

PREVENTIVE
MAINTENANCE
MANUAL

NFPA 101
LIFE SAFETY CODE ®

2000 EDITION

MARCH 2011

FORWARD

The *Life Safety Code* is a compilation of fire safety requirements for new and existing buildings and is updated and published every three years by the National Fire Protection Association (NFPA), a private, nonprofit organization dedicated to reducing loss of life due to fire. The Medicare and Medicaid regulations have historically incorporated these requirements by reference.

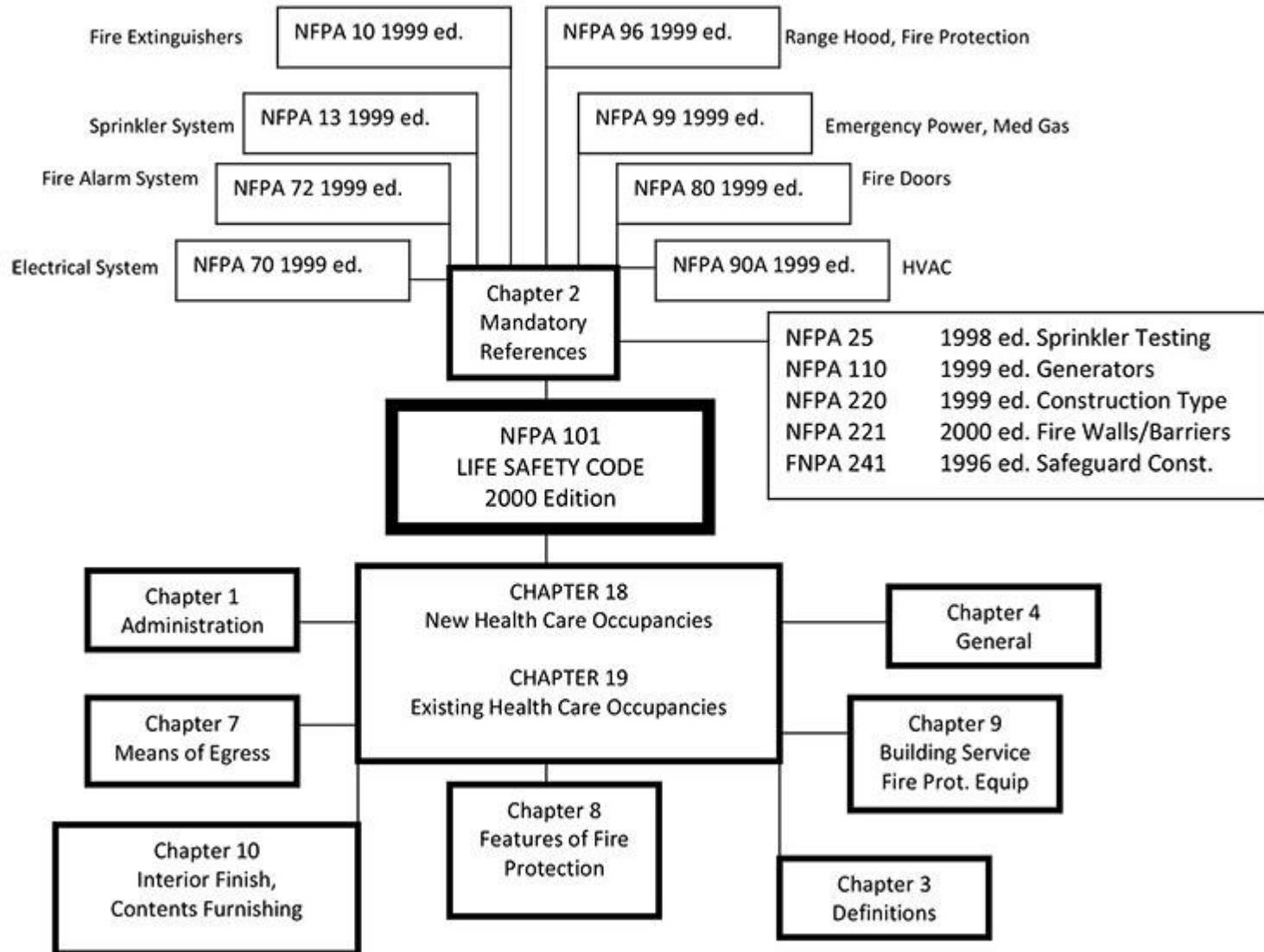
On January 10, 2003, the Centers for Medicare and Medicaid Services (CMS) published final rules in the Federal Register adopting the 2000 edition of NFPA 101, *Life Safety Code (LSC)*. This final rule amended the fire safety standards for certified facilities. Further, this final rule adopted the 2000 edition of the *LSC* and eliminated references to all earlier editions. These regulations were effective on September 11, 2003.

