

LeadingAge Wyoming

May 16, 2018

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Wyoming State Survey Agency



Laura Hudspeth, MSc, RD, LD
Director

Pat Davis, PE, LEED AP
Life Safety and Construction Branch Chief

Julia Van Dyke, RN
Healthcare Surveillance Branch Chief



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Spring?



Fluctuating Staffing Levels

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HEALTHCARE LICENSING AND SURVEYS

May 2018

State Survey Agency Director/ Administrator

EXMT02
Laura Hudspeth, MSc, RD, LD
Pos 12110

Business Office

BABO09
Tammy Schmitt
Pos 32580

BAAS06
Jen Prince
Pos 00020

BAAS05
Amy Calaway
Pos 08060

BAAS05
Vicki Hamel
Pos 08010

Life Safety & Construction

ENEG13
Pat Davis
Pos 22660

BAPS07
Vacant
Pos 08170

ENEG10
Luke Schaueremann
Pos 08200

ENEG09
Austin John
Pos 11290

HSHP09
Bill Alexander
Pos 08130

Health Care Surveillance

HSHP11
Julia Van Dyke
Pos 08210

LTC
(Lead Surveyor)
HSHP10
Tim Cozad
Pos 08140

HSHP09
Lori Ruess
Pos 08110

HSHP09
Jean Yennie
Pos 08180

HSHP09
Cathy Spacklen
Pos 08070

HSHP09
Vacant
Pos 08040

HSHP09
Janelle Conlin
Pos 08190

HSHP09
Vacant
Pos 08090

Non-LTC
(Lead Surveyor)
HSHP10
Vacant
Pos 21690

HSHP09
Shaylyn Todd
Pos 17330

HSHP09
Vacant
Pos 08030

HSHP09
Colleen Hogan
Pos 15760

HSHP09
Pat Prince
Pos 08080

HSHP09
Tony Madden
Pos 08120

HSHP09
Vacant
Pos 08100

CLIA

Surveyor
Dianne Whitlock
Contractor

Health and LSC Surveyors

Years of Experience

20 Total Staff

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TIME FRAME	# of Surveyors
Vacancies	5 Health 1 LSC
Less than 1 year	0
1 – 3 years	3 Health 4 LSC
3 – 5 years	2 Health
5 – 10 years	1 Health
10 – 15 years	2 Health
15 – 20 years	1 Health
20 – 25 years	1 Health

Training and Team Building!

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Nursing Home Survey Intervals October 2017 – March 2018

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PROVIDER	TIER 1	TIER 2	TIER 3	TIER 4
Nursing Homes 38 total	<ul style="list-style-type: none"> • 15.9 Max Interval = 14.0 • 12.9 Mo Average = 11.5 		No initial surveys	

