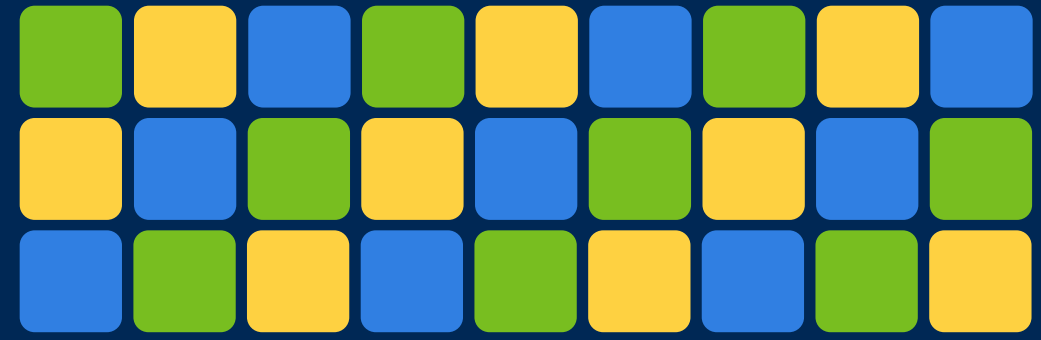




HEALTH CARE FACILITIES™ INNOVATION CONFERENCE



Using Facility Condition Assessment & CMMS to Speak to C- Suite

Nov 4, 2025



Check-in Code: HFIC1040

Agenda



- **Introductions**
- **Facility Condition Assessments**
- **Sustainability & Compliance**
- **Benchmarking**
- **Identifying Stakeholders**
- **Establishing Your Business Case**
- **Questions**

Speaker Introduction



Michele Mucia

Senior Director Healthcare Industry Solutions

Nuvolo

Michele is a 20-year healthcare veteran with B.S. degrees in Education, Business Management and working toward her M.S. Healthcare Construction Management. Her experience has been dedicated to the healthcare industry throughout her career. Her expertise encapsules CMS compliance, ASHRAE mechanical safety & NFPA codes/standards within the physical environment.

Michele has been invaluable to large IDN Healthcare systems supporting asset management, deficiency prioritization, inventory management & preventative maintenance processes. Additionally, she has supported sustainability road mapping strategies, that have proven outcomes in energy reduction/optimization.

Michele is a member of NFPA, ASHE & HESNI, KSHE & TAFHM. She has certifications in CHSP-FM, HACP and is a current Principal to NFPA 99 (since 2016), & NFPA 101 in years past. Her expertise of the use of KPI Analytical compliance assessments/inspections & data driven strategies has proven to increase FCI health in infrastructure, lean FTE facilities operations processes & increase compliance.



Learning Objectives



You will learn how to use a Facility Condition Assessment to...

- Identify/ leverage facilities compliance & historical spend
- Utilize FCA KPI to measure asset outcomes & prioritization
- Prepare measurable GAP Analysis Strategies to position facilities as a revenue producer vs cost center
- Support sustainability road maps, measure revenue risk & FCI building health via asset replacement prioritization
- Present to C-Suite & reposition facilities as a profit center

