

Construction Section Update

NCHEA 2013 Spring Seminar
10:15 am, March 15, 2013

Mission

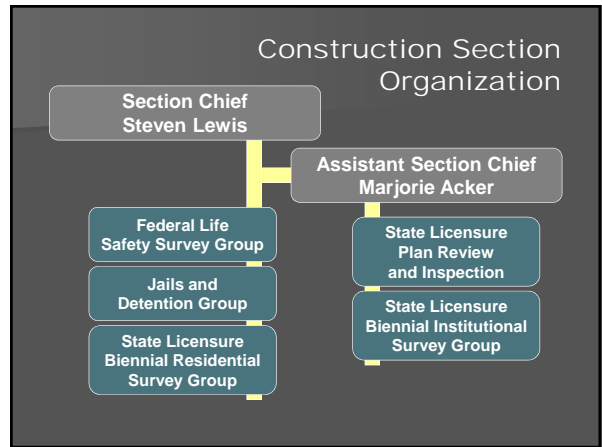
To ensure that the construction and operation of buildings regulated by the Division provide a safe, healthy and suitable environment for residents, patients, and inmates using those facilities.



Hidden Slide - MA

- Who we are
- Mission
- Construction Section Organization
- Agenda
 - Presenters / topics
 - Additional staff present
 - Hold questions to the end
- Web address for DHSR
 - Rules for Licensure
 - Construction Section
- Web address for Construction Section
 - Construction Project Information
 - Submittal and Review Guide
 - Color Code Standard
 - Fees
 - When is a review required
 - To come: Plan Submittal Review Guide
- Help Desk

HIDDEN



North Carolina
Department of Health and Human Services (DHHS)



↳ Division of Health Service Regulation (DHSR)
↳ Construction Section

Steven C. Lewis
Section Chief, Construction Section
919-855-3893
Steven.Lewis@dhhs.nc.gov

Today's Presenters

Marjorie Acker Assistant Section Chief	➔	Introduction
Fran Pedrigi Architectural Supervisor	➔	Consultations
Tammy Sylvester Engineering Supervisor	➔	Anesthetizing Locations & Smoke Management
Jeff Harms Engineering Supervisor	➔	House Bill 1297

Additional DHSR Staff is present in the audience.
Please hold your questions until the end of the session.

<http://www.ncdhhs.gov/dhsr/>

Rules and Regulations Construction Section

Home Care Agency	15A NCAC Chapter 13 Subchapter 1 F	
Home Health Agency	15A NCAC Chapter 13 Subchapter 2 F	Appendix B of (20F, 404 KR)
Respite Agency	15A NCAC Chapter 13 Subchapter 4 F	Appendix M of (20F, 719 KR)
Respite Equipment	15A NCAC Chapter 13 Subchapter 5 F	Appendix M of (20F, 719 KR)
Hospital	15A NCAC Chapter 14 Subchapter 8 F	Appendix A of (20F, 313 KR) Appendix V of (20F, 404 KR)
Hospital - Psychiatric Units	15A NCAC Chapter 13 Subchapter 8 F	
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	15A NCAC Chapter 28 Subchapter 1 F	Appendix F of (20F, 432 KR)
Safe, Local Childcare Facilities	15A NCAC Chapter 14 Subchapter 10 F	
Laboratory, Pap Smear, HIV Testing, Hepatitis	15A NCAC Chapter 13 Subchapter 9 F	Appendix C of (20F, 319 KR)

North Carolina
Division of Health Service Regulation

Effective July 1, 2007, the Division of Facility Services was renamed the Division of Health Service Regulation.

What's New?

- Declassification
- Legislative Actions
- Public Notices
- Reports
- Rule Actions

Construction

Health Care Personnel Registry
Adult Care
Medical Facilities Planning
Office of Emergency Medical Services
Radiation Protection Section

Adult Care Facility Star Ratings
Licensing Facilities
NC State Medical Facilities Plan
Rules and Regulations
State Approved Infection Control Course for Adult Care Homes
Volunteer Health Services Act

Alcohol and Substance Abuse
Adult Care
Mental Health
Nursing Home

Adult and Home Care
Adult Care
NC State Health Coordinating Council

NC Medical Care Commission
NC State Health Coordinating Council

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SECTION 200A - PHYSICAL PLANS

SECTION 200A - GENERAL REQUIREMENTS

SECTION 200A - LIST OF REFERENCED CODES AND STANDARDS

NC Division of Health Service Regulation
Rules and Regulations

The following table apply to the agencies within the Division of Health Service Regulation.