Red Canyon Near South Pass

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Nursing Homes

Most Frequently Cited Deficiencies

FFY18 Health Standard Surveys

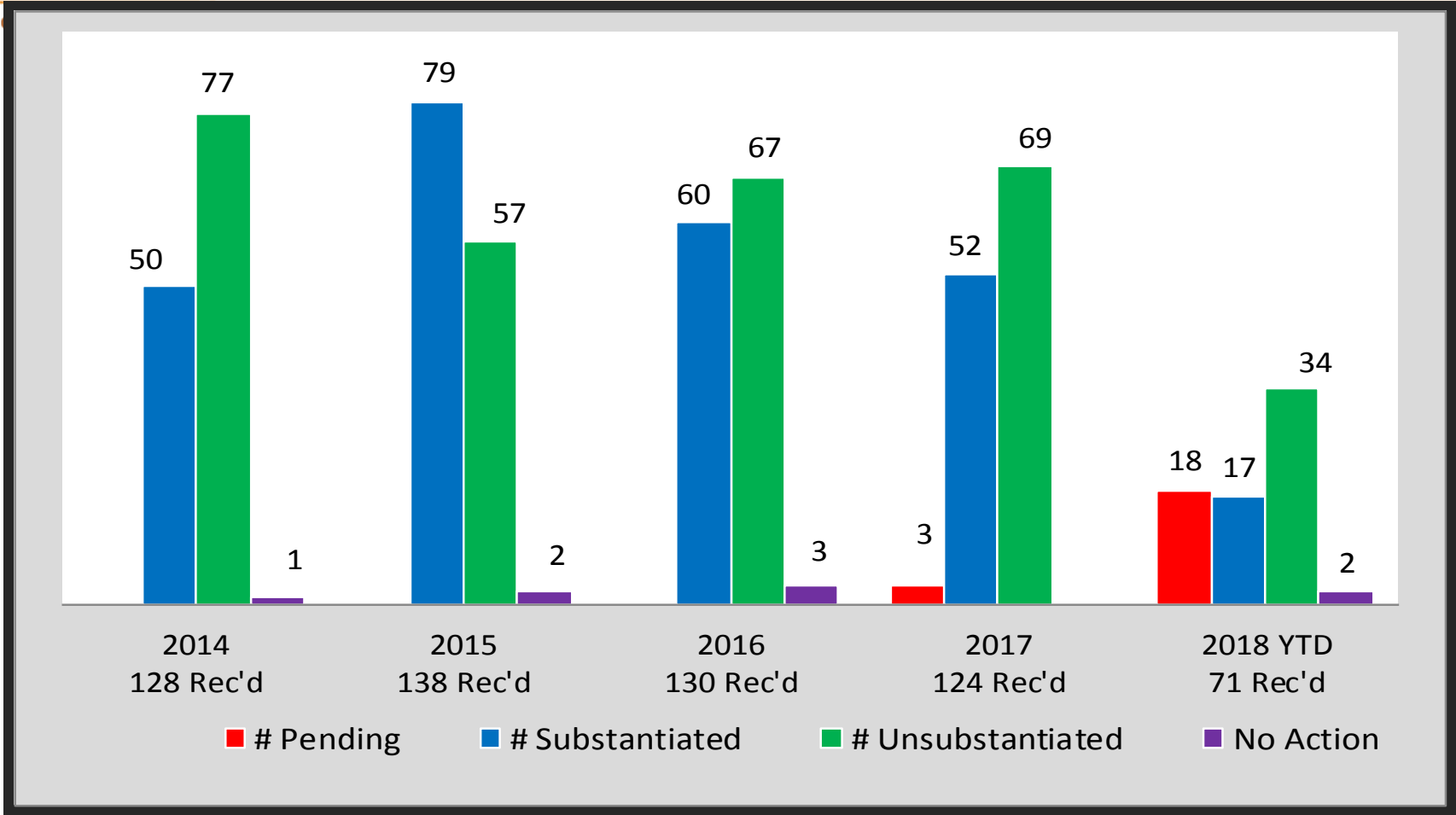
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NATIONAL		
Tag #	Description	% Surveys Cited (5167 Surveys)
F0880	Infection Prevention & Control	23.7%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	18.2%
F0656	Develop/Implement Comprehensive Care Plan	17.4%
F0441	Infection Control, Prevent Spread, Linens	16.7%
F0371	Food Procure, Store/Prepare/Serve- Sanitary	16.2%
F0689	Free of Accident Hazards/Supervision/Devices	13.3%
F0761	Label/Store Drugs and Biologicals	11.7%
F0657	Care Plan Timing and Revision	11.6%
F0323	Free of Accident Hazards/Supervision/Devices	11.3%
F0684	Quality of Care	10.4%
F0431	Drugs Records, Label/Store Drugs & Biologicals	10.0%

REGIONAL		
Tag #	Description	% Surveys Cited (169 Surveys)
F0880	Infection Prevention & Control	21.3%
F0657	Care Plan Timing and Revision	20.7%
F0658	Services Provided Meet Professional Standards	17.2%
F0656	Develop/Implement Comprehensive Care Plan	16.0%
F0441	Infection Control, Prevent Spread, Linens	15.4%
F0371	Food Procure, Store/Prepare/Serve- Sanitary	14.8%
F0689	Free of Accident Hazards/Supervision/Devices	14.8%
F0309	Provide Care/Services for Highest Well Being	14.8%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	14.2%
F0323	Free of Accident Hazards/Supervision/Devices	13.6%
F0758	Free from Unnec Psychotropic Meds/PRN Use	13.0%