FCA & ENERGY



Healthcare Challenges or Trends in 2024/2025

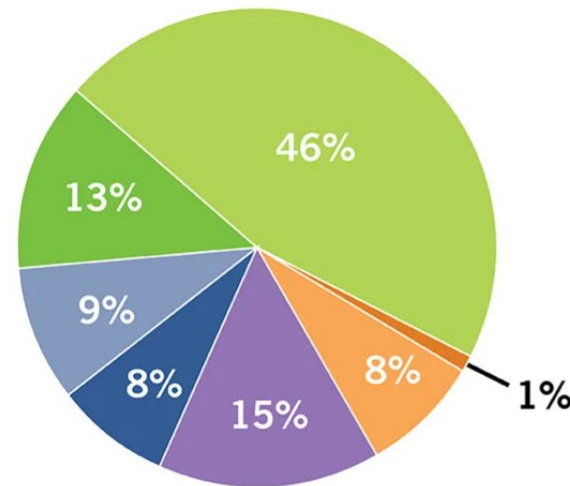
ASHE HFM Magazine Statistics

Results of the 2024 Hospital Operations Survey | HFM Magazine

\$390 million national deferred maintenance backlog

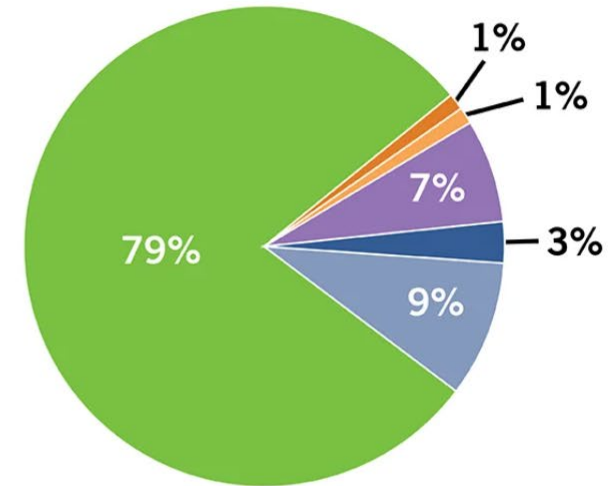
AGE OF INFRASTRUCTURE

Age of infrastructure for single health care facilities



- Less than one year old 1%
- 1-10 years old 8%
- 11-20 years old 15%
- 21-30 years old 8%
- 31-40 years old 9%
- 41-50 years old 13%
- Older than 50 years 46%

Age of oldest hospital in national and regional health care systems



- 1-10 years old 1%
- 11-20 years old 1%
- 21-30 years old 7%
- 31-40 years old 3%
- 41-50 years old 9%
- Older than 50 years 79%

Facility Condition Assessment...

Facility Condition Assessments (FCA) are a vital visual assessment process that every building owner or facility manager should conduct regularly.



Facility Condition Assessment

Evaluates the physical condition of a healthcare facility by means of infrastructure, systems, finishes, to identify and prioritize deficiencies for the life cycle & sustainability of the building, patients and occupants.

WHAT KIND OF ANALYTICS WILL BE AVAILABLE FOR ME TO SHARE WITH STAKEHOLDERS?

- Priority Scoring
- FCI Health Score
- Condition (Immediate, Short, Medium or Long-Term)
- Replacement Costs
- Compliance
- Return on Investment
- Deficiency Asset Tacking partnered with your CMMS Platform



FCA Assessment & Inventory Scrub...Standardized Nomenclature...

Visible Assessment inclusive of the following Conditions, noted Deficiencies for planning purposes

- Site Topography
- Plumbing
- Structure and Frame-Building Envelope
- Curtain Wall/Facade
- Roofing/Slope
- Heating/Cooling (Mechanical)
- Boilers & Chillers

- Electrical Panels
- Vertical Transportation
- Life Safety Equipment & Fire Life Safety
- Interior Elements Code Inquiries/Document Reviews
- ADA Title II III
- Mold Mitigation
- Document Review



ASTM Standard E2018-24...



- **Purpose** The purpose of this guide is to provide a framework for conducting a *property condition assessment*
- **Physical Deficiencies** identify and communicate material physical deficiencies to a user.
- **Walk-Through Survey** to identify physical deficiencies and recommends various building systems and building components that should be prioritized by a firm who specialized in PCA/FCAs.
- **Document Reviews & Interviews** scope to augment the walk-through survey to assist in understanding the property & identifying deficiencies.



Tell the financial FCA & CMMS story...

KEY COMPONENTS

- Standardized PM Routines & nomenclature
- Asset Inventory Management & FCA outcome GAP Analysis Integration
- Vendor Management (Optimization, Sustainability Opportunities, Spend Reduction, Scope Efficiency).
- WO Management (Deferred maintenance trends and historical Parts & Labor costs) Asset Operating
- (CapX planning vs Life Cycle)

- Streamlined data
- Data Migration
- Work Order Management Visibility
- Audit Records
- Security
- Benchmarking

What is a CMMS Software System? Computerized maintenance management system that...maintains a computer database of information within a hospital's maintenance operations & supports informed financial & compliance driven routines for all assets.



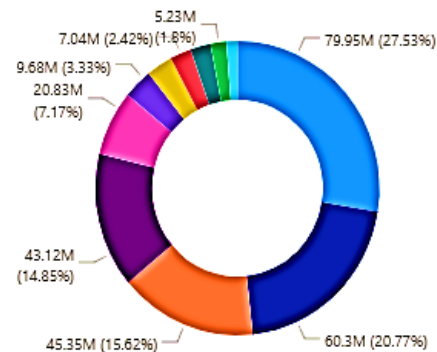
Dashboard Financial Analytics FCA...