Proposed changes to DHSR rules can be found on the Rule Action page.

N.C. Medical Care Commission Review of Existing Rules in Accordance with Executive Order 70

Rule	Code	Effective Date
AAA Care Homes	15A NCAC Chapter 13 Subchapter 1 F	
Adult Care Homes	15A NCAC Chapter 13 Subchapter 2 F	
Adult Care Home Star Rating Program	15A NCAC Chapter 13 Subchapter 4 F	
Adult Care Home Violations and Penalties	15A NCAC Chapter 13 Subchapter 5 F	
Adult Care Home Waiver Program	15A NCAC Chapter 13 Subchapter 6 F	
Adult Care Home Waiver Program	15A NCAC Chapter 13 Subchapter 7 F	
Adult Care Home Waiver Program	15A NCAC Chapter 13 Subchapter 8 F	
Adult Care Home Waiver Program	15A NCAC Chapter 13 Subchapter 9 F	
Adult Care Home Waiver Program	15A NCAC Chapter 13 Subchapter 10 F	
Adult Care Home Waiver Program	15A NCAC Chapter 13 Subchapter 11 F	
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Adult Care Home Waiver Program	15A NCAC Chapter 13 Subchapter 98 F	
Adult Care Home Waiver Program	15A NCAC Chapter 13 Subchapter 99 F	
Adult Care Home Waiver Program	15A NCAC Chapter 13 Subchapter 100 F	

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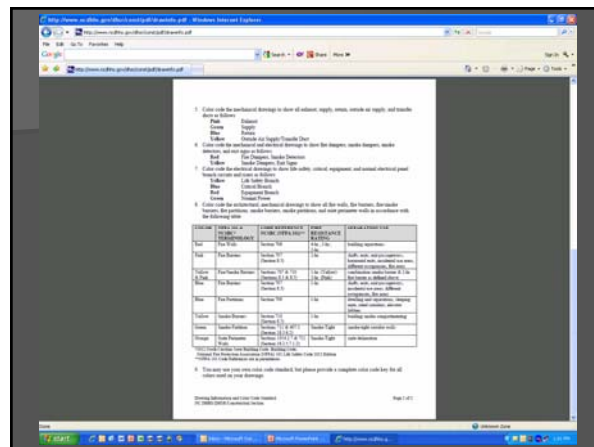
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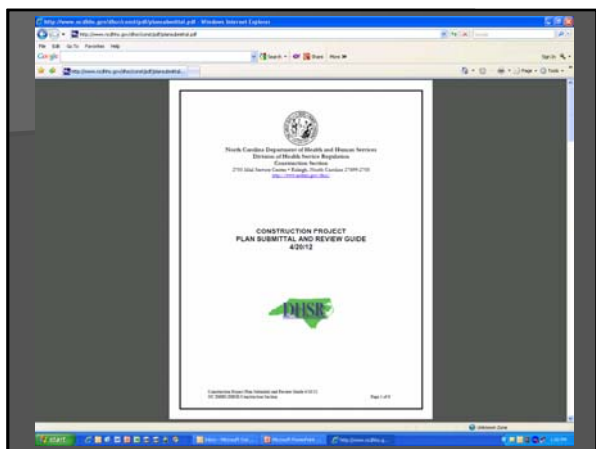
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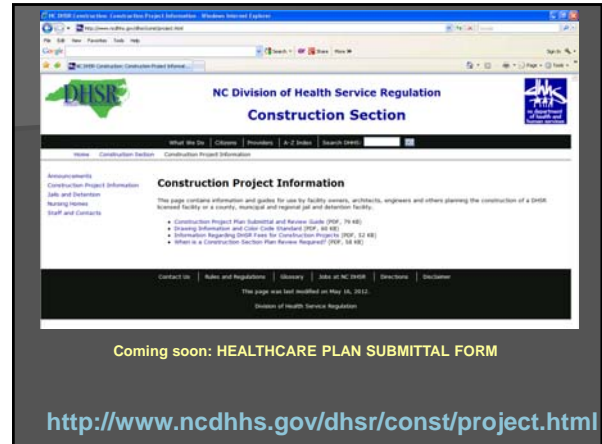
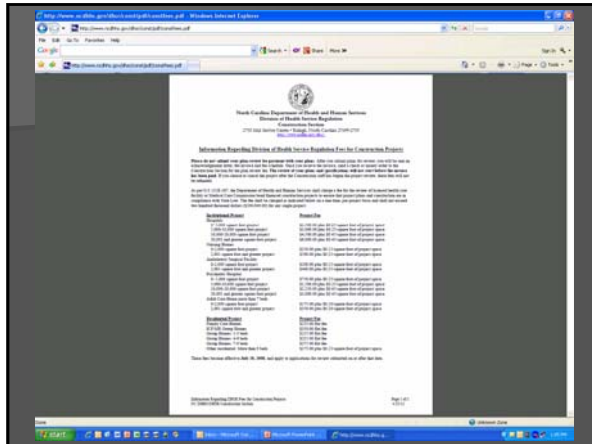
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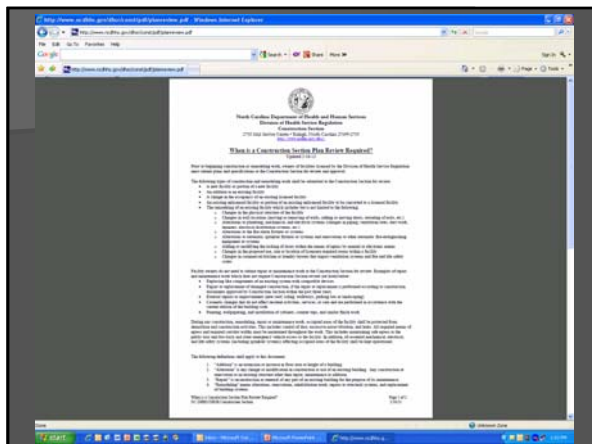
<http://www.ncdhhs.gov/dhsr/const/project.html>