WYOMING		
Tag #	Description	% Surveys Cited (17 Surveys)
F0656	Develop/Implement Comprehensive Care Plan	29.4%
F0371	Food Procure, Store/Prepare/Serve- Sanitary	29.4%
F0657	Care Plan Timing and Revision	23.5%
F0329	Drug Regimen is Free From Unnecessary Drugs	23.5%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	23.5%
F0689	Free of Accident Hazards/Supervision/Devices	23.5%
F0253	Housekeeping & Maintenance Services	23.5%
F0309	Provide Care/Services for Highest Well Being	23.5%
F0167	Right to Survey Results – Readily Accessible	23.5%
F0441	Infection Control, Prevent Spread, Linens	17.6%
F0758	Free from Unnec Psychotropic Meds/PRN Use	17.6%

FFY Complaint Comparison Nursing Homes





Nursing Home Deficiency Comparison Traditional Survey and LTCSP

Cor

Facility	Prior Traditional Survey		Current LTCSP Survey	
	# of Deficiencies	Highest S/S	# of Deficiencies	Highest S/S
#1	14	F	5	E
#2	9	E	3	E
#3	9	F	7	E
#4	8	E	5	E
#5	4	E	8	E
#6	6	E	10	F
#7	7	E	15	E
#8	14	E	12	F
#9	6	E	5	E
#10	9	G	9	E
#11	7	D	8	E
#12	6	G	4	D
#13	5	E	7	E
#14	8	G	4	E
#15	8	E	9	F
AVERAGE/HIGHEST S/S	8.0	3 G's	7.4	F (no SQC)

Informal Dispute Resolution

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Year	Requested	Tags	Upheld	Modified	Deleted
2015	5	8	0	3	5
2016	3	4	2	1	1
2017	7	11	4	3	4
2018	2	2	0	1	1

Other Topics



- **Civil Money Penalty Reinvestment**
 - **Hot water temperatures**
 - **Feedback on LTCSP?**
- **Phase III – Topics for Open Door Forums?**
 - **AHFSA and CDC CDI project**



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Behavior Management Services in Long Term Care

Julia Van Dyke, RN

Healthcare Surveillance Branch Chief



Behavioral Health Services



- **F740** - Introduction to Behavioral Health Services
 - **F741** – Sufficient and Competent Staff
 - **F742** – Treatment & Services to Correct Assessed Problem or Attain Highest Practicable Well-being
 - **F743** - No Assessed Diagnosis or Pattern/Development of Pattern that was Avoidable
 - **F744** - Appropriate Treatment/Services for a Resident with Dementia
- **F745** - Medically-related Social Services



Behavioral Health Services

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- **Behavioral Health Services (§483.40)**
- **F740 Introduction to Behavioral Health Services**
- *Each resident **must receive** and the facility **must provide** the **necessary behavioral health care and services** to attain and maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.*
- *Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.*



F740

- **Necessary care and services include:**
 - Care and services that are person-centered and reflect the resident's goals for care
 - Care and services that maximize the resident's dignity, autonomy, privacy, socialization, independence, choice and safety.
 - Direct care staff that communicate in a manner that promotes mental and psychosocial well-being.
 - Meaningful activities are provided; and
 - Environment that is conducive to the resident's well-being
 - Pharmacological interventions are used **only after** non-pharmacological interventions have failed.



F740

- **Related MDS Sections:**
 - Section C – Cognitive Patterns
 - Section D – Mood
 - Section E – Behavior
 - Section F – Activities
- **Related Care Areas:**
 - Psychosocial Well-being, Mood State and Behavioral Symptoms



F741



- **F741 Sufficient and Competent Staff**
- **Key Requirements:**
 - The facility must have **sufficient staff** who provide direct services to residents –



F741

- Staff must have the **appropriate competencies and skill set** to provide nursing and related services to assure resident safety, and
 - In order to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.