Plan Type

- Lifecycle/Renewal
- Performance/Integrity
- Modernization/Adaptati...
- Safety
- Adaptation/Modernizati...
- Accessibility

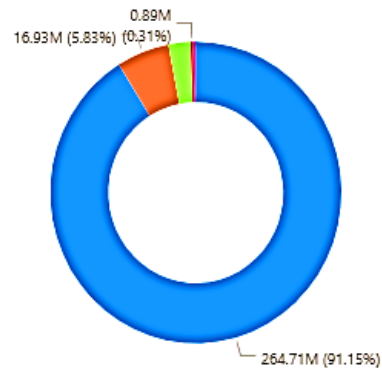
- 🏠 All Facilities
- 🔍 All Assets
- 📊 Reports & Graphs
- 📄 Documents
- 📁 Cost Library ▾
- 📅 Capital Planning
- 👤 epiller ▾
- ❓ Help ▾
- ⚙️ Admin ▾

Reserve by Hotel

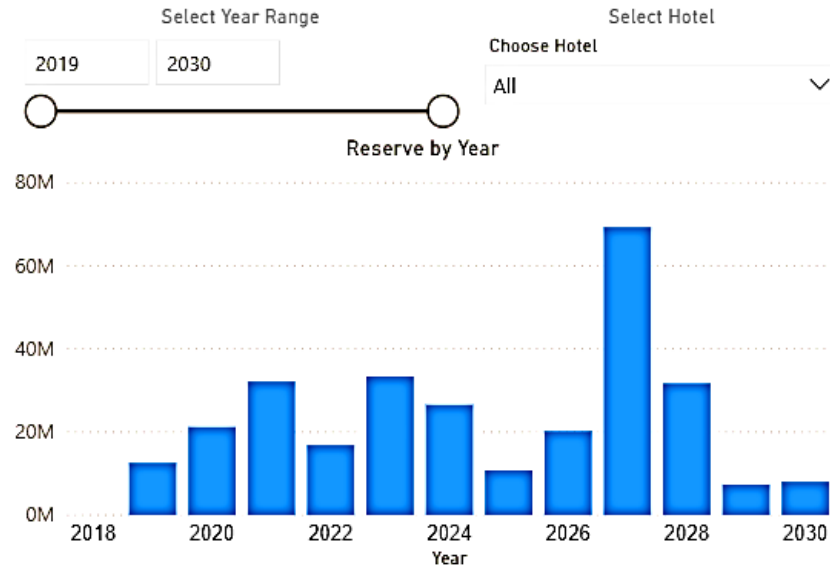


- Hotels**
- Hilton New Orleans Riv...
 - Hilton Grand Wailea - ...
 - Hilton Arizona Biltmore...
 - Hilton Hotel Del Coron...
 - Hilton Bahia Mar a Dou...
 - Hilton McLean Tysons ...
 - Hilton Aruba
 - Hilton Cleveland Downt...
 - Hilton Curacao
 - Embassy Suites Phoenix...
 - Conrad DC

Reserve by Plan Type



- Plan Type**
- Lifecycle/Renewal
 - Performance/Integrity
 - Modernization/Adaptati...
 - Safety
 - Adaptation/Modernizati...
 - Accessibility



Est Cost	Action/Activity	Hotel
694,980	Elevator, Overhead Traction, 2000 to 5000 LB, 6-15 Floors, Re...	Hilton Bahia Mar a DoubleTree H
694,980	Elevator, Overhead Traction, 2000 to 5000 LB, 6-15 Floors, Re...	Hilton Grand Wailea - Waldorf
694,980	Elevator, Overhead Traction, 2000 to 5000 LB, 6-15 Floors, Re...	Hilton Hotel Del Coronado
694,980	Elevator, Overhead Traction, 2000 to 5000 LB, 6-15 Floors, Re...	Hilton New Orleans Riverside
1,021,020	Elevator, Overhead Traction, 2000 to 5000 LB, 16-25 Floors, Re...	Hilton New Orleans Riverside
5,053,386	Plumbing System, Supply & Sanitary, Medium Density (excl f...	Hilton Bahia Mar a DoubleTree H
5,464,752	Electrical Distribution System, Multi-Family, Upgrade	Hilton Bahia Mar a DoubleTree H
5,499,000	HVAC System Hydronic Piping, 4-Pipe, Replace	Hilton Hotel Del Coronado
5,574,432	BAS/HVAC Controls, Extensive/Robust BMS or Smart Building ...	Hilton Grand Wailea - Waldorf
6,760,039	HVAC System Hydronic Piping, 2-Pipe, Replace	Hilton Grand Wailea - Waldorf
Total		