Help Desk

For projects under review or inspection → Contact the Architect or Engineer assigned to the project.
Ex: HL-9999-MLA/AJH

For all other questions → Contact the Help Desk at 919-855-3893.



Consultations

Fran Pedrigi,
Architectural Supervisor

Purposes for Consultations

Demonstration DHHS Values:

Customer Focused: North Carolinians are the center of our service design and delivery and the allocation of human and fiscal resources.

- Helps customers feel valued and appreciated by clarifying the issue, focusing on a solution and taking action. This helps build confidence with the customer.
- Recommends effective ways to monitor and evaluate customer concerns, issues, and satisfaction and anticipate customer needs.
- Maintains professionalism in difficult situations by remaining issue-oriented.

Consultation Meeting Topics

- NCSBC Occupancy Classifications for DHSR Licensed Facilities;
- New Facilities – Hospitals, CCRC Facilities, Psychiatric Hospitals, etc.;
- Master Planning / Future Expansion Plans;
- New Prototypes and Procedures – i.e. Hybrid ORs, new equipment, freestanding EDs, home and community environment, etc.;
- Determining HB-1297 exemption.

Consultations

Consultation: The act or process of consulting. A conference at which advice is given or views are exchanged. A business or agency offering expert or professional advice in a field.



Consultation Procedures

Entity Requesting the Consultation:

- Provide an agenda or clarification of subject to be discussed ahead of time clearly defining scope to determine if Architectural, Engineering, Federal or all need to be discussed.
- Provide Minutes or Summary of meeting to all participants.

Consultations will be documented on the DHSR database for future reference once a project is submitted.

Types of Consultations

Help desk: available 5-days a week with Engineering, Architectural, Federal and/or Biennial staff.

Email inquiries: follow through with providing clarification, direction and information to provide guidance about Licensure Rules and Building Code requirements for all of our types of licensed facilities.

In-house meetings: to discuss future projects and provide guidance on what would be required based on the proposed facility project.

Project meetings (after DHSR Project Assignment): to discuss project review comments and variations of DHSR Rules and Regulations as well as Building Code items with assigned reviewers.

The Architect and/or Engineer participating in a consultation prior to DHSR Project Assignment may not be the Architect and/or Engineer assigned to review the project.

CAUTION

Anesthetizing Locations and Smoke Management

Tammy Sylvester,
Engineering Supervisor



1999 NFPA 99



1. Prevent recirculation of smoke originating within the surgical suite of an anesthetizing location; and
2. Prevent the circulation of smoke entering the system intake without, in either case, interfering with the exhaust function of the system.

Anesthetizing Locations and Smoke Management

Problems Presented:

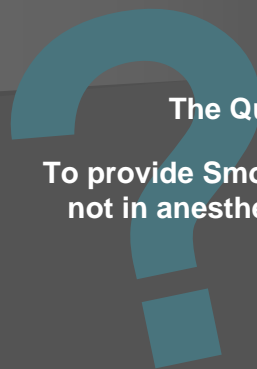
- Changes in 2012 NFPA 99
- CMS Certified Facilities and 2000 NFPA 101 → 1999 NFPA 99
- Hospital Rules and Ambulatory Surgical Rules

Most Stringent Requirement

1999 NFPA 99

Anesthetizing Location:

Any area of a facility that has been designated to be used for the administration of nonflammable inhalation anesthetic agents in the course of examination or treatment, including the use of such agents for relative analgesia.