F741

- **Competencies and skill sets include, but are not limited to, knowledge of and appropriate training and supervision for –**
 - Caring for residents with mental and psychosocial disorders
 - Substance disorders
 - Implementing non-pharmacological interventions



F742

- **F742 Treatment/Services to Correct Assessed Problem or Attain Highest Practicable Well-being**
- **Based on the resident's comprehensive assessment, the facility must ensure that a resident who –**
 - Displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty,
 - Receives appropriate treatment and services to correct the assessed problem, or
 - Attains the highest practicable mental and psychosocial well-being



F742

- **And, the facility must ensure that a resident whose assessment**
 - Did not reveal or who does not have a diagnosis or a mental or psychosocial adjustment difficulty does not
 - Display a pattern of decreased social interaction, and/or
 - Increased withdrawn, angry or depressive behaviors
 - Unless the resident's clinical condition demonstrates that development of such a pattern was unavoidable



F743

- **F743 No Assessed Diagnosis or Pattern/Development of Pattern that was Avoidable**

- *A resident whose assessment did not reveal or who does not have a diagnosis of a mental or psychosocial adjustment difficulty or a documented history of trauma and/or post-traumatic stress disorder does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development of such a pattern was unavoidable;*



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F743

- **Facility staff must:**



- Monitor
- Assess and Care Plan
- Document
- Share Concerns
- Follow up
- Modify



F744

- **F744 Appropriate Treatment/Services for a Resident with Dementia**
 - *A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental and psychosocial well-being.*



F744

- **The facility must provide dementia treatment and services which may include but are not limited to:**



- **Ensuring adequate medical care, diagnosis, and supports based on diagnosis.**



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F744

- **Ensuring necessary care and services are person-centered and reflect the resident's goals, while maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice and safety.**



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- **Utilizing individualized, non-pharmacological approaches to care (e.g. purposeful and meaningful activities).**

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F744

- **Meaningful activities are those that address the resident's customary routines, interests, preferences, and choices to enhance the resident's well-being.**





F744

- **It is expected that a facility's approach to care for a resident living with dementia follows a systematic care process.**

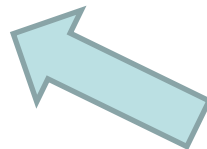
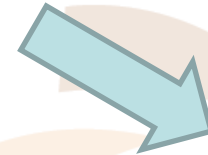
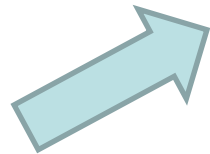


EVALUATE

ASSESS

DEVELOP

IMPLEMENT





F745

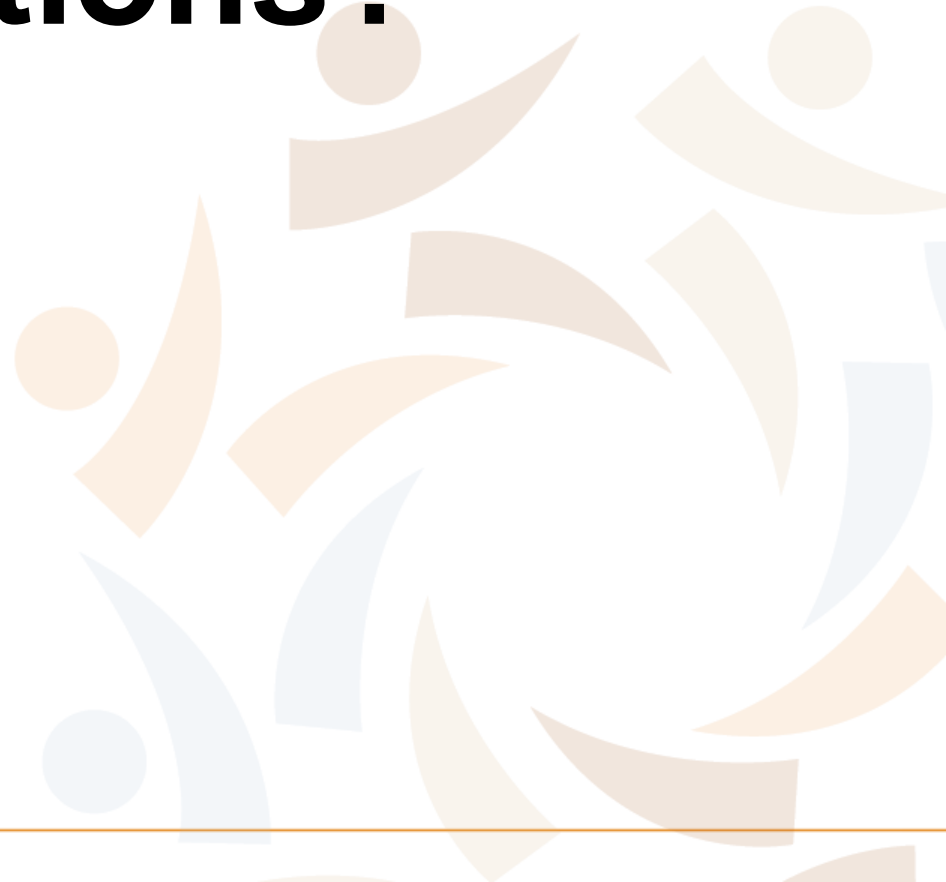
- **F745 Medically-related Social Services**
 - The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.
 - All facilities are required to provide medically-related social services for each resident.
 - Facilities must identify the need for services and ensure those services are provided.