<http://assetcalc.net>

Microsoft Power BI

1 of 2



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FCA & CMMS PLATFORMS

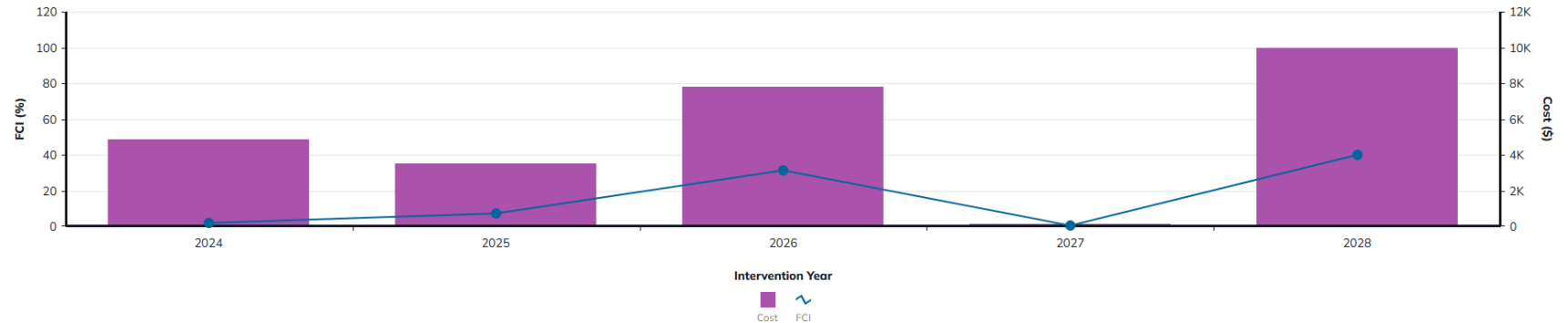
TELL THE ENGINEERING STORY

- Asset Tag
- Make
- Model
- Serial
- Barcode
- Year Installed

FCI Health & Benchmark

<i>Replacement Value</i>	<i>Total SF</i>	<i>Cost/SF</i>
\$ 4,757,000	32,555	\$ 146.12

COST & FCI BY INTERVENTION YEAR



Filters | Multi-Year | Single Year | **Plan Items** | Surveys | Scenarios

Name	Action	Priority	Score	Intervention Year	Intervention Cost
Deficiencies: Block Heater wear	Repair	1	31	2025	\$200.00
Deficiencies: Rust and/or water in secondary condensate drain pan.	Repair	1	55	2025	\$322.30
Deficiencies: Control Malfunction	Repair	1	45	2025	\$1,000.00
Deficiencies: Support bracket is corroding	Repair	2	14	2026	\$300.00
Deficiencies: Dead Battery	Repair	2	31	2026	\$500.00
Deficiencies: Leaky	Repair	3	6	2026	\$500.00
Deficiencies: broken wall	Repair	3	15	2026	\$1,200.00
Deficiencies: ceiling tile missing	Repair	3	6	2027	\$250.00
Deficiencies: Carpet has lots of wear and tear	Repair	3	3	2027	\$600.00