The Question Is:

To provide Smoke Management or not in anesthetizing locations?

2012 NFPA 99

Anesthetizing Location:

General Anesthesia: Drug-induced loss of consciousness from which patient is not arousable even by painful stimulation.

Deep Sedation: Drug-induced depression of consciousness from which patient cannot be easily aroused but responds purposefully following repeated or painful stimulation.

Minimal Sedation: Drug-induced state where patients respond normally to verbal commands.

Moderate Sedation: Drug-induced depression of consciousness where patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation.

DHSR's Stance

1. The requirements of CMS with the adoption of the 2000 NFPA 101 and 1999 NFPA 99 are more stringent requirements than the current 2012 NFPA 99;
2. By the definition of an anesthetizing location in 1999 NFPA 99, any area where anesthesia gas is used is considered an anesthetizing location and may require smoke management;
3. Until CMS adopts the 2012 NFPA or makes a definitive decision/clarification on the acceptable uses of 2012 NFPA 99, it is our position that **smoke management must continue to be provided.**

Hospital Owned Outpatient Facilities

Session Law 2009-487 [Ratified House Bill 1297-2009]

Signed into Law by Governor Perdue
August 26, 2009

House Bill 1297

Jeff Harms,
Engineering Supervisor



House Bill 1297

Now exempts certain hospital owned
outpatient locations from DHSR
licensing, plan review, and inspection

...but...

The bill does not exempt the parent
hospital or "main provider" from Centers
for Medicare and Medicaid Services
(CMS) requirements at any of its facilities.

Rules

Meant to Prevent Chaos Through Observance of Laws

- **United States Code**
 - Statutes Enacted By Congress
- **Code of Federal Regulations (CFR)**
 - Administrative Law of the Land
- **NC General Assembly**
 - Session Laws – House and Senate

House Bill 1297 and CMS Requirements

In Other Words:

- A complaint in the hospital could trigger a health survey and/or life safety survey of the hospital owned outpatient facility (or facilities).

...OR...

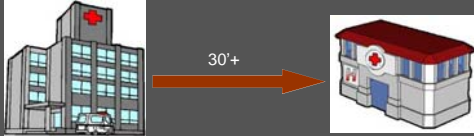
- A complaint in a hospital owned outpatient facility could cause a full CMS survey of the hospital.



Facilities Exempt From Review by HB-1297

General Statute G.S. 131E-76(3) has changed so that: the term "Hospital" no longer includes certain outpatient facilities that are:

- Classified as Business Occupancy by NFPA 101 Life Safety Code [2000 edition], and
- Located 30 feet or more from any hospital facility.



2 Exceptions Require a Review

- **Exception 2:** Although exempt hospital owned business occupancy facilities are not reviewed for compliance with licensure rules, if the exempt facility is part of a NC Medical Care Commission Bond project, the facility would be required to be reviewed for compliance with applicable bond standards for that facility and occupancy.

Facilities Not Exempt From Review by HB-1297

The term "Hospital" continues to include certain outpatient facilities that are:

- Classified as Business Occupancy by NFPA 101 2000 edition Life Safety Code and located less than 30 feet from any hospital facility,

OR

- Facilities classified as Health Care Occupancy or Ambulatory Health Care Occupancy by the NFPA 101 2000 edition Life Safety Code.

Why Use NFPA 101 [2000 edition] for Exempted Facilities?

- It is specifically required by the Code of Federal Regulation (CFR) as a condition of participation in the federal Medicare program.
- 42 CFR 482.41: "The Director of the Office of the Federal Register has approved the NFPA 101 [2000 edition] of the Life Safety Code...the hospital must meet the applicable provisions."
- However....2012?



2 Exceptions Require a Review

DHSR will not and cannot conduct licensure plan reviews and inspections (even if requested) of hospital owned outpatient facilities not defined as a hospital in accordance with new G.S. 131-78(3) language.

- **Exception 1:** Main hospital may choose a higher level of occupancy classification other than business occupancy for an outpatient facility for future growth and still be reviewed and inspected for compliance with AHC or HC as submitted.