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• Questions?





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Pat Davis, PE, LEED AP **Life Safety and Construction** **Branch Chief**



Nursing Homes

Most Frequently Cited Deficiencies

FFY18 LSC Standard Surveys

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NATIONAL		
Tag #	Description	% Surveys Cited (5,707 Surveys)
K0353	Sprinkler System- Maintenance and Testing	35.6%
K0363	Corridor- Doors	21.6%
K0918	Electrical Systems- Essential Electric System	20.1%
K0321	Hazardous Areas- Enclosure	19.4%
K0920	Electrical Equipment- Power Cords and Extens	17.7%
K0712	Fire Drills	17.3%
K0372	Subdivision of Building Spaces- Smoke Barrie	17.1%
K0345	Fire Alarm System- Testing and Maintenance	16.2%
K0211	Means of Egress- General	15.0%
K0923	Gas Equipment- Cylinder and Container Storage	12.7%
K0324	Cooking Facilities	12.6%

REGIONAL		
Tag #	Description	% Surveys Cited (182 Surveys)
K0353	Sprinkler System- Maintenance and Testing	38.5%
K0712	Fire Drills	25.8%
K0321	Hazardous Areas- Enclosure	24.7%
K0345	Fire Alarm System- Testing and Maintenance	22.0%
K0363	Corridor- Doors	20.9%
K0211	Means of Egress- General	18.7%
K0351	Sprinkler System- Installation	18.7%
K0355	Portable Fire Extinguishers	13.2%
K0324	Cooking Facilities	11.5%
K0372	Subdivision of Building Spaces- Smoke Barrie	11.5%
K0511	Utilities- Gas and Electric	11.5%

WYOMING		
Tag #	Description	% Surveys Cited (19 Surveys)
K0211	Means of Egress- General	36.8%
K0345	Fire Alarm System- Testing and Maintenance	31.6%
K0363	Corridor- Doors	26.3%
K0293	Exit Signage	26.3%
K0321	Hazardous Areas- Enclosure	26.3%
K0227	Ramps and other Exits	26.3%
K0353	Sprinkler System- Maintenance and Testing	26.3%
K0916	Electrical Systems- Essential Electric Systems	21.1%
K0932	Features of Fire Protection- Other	21.1%
K0911	Electrical Systems- Other	15.8%
K0741	Smoking Regulations	15.8%

Construction Queue Updates

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Current Queue			
Type	Count	Mean DIQ	Median DIQ
Major	2	14.5	14.5
Minor	5	9.6	7

