DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

1981/1985 CODE

Form Approved
OMB No. 0938-0242

FIRE SAFETY SURVEY REPORT - AMBULATORY SURGICAL CENTERS
Medicare

1. (A) PROVIDER NUMBER	1. (B) MEDICAID I.D. NO.
K1	K2

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY	2. (A) MULTIPLE CONSTRUCTION (BLDGS.) A. BUILDING _____ B. WING _____ C. FLOOR _____ K3	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)
☐ Initial Survey ☐ Resurvey	3. DATE OF SURVEY K4	

CHECK ONE

Facility is:

- ☐ Physically located in a hospital
- ☐ Free-standing: only occupancy in building
- ☐ Located in an Office Occupancy
- ☐ Located in a Mercantile/Business Occupancy
  Indicate Occupancy _____
- ☐ Other (specify) _____

DATE OF BLDG. PERMIT OR PLAN APPROVAL: K6	DATE FIRST OCCUPIED AS AMBULATORY SURGICAL CTR.

If facility is located in a hospital or hospital owned/operated, was facility surveyed as part of Hospital LSC Survey?

☐ YES ☐ NO

A. ☐ The facility MEETS based upon:
  1. ☐ Compliance with all provisions
  2. ☐ Acceptance of a Plan of Correction
  3. ☐ Recommended waivers

B. ☐ The facility DOES NOT MEET THE STANDARD.

K9

SURVEYOR (SIGNATURE)	TITLE	OFFICE	DATE
REVIEW AUTHORITY OFFICIAL (SIGNATURE)	TITLE	OFFICE	DATE

According to the Paperwork Reduction Act ot 1995, no persons are required to respond to a collection of intormation unless it displays a valid 0MB control number. The valid 0MB control number for this information collection is 0938-0242.The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Mailstop N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

ID PREFIX		MET	NOT MET	N/A	REMARKS 1981/1985 CODE
	CONSTRUCTION				
K12	Buildings two or more stories in height and of Type II(000), III (200) V (000) construction are equipped throughout with an approved automatic sprinkler system. 12-6.1.6.1, 13-6.1.6.3				
	Number of stories in the building _____				
K13	Construction Type _____				
	EXITS				
K32	At least two exits, located remote from each other are provided for each floor or fire section of the building. 12-6.2.4.1, 13-6.2.4.1				
K42	Rooms or suites of rooms of more than 1,000 sq. ft. have at least two exit access doors located remote from each other. 12-6.2.4.2, 13-6.2.4.2				
K37	Dead-end corridors do not exceed 50 ft. (Note: A common path of travel for the first 50 ft. is permitted.) 12-6.2.5, 13-6.2.5				
K36	Travel distance between any room door required as exit access and an exit does not exceed 100 ft. The travel distance between any point in a room and an exit does not exceed 150 ft. (Note: In sprinklered buildings, the travel distances may be increased by 50 ft.). 12-6.2.6.2, 13-6.2.6.2				
K112	At least half of the required exit capacity from upper floors discharges directly to the exterior of the building. 12-6.2.7, 13-6.2.7				
K113	Designated aisles, corridors, passageways, and exitways are provided with illumination in accordance with Section 5-8. 12-6.2.8, 13-6.2.8				
K46	Emergency illumination is provided in accordance with Section 5-9. 12-6.2.9.1, 13-6.2.9.1				
K47	Exits and ways of travel thereto are marked in accordance with Section 5-10. 12-6.2.10, 13-6.2.10				
K43	Doors of patient treatment, diagnostic, or recovery rooms are arranged to permit exiting from the room by a simple operation without the use of a key. 12-6.2.11.1,13-6.2.11.1				
K40	Exit and exit access doors are at least 34 inches wide. 12-6.2.11.4, 13-6.2.11.4				

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K39	Corridors for exit access are at least 44 inches wide. 12-6.2.3.1, 13-6.2.3.1				
	EMERGENCY POWER				
K105	Where general anesthesia or life support equipment is used, an emergency power system is provided in accordance with NFPA 76A. 12-6.2.9.2, 13-6.2.9.2 (A generator system is not required where battery operated equipment is provided.)				
	VERTICAL OPENING PROTECTION				
K20	Vertical openings such as stairways, elevator shaftways, escalators, and building service shaftways are enclosed in accordance with Section 6-2. 13-6.3.1 (Note: Some exceptions are permitted in 26-6.3.1.)				
K21	Any door with a required fire protection rating, such as stairways, exit passageways, horizontal exits, smoke barriers, or hazardous areas enclosures, if held open, is arranged to close automatically by the actuation of the manual fire alarm system and either smoke detectors arranged to detect smoke on either side of the opening or a complete automatic sprinkler system. 12-6.2.11.5, 13-6.2.11.5				
	HAZARDOUS AREA PROTECTION				
K31	Laboratories employing quantities of flammable, combustible, or hazardous materials which are considered a severe hazard are protected in accordance with NFPA 56C. 12-6.3.2.1,13-6.3.2.1				
K78	Anesthetizing locations are protected in accordance with NFPA 56G. 12-6.3.2.2, 13-6.3.2.2				
K77	Locations for the supply systems and storage of medical gases are protected in accordance with NFPA 56F.				
K29	General storage, boiler or furnace rooms, fuel storage rooms, janitor closets, maintenance shops are separated from other parts of the building by fire barriers having at least one-hour fire resistance rating or such areas are enclosed with partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems. 12-6.3.2, 13-6.3.2 (Note: Domestic water supply may be used in accordance with 12-6.3.5.1.)				