* * Don't forget, the 2012 NC State Building Code also has requirements for Business Occupancies including **new Section 422** for Ambulatory Health Care Facilities. Note: this section has sprinkler requirements that may be more stringent than NFPA 101.

NFPA 101 Business Occupancy

- "Business occupancies are typically occupied by persons who come to routine medical doctor visits, who are awake and can begin emergency egress or relocation, with little or no staff assistance, as soon as they become aware of emergency conditions." (101 Handbook Commentary)
- NFPA 101 Chapters 38 (New) or 39 (Existing) for Business Occupancy shall apply.
- * * However, no NFPA 101 Business Occupancy may have more than **3 persons rendered incapable** of self-preservation lest it become Ambulatory Health Care.

NFPA 101 Ambulatory Healthcare

- Patients that come to these facilities receive procedures that render them incapable of self-preservation. They must not stay for an elapsed time of 24 hours.
- AHC facilities provide anesthesia and/or treatments to **4 or more** outpatients simultaneously.
- NFPA 101 Chapters 20 (New) or 21 (Existing) for Ambulatory Health Care Occupancy shall apply.

HB-1297 Occupancy Determination Examples



30'+

Hospital-owned:
3 HBO chambers



Hyperbaric Oxygen (HBO) Treatment

Business Occupancy

No more than 3 outpatients rendered incapable of self-preservation.

No DHSR review required.

One Critical CMS Factor

For Ambulatory Surgery Centers, CMS regulations amend NFPA 101:

If surgery is performed on **just one** outpatient, the facility is to be considered an Ambulatory Health Care Occupancy under NFPA 101.

DHSR review required.

HB-1297 exemption no longer applies.



HB-1297 Occupancy Determination Examples



30'+

Hospital-owned:
3 HBO chambers

Hospital expansion:
1 additional chamber



Hyperbaric Oxygen (HBO) Treatment

Business Occupancy as well as Ambulatory Health Care when **4 or more** patients are rendered incapable of self-preservation.

Facility must now meet NFPA 101 Chapters 20 and 38 requirements.

DHSR review required.

HB-1297 exemption no longer applies.

HB-1297 Occupancy Determination Examples

Facilities may be single or multi-tenant as well as multi-occupancy.

Following are several examples of determining whether Business or Ambulatory Health Care Occupancy is required.

HB-1297 Occupancy Determination Examples



30'+

Hospital-owned:
3 HBO chambers

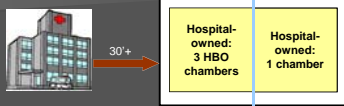
Other owner:
1 chamber

Separate owners with distinct spaces, each considered Business Occupancy.

Must have 1-Hour Fire Barrier tenant separation.

No DHSR review required.

HB-1297 Occupancy Determination Examples



If the Hospital acquires additional Business Occupancies within the building:
Business Occupancy as well as Ambulatory Health Care apply (if 4 or more patients are rendered incapable of self-preservation);
The building must meet NFPA 101 Chapters 20 and 38 requirements;
The tenant separation is no longer needed between Hospital-owned spaces.
DHSR review required.
HB-1297 exemption no longer applies.

Summary

To determine whether or not to review, DHSR will ask (at a minimum):

1. Will Medicare fees be billed through the hospital's provider number?
2. Is the facility further than 30' from the hospital?
3. How many patients will be rendered incapable of self-preservation?

Change of Occupancy

Consider future growth and flexibility when planning a HB-1297 exempt facility.

HB-1297: Case-By-Case

- A wide variety of medical examinations, treatments and procedures may occur in a Business Occupancy.
- Determination of HB-1297 applicability must be done on a case-by-case basis.
- Please call 919-855-3893 to discuss or request a Consultation.

Change of Occupancy

To change from Business occupancy to Business + Ambulatory Health Care may require additions or alterations of the following*:

- Smoke Barriers and Smoke Compartments [NCSBC Section 422]
- Automatic Sprinkler Systems [NCSBC Section 422]
- Fire Alarm Systems [NCSBC Section 422]
- Construction Type, Area and Height limitations [NCSBC Chapter 5]
- Occupancy Separations (including protecting supporting structure below) [NFPA 20.1.3.2 & 20.3.7]
- Separation of incidental accessory spaces [NCSBC Table 508.2.5]
- 44" wide doors and 7'-0" wide corridors [10A NCAC 13C .1404 (1)]

*This is not a complete list, refer to the Building Code, NFPA 101 and Licensure Rules for all requirements.

Questions? Suggestions?

Steven C. Lewis
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919-855-3893
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