12-month History

Month	No. of Reviews Completed		Average DIQ		Median DIQ	
	Major	Minor	Major	Minor	Major	Minor
May-18	1	3	0.0	12.0	0.0	14.0
Apr-18	5	13	21.2	11.8	16.0	10.0
Mar-18	5	13	13.6	15.9	13.0	16.0
Feb-18	3	14	45.3	16.6	47.0	14.0
Jan-18		10		16.3		14.5
Dec-17	3	12	16.0	13.3	11.0	10.0
Nov-17	1	19	22.0	12.8	22.0	13.0
Oct-17	3	21	7.0	13.0	6.0	14.0
Sep-17	4	19	23.3	11.6	26.0	13.0
Aug-17	3	11	14.7	18.1	19.0	20.0
Jul-17	2	13	6.5	12.8	6.5	14.0
Jun-17	3	16	24.0	8.1	31.0	7.0

Code Adoptions

Update on Chapter 3 Construction Rules and Regulations for Healthcare Facilities

- Proposed Code Updates
 - 2018 Editions of the ICC Codes
 - Building Code
 - Existing Building Code (New Code)
 - Mechanical Code
 - Plumbing Code
 - Fuel & Gas Code
 - Fire Code
 - 2014 Edition of the FGI Guidelines
 - 2012 Edition of the NFPA 101, Life Safety Code

If adopted, this will be consistent with both CMS and the WY. Department of Fire Prevention and Electrical Safety.

It is anticipated that the Rules will be adopted this Fall.

Educational Opportunities and Support

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Facility Managers or Maintenance Directors are encouraged to participate in the Wyoming Society of Healthcare Engineers. Their mission statement reads:

"The Wyoming Society of Healthcare Engineering (WSHE) is an organization dedicated to presenting educational opportunities to promote safety and compliance for Healthcare facilities. The assistance received from the organizations that we are affiliated with such as ASHE, WHA and the Wyoming department of Health, enables our members to provide safe working environments through improved communications and knowledge."

Educational Opportunities and Support, Cont.

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- HLS participates in the WSHE annual conference
- HLS provides information regarding the following:
 - CMS updates
 - Building Code updates
 - Updates to HLS Rules and Regulations
 - Technical assistance for items requested in advance
 - Q&A session to address any items from the audience
- Vendors and design professionals participate to provide additional training, product overviews, and networking

Some of the information provided by HLS at this year's conference includes:

Labeling of Fire-Rated Doors

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Question: Can/should labels be removed from a fire-rated door if the room is no longer required to be rated?

Answer: Opinions vary...

Per 2012 NFPA 101, Section 4.6.12.3 – “Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed.”

Annex A.4.6.12.3 states in part, “Conversely, equipment, such as fire or smoke dampers, that is not obvious to the public should be able to be taken out of service if no longer required by this Code.”

2015 NFPA 101 adds the following statement to the Annex, “Where a door that is not required to be fire protection-rated is equipped with a fire protection listing label, it is not the intent of 4.6.12.3 to require such doors to be self- or automatic-closing due merely to the presence of a label.”

Labeling of Fire-Rated Doors, Cont.

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It's up to AHJ...

As of 2016, the Joint Commission's current position is that fire door assemblies need to match the level of protection provided by the wall, and they have interpreted that NFPA 101, Section 4.6.12.3 does apply to fire-rated doors. This should be confirmed with the Joint Commission or DNV.

HLS looks at this in a similar fashion, and tries to avoid confusion for surveyors in the field.

- Door and wall protection should be consistent.
 - How does a surveyor interpret a labeled fire-rated door in a wall with unprotected openings?
 - Likewise, how can a surveyor accurately assess the location if openings are protected (fire dampers or fire-caulk), but the door is not rated?
 - Is the wall still labeled as a 1-hour fire or smoke barrier?
 - This increases the possibility of a deficiency citation that may not be warranted.

Labeling of Fire-Rated Doors, Cont.

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Does your staff know the difference?

- Space usage changes often. Will the existence of a fire-rating label on the door lead to a space being utilized for storage as it is assumed the space is rated?
- Many times the door is the key indicator for space rating. Most staff don't look above the ceiling.