The objective of the code is to assure safety to life during fires and other emergencies. Adoption and use of the 2000 edition of the *LSC* is updated to the latest and best technology in fire protection. These requirements are designed to protect all residents and staff. The final rule allows other options for facilities to meet regulatory requirements when correction of a deficiency will create an undue burden or financial hardship such as the FSES (Fire Safety Evaluation System) or waivers.

This Preventive Maintenance Manual is intended for use to maintain and improve life safety conditions for the benefit of residents and employees. This document is intended to provide information to facilities, but is not necessarily fully inclusive of all details of *LSC 2000* or other NFPA Standards. Determinations of compliance with Life Safety Code regulations are made at the time of survey. Additionally, this manual does not address state and local building codes.

Please see the regulatory reference overview included in this manual for applicable NFPA codes. In addition to the mandatory references, existing nursing facilities must comply with Chapter 19 Health Care Occupancies while new nursing facilities must comply with Chapter 18 Health Care Occupancies.

Regulatory Reference Overview National Fire Protection Association (NFPA)



Life Safety Code Survey

Interior Finish, Furnishings, & Decorations K-14, K-15, K-16, K-72, K-73, K-74, K-130

- Approved existing installations of materials applied directly to the surface of walls and ceilings in a total thickness of less than 1/28 in. shall be permitted to remain in use. This has been addressed by CMS - [link](#)
- Facilities are required to maintain documentation as to the flame and smoke spread ratings of all their interior finishes that have been replaced and or updated.
- Corridor finishes must be Class A or B (existing buildings).
- Interior finishes for non-corridor areas may be Class A, B or C if the building is fully sprinklered (existing buildings).
- Monitor facility to ensure that the means of egress is continuously maintained free of all obstructions or impediment to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof. *NFPA 101* section 7.1.10.
- Monitor facility to ensure than no signs or decorations are attached to sprinkler heads or exit signs.
- Inspect curtains for flammability, review labels, or tags. Section 10.3.1 requires these materials to be flame resistant as demonstrated by testing in accordance with NFPA 701, *Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.*
- Fabrics can be made flame resistant by chemical treatment. However, such treatments can be made ineffective by laundering, dry cleaning or water leaching. Maintain records to document that treated fabrics are maintained in accordance with the manufacturer's specification to retain flame resistance.
- Monitor facility to ensure that the facility does not have combustible decorations unless they are flame-retardant. Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.
- Monitor use of outdoor decorations that are placed near the building as these can create a hazard, e.g. hay bales. Consider alternative to mulch in outside bedding areas to reduce the risk of fire.
- Monitor facility to ensure that furnishings or decorations of an explosive or highly flammable character are not used. Examples of explosive or highly flammable decorations include live or cut Christmas trees and pine branches/roping/garland; not effectively flame-retardant treated crepe paper decorations; finely divided tinsel-like material, garland; pyrozylin plastic decorations.