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	INTERIOR FINISH				
K14	Interior finish on walls and ceilings of exits, enclosed corridors, and exit access or discharge has a maximum flamespread rating of 75. 12-6.3.3, 13-6.3.2 (Note: A maximum flamespread rating of 200 is permitted in rooms. There is no requirement for flamespread on floor covering.)				
	FIRE ALARM SYSTEMS				
K51	A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 12-6.3.4, 13-6.3.4				
	CORRIDOR SEPARATION				
K17	Corridors used as access to exit are separated from use areas by partitions with a fire resistance rating of at least one hour. Doors have at least 1 20-minute fire protection rating and are equipped with a positive latch and closing device. Vision panels, if provided, in partitions or doors therein are fixed wired glass limited to 1,296 sq. in. per panel. 12-6.3.6 (Indicate N/A for existing occupancies, open floor areas with available exits, corridors in a space occupied by a single tenant, and buildings provided with complete automatic sprinkler systems.)				
	OCCUPANCY SEPARATION				
K114	Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a one-hour fire resistance rating. Doors in such barriers have at least a 20 minute fire protection rating and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors therein, are fixed wired glass limited to 1,296 sq. in. per panel. 12-6.3.7.1, 13-6.3.7.1				

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	SMOKE BARRIERS					
K115	Ambulatory health care facilities are divided into at least two smoke compartments with smoke barriers having at least a one-hour fire resistance rating. Doors in smoke barriers have at least a 20-minute fire protection rating and are equipped with closing devices (latch not required). Vision panels are provided and are of fixed wired glass limited to 1,296 sq. in. per panel. 12-6.3.7.2, 13-6.3.7.2 (Indicate N/A for facilities of less than 2000 sq. ft. with an automatic smoke detection system.)					
	PORTABLE FIRE EXTINGUISHERS					
K64	Portable fire extinguishers are provided. 12-6.3.5.2, 13-6.3.5.2					
	HIGH RISE BUILDINGS					
K116	Buildings over 75 ft. in height housing ambulatory health care facilities are provided with a complete automatic sprinkler system. 12-6.3.5, 13-6.3.5					
	BUILDING SERVICES					
K117	Utilities are installed in accordance with Section 7-1. 12-6.5.1, 13-6.5.1					
K67	Heating, ventilating, and air-conditioning is installed in accordance with the manufacturer's specifications and Section 7-2. 12-6.5.2.1, 13-6.5.2.1					
K70	Portable space heating devices are not used. 12-6.5.2.2,13-6.5.2.2					
K118	Elevators, dumbwaiters, and vertical conveyors are installed in accordance with Section 7-4. 12-6.5.3,13-6.5.3					
K71	Rubbish chutes, incinerators, and laundry chutes are installed in accordance with Section 7-5. 12-6.5.4, 13-6.5.4					
	EMERGENCY PLAN, FIRE DRILLS					
K48	There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 31-4.1.1					
K50	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 31-4.1.3					

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	SMOKE REGULATIONS				
K66	Smoking regulations are adopted to control smoking, and include the posting of "NO SMOKING" signs in any room, ward, or compartment where flammable liquids, combustible gases or oxygen are used or stored, and in any other hazardous location. 31-4.4a				
	FURNISHINGS AND DECORATIONS				
K72	No furnishings, decorations or other objects are placed as to obstruct exits or visibility of exits. 31-1.2.2.1				
K73	No furnishings or decorations of an explosive or highly flammable character are used. 31-1.4.2				
K74	All combustible curtains including cubicle curtains are rendered and maintained flame-retardant. 31-1.4.1				
	MISCELLANEOUS				
K130	List in the REMARKS section, any items that are not listed previously, but are deficient. This information along with the applicable Life Safety Code or NFPA Standard citation, should be included on Form CMS-2567.				

RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS

For each item of the Life Safety Code recommended for waiver, list the survey report form item number and state the reason for the conclusion that: (a) the specific provision of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. (If additional space is required, use reverse side.)

PROVISION NUMBER(S)	JUSTIFICATION

Surveyor (Signature)	Title	Office	Date
Fire Authority Official (Signature)	Title	Office	Date

FIRE SAFETY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH CMS-2786 FORMS)

PROVIDER NUMBER	FACILITY NAME	SURVEY DATE * K4

* K4 MULTIPLE CONSTRUCTION	TOTAL NUMBER OF BUILDINGS _____ NUMBER OF THIS BUILDING _____	☐ A BUILDING B WING C FLOOR D APARTMENT UNIT

LSC FORM INDICATOR

1 2786 A-67 EXISTING
2 A-67 NEW
3 B-73 EXISTING
4 B-73 NEW
5 F-81 EXISTING
6 F-81 NEW
7 C-SHORT
8 H-ASC
9 J, K, L 85-CHAPTER 21 (ICFs/MR ONLY)
10 P-85 EXISTING
11 P-85 NEW

* K7 ☐ SELECT NUMBER OF FORM USED FROM ABOVE

(Check if not applicable)

K29: ☐ K56: ☐

COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21

SMALL (16 BEDS OR LESS)

K8: ☐ 1 PROMPT 2 SLOW 3 IMPRACTICAL

LARGE

K8: ☐ 4 PROMPT 5 SLOW 6 IMPRACTICAL

APARTMENT HOUSE

K8: ☐ 1 PROMPT 2 SLOW 3 IMPRACTICAL

ENTER E – SCORE HERE

K5: ☐ e.g. 2.5

*K9: FACILITY MEETS LSC BASED ON *(Check all that apply)*

A1. ☐ (COMP. WITH ALL PROVISIONS) A2. ☐ (ACCEPTABLE POC) A3. ☐ (WAIVERS) A4. ☐ (FSES)

FACILITY DOES NOT MEET LSC

B. ☐

* MANDATORY