Excellent

Good

Fair

Poor

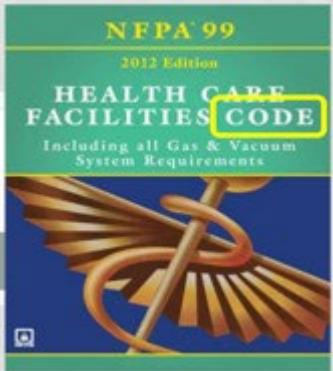
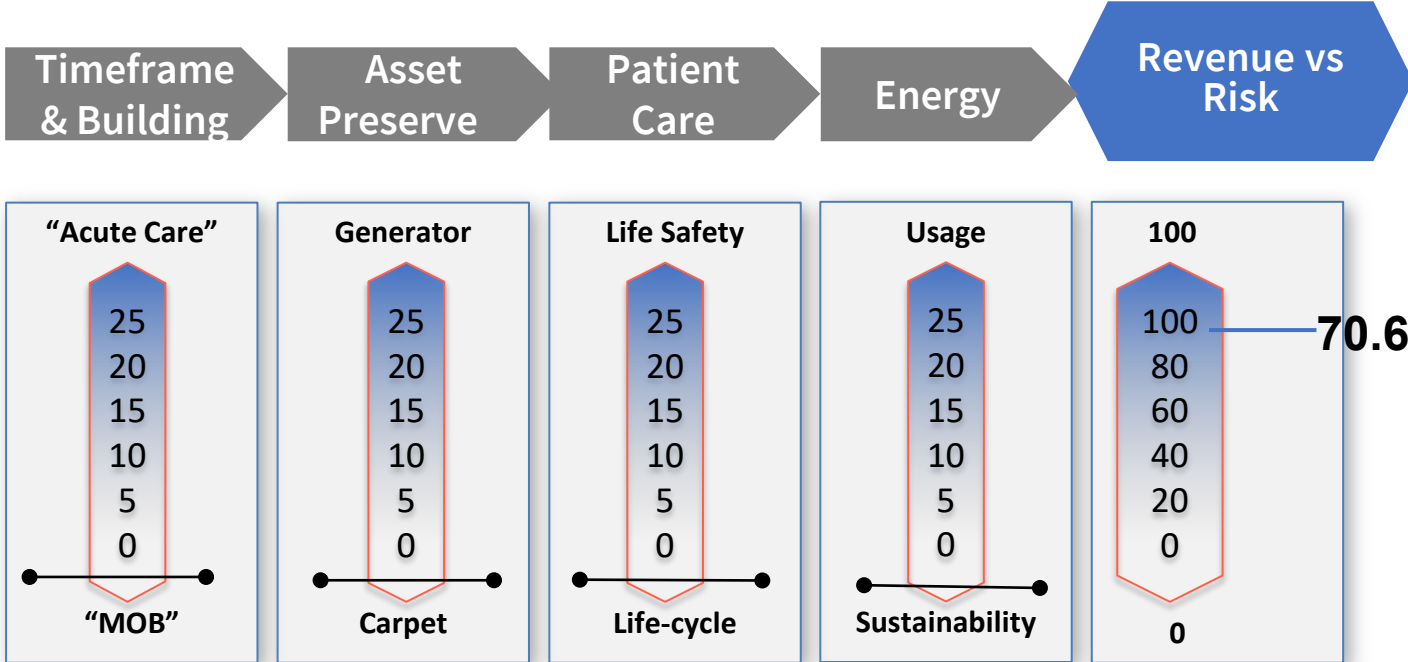
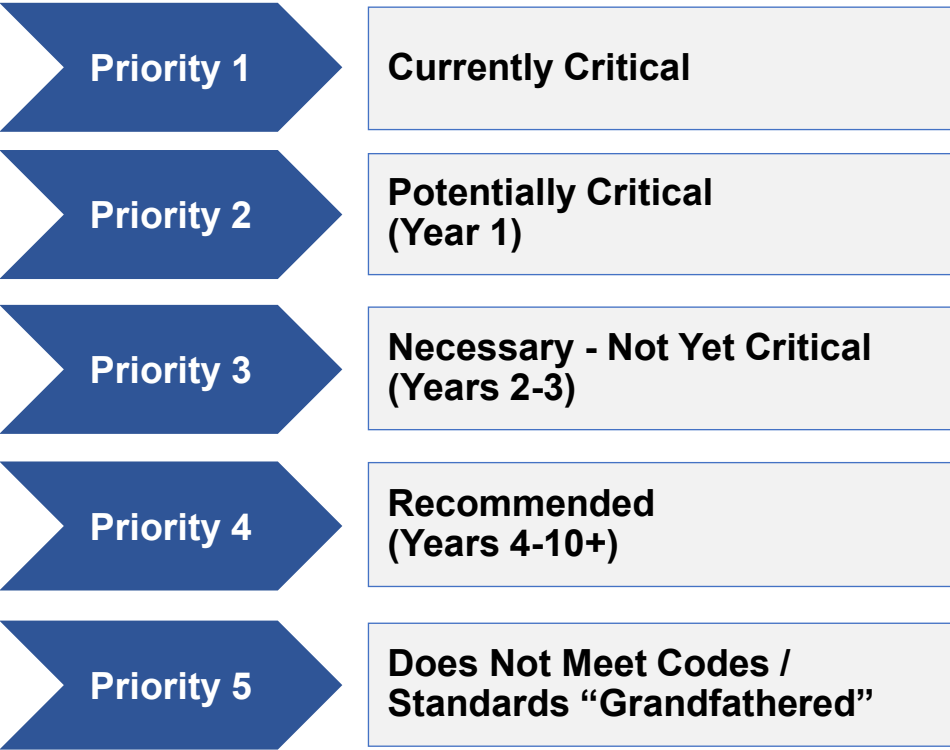
Failed

$$(FCI) = \frac{\text{CAPITAL NEEDS}}{\text{CURRENT REPLACEMENT VALUE}}$$

Asset Replacement Prioritization...

ASSET PRIORITY RANKING CATEGORICAL RISK

HEALTHCARE ASSET PRIORITY CATEGORIES



Priority Ranking...Based on NFPA 99 MEP Life Safety Branch Criticality, ADA & NFPA/ASHRAE Code Requirements & relevant K-Tags

FCA System Replacement Costs...