Conclusion – NFPA 101 and NFPA 80 do not prohibit the removal of a door's listing label. As opinions vary, it is HLS's recommendation that when a change of use occurs all fire-rated construction aspects be modified as necessary to match the use of the space. This provides clarity for building occupants, staff, and surveyors regarding the intent of the construction.

HLS recommends keeping the label if it is removed. The label and door should be logged accurately in the event the door is relocated for use in another area that requires a fire rating, and the label is reattached.

Emergency Preparedness

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On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation went into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 15, 2017.

Additional information can be found on CMS's website at:

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

Fire Door Inspections

- In health care occupancies, fire door assemblies are required to be annually inspected and tested in accordance with the 2010 National Fire Protection Association (NFPA) 80.
- In health care occupancies, non-rated door assemblies including corridor doors to patient care rooms and smoke barrier doors are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105.
 - CMS has provided clarification that fire door assemblies which are not required to be fire-rated may be omitted from testing.
- Non-rated doors should be routinely inspected as part of the facility maintenance program.
- Full compliance with the annual fire door assembly inspection and testing in accordance with 2010 NFPA 80 is required by January 1, 2018.

Fire Door Inspections, Cont.

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Per the 2010 Edition of NFPA 80, *Standard for Fire Doors and Other Opening Protectives*:

Section 5.2.1, “Fire doors assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ.”

Section 5.2.3.1, “Functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing.”

Sections 5.2.4 through 5.2.11 provide additional inspection and testing requirements for specific door types, i.e. swinging doors, horizontal sliding doors, etc.

Fire Door Inspections, Cont.

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Neither NFPA 80, nor CMS, provide specific details regarding the qualifications of the inspector.

NFPA provides an online training seminar focused on NFPA 80. The class synopsis reads:

“Take this online course to improve your ability to use NFPA 80: Standard for Fire Doors and Other Opening Protectives to locate, interpret, and correctly identify and apply the requirements for the inspection, testing, and maintenance of fire door assemblies. This one-hour self-paced module is based on the 2016 edition of NFPA 80.”

The course is computer-based, approximately one-hour in length, and is currently advertised at a cost of \$54.95. More information at:

<https://catalog.nfpa.org/NFPA-80-2016-Inspection-Testing-and-Maintenance-Requirements-for-Swinging-Fire-Doors-Online-Training-P17380.aspx>

Most Frequent Plan Review Comments

- Fire-Resistant-Rated Construction:
 - Lack of details provided by design team in regards to fire-stop penetrations and UL listed assemblies.
 - Continuity of fire barriers from slab to underside of floor above or roof deck.
 - Horizontal fire barriers.
- Handrails at stairs and ramps:
 - Both Life Safety Code (LSC) and International Building Code (IBC) apply.
 - Requirements are slightly different, with the IBC providing greater detail.
 - Handrails required at both side of all ramps and stairs. Only exception is a single stair or ramp as part of a curb to the street level.
 - At stairs, handrails shall be provide within 30 inches of all portions of the required egress width. This may require a center handrail for stairs with a width > 60 inches.

Most Frequent Plan Review Comments (Cont.)

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- Ramps:
 - Per LSC, Chapter 7, the slope of a level walking surface shall not exceed 1 inch in 20 inches, unless the requirements for a ramp are met.
 - Once the slope of any sidewalk, path, etc. in a means of egress exceeds this slope all requirements for ramps must be satisfied, including the previously mentioned handrails.
 - Ramp construction must satisfy the more stringent requirements of both the LSC and the IBC.
 - Common related comments:
 - Excessive sidewalk slope not constructed as a ramp.
 - Inadequate, or no landings provided at the top, bottom, or changes in direction.
 - Lack of handrails, or inadequate handrail design.

Most Frequent Plan Review Comments (Cont.)

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- Clearance for fresh air intakes:
 - Guidelines for Design and Construction of Health Care Facilities (FGI Guidelines) extends this separation distance to 25 ft. vs. the 10 ft. requirement of the 2006 International Mechanical Code.
 - This includes separation distance from the flue of gas-fired equipment, such as packaged rooftop units.
 - FGI Guidelines also require fresh air intakes to be located a minimum of 6 ft. above grade, or 3 ft. above the adjacent roof surface.
- Exhaust Systems:
 - Per the FGI Guidelines exhaust fans shall be located at the discharge end. This prohibits the use of ceiling-mounted fans in restrooms, utility rooms, etc. HLS has accepted the use of in-line fans provided they are located as closely as possible to the end-of-the-line and are readily accessible for service.