See also: <http://www.odh.ohio.gov/odhPrograms/ltc/nurhome/safecode/safecode1.aspx>

Corridor Walls / Fire Walls / Smoke Walls K-11, K-17, K-21, K-25, K-27, K-39

- Ensure that corridors are separated from use areas by walls that form a barrier to limit the transfer of smoke and, for existing construction, required to have a fire resistance rating of 30 minutes. This has been addressed by CMS - [link](#)
- Ensure continuity of smoke barriers/fire walls – Outside wall to outside wall or other smoke/fire barrier and from floor to roof/floor deck above.
- Seal all penetrations with rated materials. Do not use expanding foams to seal penetrations unless fire rated.
- Replace damaged fire rated ceiling tiles with fire rated ceiling tiles.
- See *NFPA 101* 19.3.6.1 and 19.3.6.5 for exceptions to the corridor separation requirements and permissible openings such as lounges, waiting areas and nursing stations.

Corridor Width / Means of Egress K-39, K-72, K-73

- Monitor corridors serving as exit access to ensure that they are clear and unobstructed:
- Linen carts, soiled utility carts, wheelchairs and lifts may not be stored in hallways. Isolation carts and crash carts are allowed in the corridors.
- Items are not to be placed in the halls that impede evacuation such as furniture and plants.
- Monitor facility to ensure that the facility does not have combustible decorations unless they are flame-retardant. Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.
- Storage occurs when an item is left in place or not in use for over 30 minutes. If the appropriate staff is around and using something every 30 minutes the item is not considered to be stored.
- “Stop signs” attached to exit doors must not obstruct egress or cover hardware.

Doors K-18, K-21, K-25, K-27, K-28, K-29, K-38

- Inspect, repair, and maintain doors to ensure that:
 - Automatic or self closing devices are properly installed and functioning.
 - Smoke doors and doors opening into the corridor close properly and resist the passage of smoke. Non-rated gaskets, such as weather stripping, are not an acceptable method to correct door gaps.
 - Doors close and latch into the frame (positive latching hardware), no impediments.
 - Doors are unobstructed and not blocked in any manner. Hold-open devices that release when the door is pushed or pulled are permitted. Door stops, chocks, tie-backs or other devices that require manual unlatching or release are not permitted.
 - Door latches open with one motion.
 - Hazardous area doors are self closing (see also hazardous areas).
 - Smoke barrier doors that swing in the same direction may be required to have a coordinator to ensure doors close properly which allows one door to close first preventing the doors from hitting.
 - See CMS Survey and Certification letter 07-18 for clarification and guidance related to door gaps.
- Monitor doors with magnetic locked or delayed egress locks to ensure that:
 - Doors release appropriately.
 - No more than one delayed egress locked door in the path of travel.
 - Doors with magnetic locking devices without the delayed egress function shall unlock upon activation of the complete fire alarm system.
 - Doors may not reactivate if the fire alarm system is placed in silent mode. The doors should not relock without the system being reset.
- Check systems after performance of maintenance to assure systems are returned to working order.

- Obtain written approval from the local fire authority to extend delayed release locking mechanisms to 30 seconds. Submit request for extension of the timed delay to the District Office with supporting justification and identification of the locations of the affected doors. Facility must retain the written approval from ODH for the 30 second delayed locking mechanisms. The approval will be reviewed annually and will remain in effect until rescinded.
- Notify the local or state fire marshal and obtain any required permits before any changes are made to the system.

See also: <http://www.odh.ohio.gov/odhPrograms/ltc/nurhome/safecode/safecode1.aspx>

Accessible Attics, Crawl Space and Basements

- Inspect for: Exposed timber, joists and other decking. These items can be made fire resistant to meet flamespread code requirements and floor, floor/ceiling assemblies can be coated to meet hourly rating requirements without the installation of gypsum board.
- Exposed sprayed in place polyurethane foam insulation and foam board can be coated to achieve a required ignition barrier and qualify up to a 15-minute barrier rating.
- Accessible exposed Framing and Plywood located in attics treated with Inspecta-Shield Plus qualifies as a Class "A" finish in accordance with IBC Section 803.1.1, IFC Section 806.3 and Chapter 5 of NFPA 703 as listed in ICC Evaluation Report NO ESR-2019.