending the life of the equipment.

These are three concrete ways to improve your hospital's ESG rating. They have the added benefits of reducing hard costs for ROI and they increase system reliability. There should only be two questions:

1. Why haven't we already done these?
2. Or, how do we get started?



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Why Life Safety Plans and Reviews Are Essential

Let me start by comparing our hospital buildings to a living, breathing person. The brain of the building is the administration and facility departments. The barriers are the immune system. Corridors are the veins. Suites, Mechanical, and Hazardous areas are the organs. Rooms are cells. The exterior is the skin. The heart and soul of the building are the people within. I could go on, but I think you get the picture I am trying to paint.

Just as people need checkups, so do buildings. Our checkups are needed to ensure we are operating at our healthiest, and the same is true about inspections to a building. Inspections ensure our buildings are operating at their best. They show compliance with building codes and ensure the mechanics are operating at top performance. Inspections show where improvement is needed, or cost savings can be made. Specific inspections are required to be done at proscribed times depending on your building occupancy types, and the assets and assemblies utilized in your buildings.

Knowing the building layouts, functions, and having complete, updated life safety plans are the first steps in ensuring your inspections start out on the right foot. They are the most basic building blocks – what do you have, and how do you use it.

1. The building layout is the first layer. Simply put, it is the set of drawings or models which describe how the building is built. They identify wall locations and room designations. They must reflect the as-built conditions, so they are a living document of the original construction and the composited information from all additions and renovations that have occurred. This allows all assets and assemblies that must be inspected to be identified by their physical location. Basically, they are a map for your inspection efforts.
2. The function of each area or department is crucial for identifying the occupancy type. The occupancy type keys to the code and regulations that govern the inspection type and frequency. Otherwise, your team has no way to know what nor when nor how to inspect. Further, knowing the departments, and how they function within themselves and with others, helps make everything run smoothly.
3. Finally, the Life Safety Plans are the graphical representation of building codes for the building, and they go hand in hand with the building layout. The life safety plans identify the location of the rated barriers, the suite boundaries, the smoke zones, the sprinkler coverage, and more. You cannot do anything without knowing the basic information these plans offer.

For maintaining and inspecting your fire and smoke dampers, your team needs the locations based off the barrier locations on these plans. For fire and smoke barrier door inspections, your team also needs their locations based off the barrier locations on these plans. Without accurate plans, your electrician, when running wiring, cannot know where sealing is needed for rated walls. Your HVAC mechanic cannot know where dampers are required in ductwork. These plans also show the egress paths through the building which must be kept free of obstructions. These are just a few examples that demonstrate why the layouts and plans are important documents to have, and to keep updated as your building ages or changes. Without these layouts and plans you cannot know what to maintain. They ensure that the inspection team is looking in the right areas and meeting the appropriate regulatory requirements, which keeps costs down. An effective method of staying on top of your layouts and plans is to use a third party to maintain your life safety plans. Additionally, that third party should be retained to review all construction and renovation plans for life safety continuity to ensure you will remain in compliance with building codes. It is always a smart move which is cost effective as it is a lot easier (and less expensive) to make changes before construction than afterwards.

Inspections and third-party reviews or assessments are essential to building maintenance. Having a third set of eyes look at your building can save money in many ways. Daily familiarity with your buildings may cause you to overlook many issues. Having an impartial third party working on your behalf will provide a new perspective. Issues will be identified that your team may overlook.

Having a clear picture of your buildings is priceless information. It enables you to make the informed decisions, budget, ensure the correct insurance coverage, create/maintain/revise maintenance programs, and understand the functionality of the building.