Most Frequent Plan Review Comments (Cont.)

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- Plumbing Fixtures:
 - Per the International Plumbing Code (IPC), Chapter 4, ASSE 1070 temperature limiting devices are required at all handwashing facilities.
 - Per WDH Chapter 3 Construction Rules and Regulations for Health Care Facilities all sinks with soap and towel dispensers are defined as a hand wash facility.
 - Basically, all hand wash facilities within the healthcare environment are considered “Public”, therefore the exception for “Private” fixtures does not apply.
 - Per the IPC all emergency fixtures shall comply with ISEA/ANSI Z358.1. This standard requires all eyewash/shower/drench hose fixtures to be provides with an ASSE 1071 temperature limiting device.

Most Frequent Plan Review Comments (Cont.)

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- Sprinkler Locations:
 - Imaging Areas:
 - Sprinkler head layout must be coordinated with the reflected ceiling plan, as well as the imaging equipment layout to ensure that sprinkler heads are not obstructed by the equipment.
 - It is common that the imaging equipment layout (ceiling track) is not available at the time of design or shop drawings. When this occurs the sprinkler system is designed/installed only to satisfy the coverage of the room with no consideration given to obstructions that may occur due to equipment. Sidewall heads or redundant pendants are often required to maintain adequate coverage.

Most Frequent Plan Review Comments (Cont.)

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- Sprinkler Locations (Cont.):
 - Canopies, Overhangs, and Exterior Roofs:
 - NFPA 13 requires all (width > 4 ft.) to be sprinkled or constructed utilizing noncombustible or limited-combustible materials throughout the “assembly”.
 - Modifications have been made to newer Editions of NFPA 13 allowing sprinklers to be omitted if the area is constructed utilizing noncombustible or limited-combustible surfaces (along with additional sprinkler or insulation requirements in concealed spaces above).
 - Designers often utilize this exception in newer Editions, but WDH must enforce the adopted Edition of the Code.

Most Frequent Plan Review Comments (Cont.)

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- Interior Finish:
 - The LSC requires that all interior finish materials are tested and classified under conditions simulating the actual installation.
 - Classifications are typically reviewed at the design level via catalog data.
 - WDH will require the submittal of lab test data to verify that the materials have been tested in accordance with the installation.
 - The published classification is often based on test data performed with cement board backing. It is common that no test data is available for products installed on gypsum board.

Most Frequent Plan Review Comments (Cont.)

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- Accessible Restrooms:
 - The IBC, Chapter 11, provides requirements for accessibility within a facility.
 - IBC Chapter 11 will direct the user in the application of ICC/ANSI A117.1.
 - The user should carefully review the requirements of ICC/ANSI A117.1, Chapter 10, regarding Dwelling and Sleeping Units, Types A and B.
 - Other areas must comply with the requirements of Chapter 6.
 - Common related comments:
 - Lack of clear width at water closets, i.e. distance to nearest adjacent fixture is < 60 inches.
 - Roll-in vs. transfer type showers. There is no “combination” of the two.
 - Location of grab bars at water closet and shower.
 - Location of controls within transfer-type showers.

Most Frequent Plan Review Comments (Cont.)

Commit to your health.

- Smoke Detection:
 - International Mechanical Code (IMC), Section 606, requires the installation of duct-mounted smoke detectors in return air systems > 2,000 cfm.
 - Exceptions are provided if full detection is provided throughout the facility.
 - NFPA 90A, Section 6.4, requires the installation of duct-mounted smoke detectors in supply air systems > 2,000 cfm.
 - Design must accommodate the more stringent requirement. Therefore, most installations require duct-mounted smoke detection in both the supply and return air system.
 - Activation of either smoke detector must automatically stop the associated fan.

Thank you!