System Expenditure Forecast						
System	Immediate	Short Term (1-2 yr)	Near Term (3-5 yr)	Med Term (6-10 yr)	Long Term (11-20 yr)	TOTAL
Structure	-	\$9,100	\$14,900	\$100	\$15,724,300	\$15,748,500
Facade	\$28,600	\$6,689,400	\$1,128,900	\$18,470,600	\$18,719,900	\$45,037,400
Roofing	\$1,288,200	\$3,646,400	\$5,319,000	\$4,550,400	\$6,837,200	\$21,641,200
Interiors	\$160,300	\$3,978,700	\$21,567,900	\$33,087,200	\$93,481,900	\$152,276,000
Conveying	-	\$2,349,600	\$3,371,900	\$6,762,700	\$15,591,400	\$28,075,600
Plumbing	\$25,813,700	\$1,257,400	\$7,668,300	\$5,243,700	\$29,321,000	\$69,304,200
HVAC	\$958,100	\$15,505,100	\$11,000,000	\$32,121,500	\$82,200,500	\$141,785,400
Fire Protection	-	\$1,204,800	\$3,404,100	\$3,348,500	\$9,206,200	\$17,163,500
Electrical	\$11,195,300	\$5,274,200	\$5,259,900	\$17,290,900	\$94,779,800	\$133,800,000
Fire Alarm & Electronic Systems	\$10,819,800	\$1,058,700	\$2,441,100	\$17,532,000	\$73,450,900	\$105,302,400
Equipment & Furnishings	-	\$308,100	\$4,971,600	\$9,611,100	\$10,904,900	\$25,795,700
Special Construction & Demo	-	\$20,500	-	\$59,500	\$215,600	\$295,600
Site Development	\$400	\$55,000	\$216,000	\$1,037,600	\$1,412,000	\$2,720,900
Site Utilities	-	\$669,100	\$525,600	\$1,334,300	\$597,900	\$3,126,800
Site Pavement	\$106,200	\$565,300	\$1,299,200	\$3,925,800	\$21,922,700	\$27,819,100
Follow-up Studies	\$28,900	-	-	-	-	\$28,900
Accessibility	-	-	\$7,200	-	-	\$7,200
TOTALS (7% inflation)	\$50,399,500	\$42,591,300	\$68,195,700	\$154,375,700	\$474,366,200	\$789,928,400



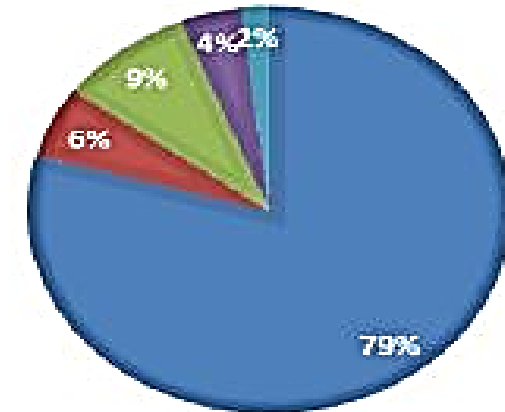
Include Energy Assessments...

Summary of Financial Information for Recommended Energy Conservation Measures

ITEM	ESTIMATE
Net Initial ECM Investment <i>(Current Dollars Only)</i>	\$ 355,066 <i>(In Current Dollars)</i>
Estimated Annual Cost Savings <i>(Current Dollars Only)</i>	\$ 253,342 <i>(In Current Dollars)</i>
ECM Effective Payback	1.40 years
Estimated Annual Energy Savings	9.18%
Estimated Annual Energy Utility Cost Savings <i>(Excluding Water)</i>	8.15%
Estimated Annual Water Cost Saving	0.39%

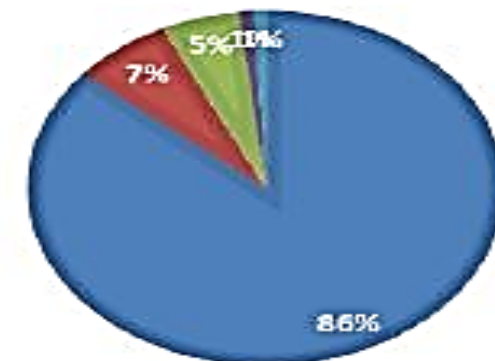
PROJECTED INITIAL INVESTMENT

■ Controls ■ HVAC ■ Lighting ■ Motors ■ Plumbing



PROJECTED ANNUAL SAVINGS

■ Controls ■ HVAC ■ Lighting ■ Motors ■ Plumbing

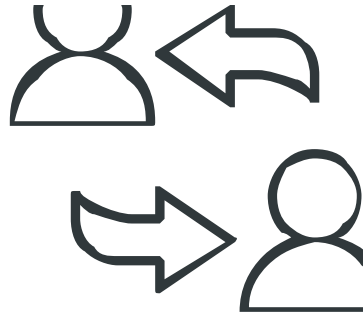


FCA & CMMS Support Sustainability Outcomes...



