



March 6, 2017

To: Nursing Facilities (NFs)

Subject: Provider Letter No. 17-04 — Implementation of the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC)

The Centers for Medicare & Medicaid Services (CMS) announced the adoption by regulation of the NFPA 2012 LSC and 2012 HCFC, effective July 5, 2016. The announcement was made in [Survey and Certification Letter 16-29 — Adoption of the 2012 edition of the National Fire Protection Association \(NFPA\) 101 - Life Safety Code \(LSC\) and 2012 edition of the NFPA 99 - Health Care Facilities Code \(HCFC\)](#) on June 20, 2016. CMS and DADS began surveying for compliance with the 2012 LSC and HCFC on November 1, 2016. Providers may [view the CMS rule in the Federal Register](#).

CMS' final rule eliminates all references to the previously adopted 2000 edition of the LSC, and requires NF providers to comply with the 2012 LSC and 2012 HCFC. The 2012 LSC and HCFC contain Existing Occupancy chapters that apply to existing facilities and New Occupancy chapters that apply to newly-constructed facilities. Buildings that are constructed or that receive design approval or building permits before July 5, 2016 can meet Existing Occupancy requirements and are not required to comply with the New Occupancy chapters. All other building construction must meet New Occupancy requirements.

These requirements do not apply to licensed-only NFs. Licensed-only NFs are still under the 2000 edition of NFPA 101 until the Texas Department of Aging and Disability Services (DADS) amends the licensing standards.

DADS rules have not been updated to reference the 2012 edition. Surveyors will cite non-compliance with 2012 LSC and 2012 HCFC (collectively known as federal K-tags) effective November 1, 2016, but will not cite a corresponding state rule that specifically references the 2000 edition of NFPA 101 or any other outdated NFPA editions not adopted by the CMS rule effective July 5, 2016. This temporary measure will remain in effect until DADS/HHSC issues a

subsequent provider letter or until state rules are updated to reflect the 2012 editions of NFPA 101 LSC and the 2012 edition of the NFPA 99 HCFC.

NFPA 99 Requirement for Risk Assessment

Previous editions of NFPA 99 used occupancy chapters at the end of the document to determine which systems were required in various locations and the requirements of those systems. The 2012 edition of NFPA 99 takes a different approach than previous editions; the occupancy chapters are deleted and replaced with requirements based on the impact to the resident, regardless of the occupancy.

The 2012 HCFC requires building systems in health care facilities, including long-term care facilities, to be classified into one of four system categories (Category 1 through Category 4) as detailed in the HCFC. These categories are determined by following and documenting a defined risk assessment procedure.

Though no specific risk assessment procedure is defined, the Annex material to the HCFC suggests several documents that outline a procedure that is acceptable to DADS, including ISO/IEC 31010, *Risk Management—Risk Assessment Techniques*; NFPA 551, *Guide for the Evaluation of Fire Risk Assessments*; and SEMI S10-0307E, *Safety Guideline for Risk Assessment and Risk Evaluation Process*, each of which is available from its respective publisher.

If you are in need of technical assistance regarding implementation of the 2012 edition LSC or the 2012 edition HCFC, please contact your local LSC survey program manager or a state office architect at (512)-438-2371. If you have questions about this letter, please contact a policy specialist in the Policy, Rules and Curriculum Development section at (512) 438-3161.

Sincerely,

[signature on file]

Mary T. Henderson
Associate Commissioner
Regulatory Services

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