PHYSICAL PLANT and ENVIRONMENT and CONSTRUCTION STANDARDS FOR NEW HOSPITALS

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
CMS PHYSICAL ENVIRONMENT					
Is the department or service responsible for building and maintenance (facility and patient care equipment) incorporated in the hospital's QA program? C-0910 COP §485.623					
Is the CAH (including all campuses, satellites, provider-based locations, and all inpatient/outpatient areas constructed, arranged and maintained in ensure adequate access, space and safety in accordance with federal, state and local laws? C-0912 COP §485.623(a)					
Does the hospital's housekeeping and preventive maintenance program ensure that all essential mechanical, electrical and patient care equipment are maintained in a safe operating condition? C-0914 COP §485.623(b)(1)					
Has the hospital identified the essential equipment required for day-to-day operations and in likely emergency/disaster situations? C-0914 COP §485.623(b)(1)					
Is all equipment inspected for performance and safety prior to initial use and after any major repairs of upgrades? C-0914 COP §485.623(b)(1)					
Is all equipment routinely inspected, tested and maintained to ensure safety, availability and reliability; at a minimum according to the manufacturers recommendation or have an Alternate Equipment Maintenance (AEM) schedule? C-0914 COP §485.623(b)(1)					
Is the person responsible for overseeing the development, implementation and management of the equipment maintenance program and activities qualified by education, training, and/or certification etc.? C-0914 COP §485.623(b)(1)					

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Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does the hospital maintain records demonstrating that maintenance personnel are qualified (education, training, and/or certification) including contracted personnel? C-0914 COP §485.623(b)(1)					
If the hospital uses an AEM program: a. is it documented and based on recognized national standards? Are the national standards identified and documented?					
 b. is equipment readily and separately identifiable as subject to AEM? 					
 c. is the decision to place equipment in AEM program made by qualified personnel or contractor? (if facility equipment – facility management professional; if medical equipment – clinical or biomedical technician/engineer) 					
 d. does the hospital strictly adhere to its AEM program strategies and schedules? C-0914 COP §485.623(b)(1) 					
If the hospital uses an AEM program does the hospital document for each type of equipment in the AEM program:					
a. the pertinent types and level of risk?b. alternate maintenance activities and how they differ from the manufacturer's					
recommendations?c. alternate maintenance frequencies?d. dates AEM maintenance activities were performed, and any further action taken?					
 e. any equipment failures and whether harm to individuals occurred? Note: Operator failures with adverse event or near miss should be documented as part of QAPI. C-0914 COP §485.623(b)(1) 					
Does the hospital maintain an inventory of all facility and medical equipment regardless of if it is leased or owned or is or is not in the AEM program? C-0914 COP §485.623(b)(1)					
Is critical equipment readily identifiable? C-0914 COP §485.623(b)(1)					

HOSFITALS					
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Is AEM program equipment readily identifiable? C-0914 COP §485.623(b)(1)					
Does the hospital maintain documentation of qualifications of CAH and contract personnel responsible for the AEM program as well as for personnel performing maintenance? C-0914 COP §485.623(b)(1)					
If the hospital is following manufacturer's recommended equipment maintenance activities and frequencies, are the manufacturer's recommendations readily available and is CAH able to prove that maintenance is performed accordingly? C-0914 COP §485.623(b)(1)					
Does the hospital have a process for routine storage and prompt disposal of trash? C-0920 §485.623(b)(2)					
Does the hospital follow state and federal regulations and guidelines to ensure that all drugs and biologicals are properly stored and locked in all storage areas? C-0922 COP §485.623(b)(3)					
Is the physical plant clean and orderly, equipment and supplies properly stored and not obstructing hallways? C-0924 COP §485.623(b)(4)					
Is there any evidence of peeling paint, water leaks or other plumbing problems? C-0924 §485.623(b)(4)					
Are all food and medication preparation areas and patient care areas well lighted? C-0926 §485.623(b)(5)					
Are food products stored under appropriate conditions (e.g., time, temperature, packaging, location) based on nationally accepted sources such as the United States Department of Agriculture, the Food and Drug Administration, or other nationally recognized standard? C-0926 §485.623(b)(5)					

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Are pharmaceuticals stored at temperatures recommended by the product manufacturer? C-0926 §485.623(b)(5)					
Does the CAH meet applicable Life Safety Codes?					Refer to K363 of Life Safety Code survey tool
Are corridor doors and doors to rooms containing flammable materials provided with positive latching devices? C-0930 COP §485.623(c)					
Does the CAH have a documented life-safety waiver for areas not deemed in compliance? C-0932 COP §485.623(c)(3)					
Does the CAH maintain written documentation of all inspections and required approvals by State or local fire authorities? C-0934 §485.623(c)(4)					
Are Alcohol-Based Hand Rub (ABHR) dispensers in egress corridors are installed in a manner that adequately protects against inappropriate access and in accordance with the Life Safety Code (LSC)? C-0936 COP §485.623(c)(5)					Refer to K325 of Life Safety Code survey tool
Does the hospital have a plan in place for when the sprinkler system is shut down for more than 10 hours which includes evacuation of the building or establishing a fire watch? C-0938 COP §485.623(c)(6)					Refer to K354 of Life Safety Code survey tool
Does the hospital maintain ABHR dispensers in accordance with manufacturer's guidelines? C-0936 COP §485.623(c)(5)					
Does the hospital: a. have an outside door or window in every					Refer to K381 of Life Safety Code survey tool
sleeping room? b. have a sill height not exceeding 36 inches					
 above the floor for structures constructed after July 5, 2016 (excluding newborn nursery, rooms occupied less than 24 hours? c. have a sill height not exceeding 60 inches for special nursing care areas of new occupancies? C-0940 COP §485.623(c)(7) C-0942 COP §485.623(c)(2) 					