MANAGE

Benchmark your facility's energy consumption, establish a baseline and track over time.



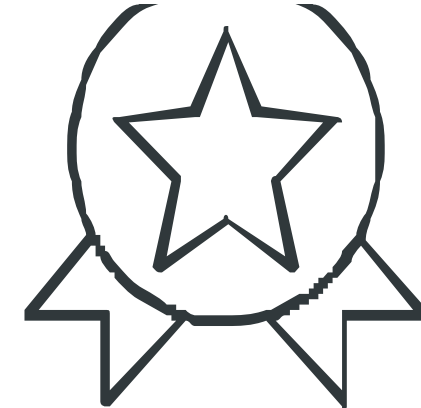
LEARN

Educate yourself and your team on energy consumption trends and best practices.



REDUCE

Participate in exercises to save energy and resources that can be put back into patient care.



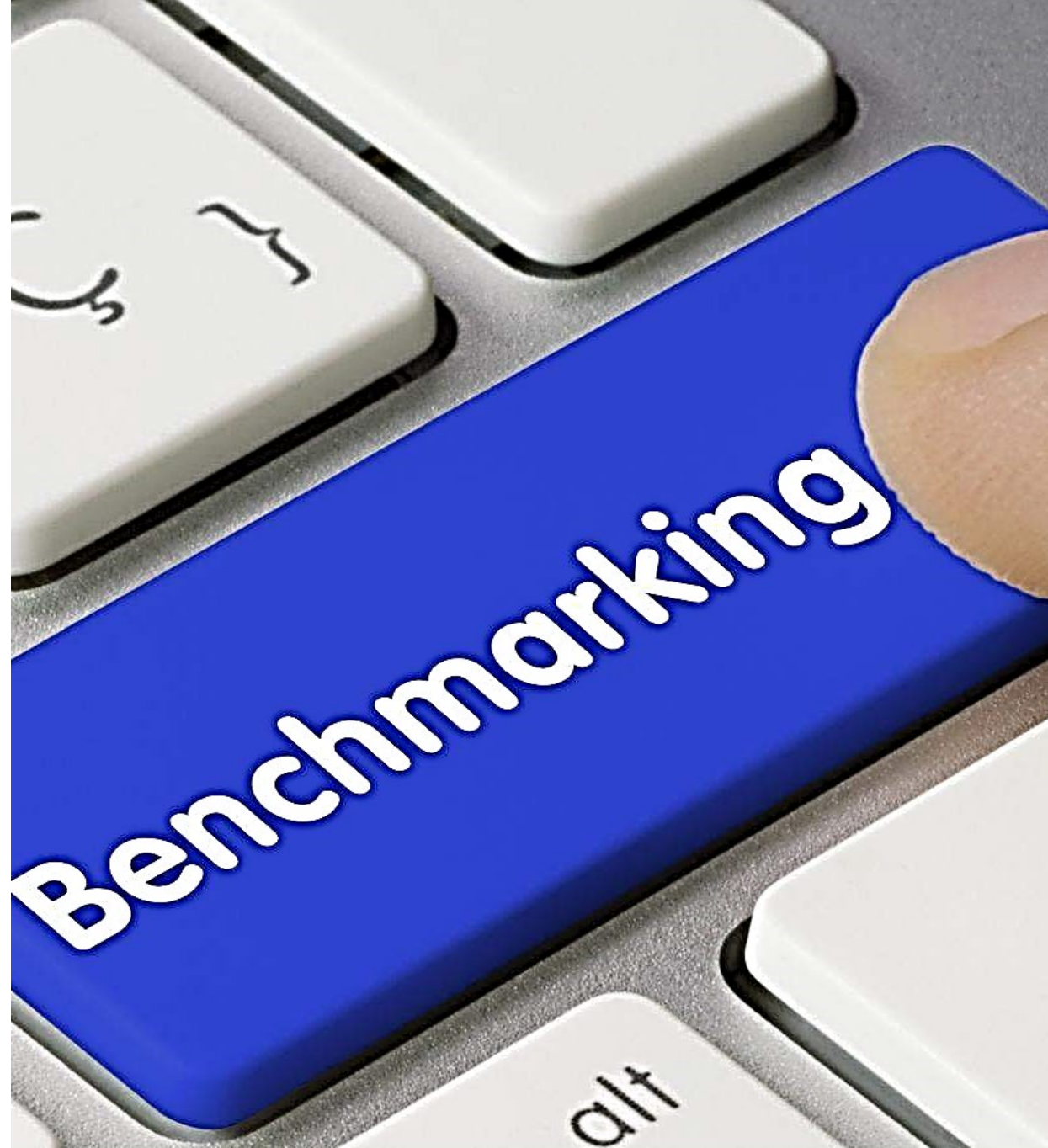
RECOGNITION

Participate in a national energy awards program and be acknowledged for hard work and expertise.