HOSP HALS					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does the CAH meet the Health Care Facilities Code (NFPA 99 and TIA 12-2,12-3, 12-4, 12-5, 12-6)? Chapters 7, 8, 12 and 13 of the HCFC do not apply to CAH. C-0944 COP §485.623(d) 19 CSR 30-20.030					
(3) The operator of a licensed hospital shall notify the department in writing within fifteen (15) days of— (B)Any extensive modification, modification, or reconstruction of the licensed premises, as identified in the life safety code standards in 42 CFR Part 482 (2018) and 42 CFR Part 485 (2018), which are incorporated by reference in this rule. 19 CSR 30-20.015					
Does the facility shall have at least two (2) pressure sterilizers located in the Central Sterile Processing designed to maintain two hundred fifty degrees Fahrenheit (250 °F) or one hundred twenty-one degrees Celsius (121 °C) at fifteen pounds (15 lbs.) pressure. 19-CSR 30-20.030(4)					
If the CAH is located outside of a service area or range of a public fire department, arrangements shall be made to have the nearest fire department respond in the case of fire.					
Does the CAH have a copy of the agreement on file? Has a copy of the agreement been forwarded to the Department of Health and Senior Services? 19-CSR 30.20.030 (4)(B)					
Does the CAH have manual fire alarm initiating devices installed at each nurses' station or other patient care control station and at the telephone switchboard. 19-CSR 30.20.030(4)(C)					

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Helpful Hints

- Missouri State Hospital Licensing Rules <u>https://s1.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-20.pdf</u>
- State-New hospitals or portions of hospitals constructed or remodeled after January 1, 2018 shall be maintained so that the building and its various operating systems comply with the life safety code standards in 42 CFR Part 485 (2017), which are incorporated by reference in this rule. This rule incorporates later amendments and additions to and 42 CFR Part 485 (2017). This rule does not incorporate the following chapters of National Fire Protection Association (NFPA) 99, 2012 edition: chapter 7 – Information Technology and Communications Systems for Heath Care Facilities; chapter 8 – Plumbing; chapter 12 – Emergency Management; and chapter 13 – Security Management.
- State-Existing hospital facilities constructed prior to January 1, 2018, shall maintain and operate the building • in compliance with the design and safety regulations in effect at the time of their construction. New hospitals or portions of hospitals constructed or remodeled after January 1, 2018 must be constructed so that the building and its various operating systems comply with the standards contained in The Facility Guidelines Institute (FGI) Guidelines for the Design and Construction of Health Care Facilities (2010 edition) or the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities (2014 edition), which are incorporated by reference in this rule or so that the building and its various operating systems comply with other standards and guidelines that provide equivalent design criteria. Prior to the department granting approval of the construction plans and specifications required in this rule, the architect or professional engineer submitting the plans shall identify the equivalent design criteria used. This rule does not incorporate any subsequent amendments or additions. This rule does not incorporate the following chapter of FGI, 2010 edition: 1.2-8 – Commissioning This rule does not incorporate the following chapter of FGI, 2014 edition: 1.2-7 – Commissioning. Existing hospital facilities constructed prior to January 1, 2018, shall maintain and operate the building in compliance with the design and construction regulations in effect at the time of their construction.
- To assess compliance with Life & Safety codes, complete the Fire Safety Survey Report 2012 Code Health Care form (CMS-2786R), downloadable at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2786R.pdf
- Also be aware of any specific requirements for your city or county related to this issue
- See 19 CSR 30-20.015 for more details on applying for a variance request through the state-in addition the option of obtaining a waiver from CMS. Review additional information about AEM program found under <u>COP</u> <u>§485.623(b)(1)</u>.
- Please refer to Appendix Z of the State Operations Manual for specific Emergency Preparedness E-Tags, interpretive guidelines, and survey procedures. <u>https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_z_emergprep.pdf</u>

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Key Resources and Links

- <u>Appendix W State Operations Manual COP §485.623CMS CAH Website (includes cross walk)</u>19 CSR §30-20.030 Construction Standards for New Hospitals
- Life Safety Code Survey Report Form CMS-2786 <u>https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2786R.pdf</u>
- CAH <u>Basic</u> Training