BENCHMARKING STRATEGIES

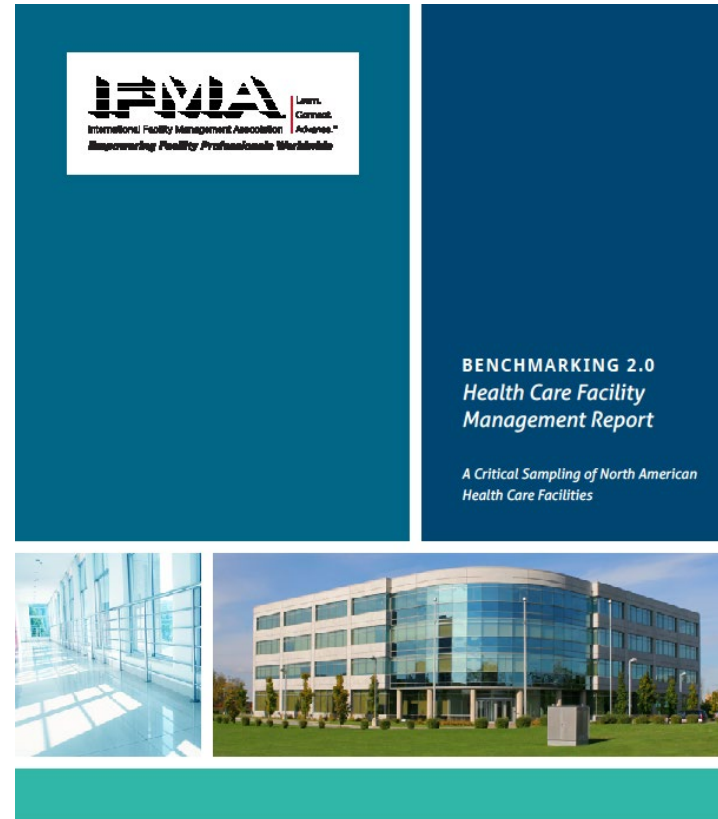
WHAT IS YOUR COST PER SQUARE FOOT?



Benchmarking – Healthcare Curriculum...

Internal, External, Strategic, Performance Competitive

ASHE Benchmarking 2.0



Outcomes: higher profits, lower hospital readmissions or hospital-acquired infections, higher physician productivity, or lower labor or supply costs per adjusted discharge.



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Benchmarking in Healthcare...

Incorporates innumerable measures across *every department*. At the executive level, below are **the top hospital finance and operational benchmarks** to be tracked at different levels, including provider, department, hospital & health system.

- **Operating Margin**
- **Volume:** Utilization Tracking
- **Revenue:** Cashflow Distribution
- **Total Expense:** Total cost of ownership
- **Labor & Productivity Expense:** FTEs of labor & time that produce volume output
- **Costs by Payer:** Evaluating health insurance ...the impact on the bottom line
- **Physician Investment:** Track system spends on subsidize physician practices
- **Compensation:** Evaluate Employee Salaries

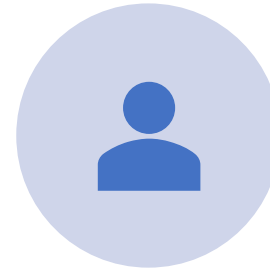
Favorable Outcomes: higher profits, lower hospital readmissions or hospital-acquired infections, higher physician productivity, or lower labor or supply costs per adjusted discharge.



Shift Facilities From Cost Center to Revenue Center...



Identify Energy Demand Flow...
opportunities to reduce energy via
BMS Systems, RTUs etc.
FCA Equipment Prioritization
Deficiency Break Fix CMMS



Identify power utilization of distributed
power generation by exploring
loading & unloading profiles



Comprehensive Peak Shaving
Feasibility Studies, Vendor Contract
Management Renegotiations CMMS
(Parts, Labor Rates Service
Contracts



Research Rebates offered by local
utilizes companies & state and
federal programs. If you are non-for
profit look for FEMA dollars/programs



Optimizing the Utility Rate analyzing
utilities tariffs in deregulated utilities
markets

Where is the low hanging fruit?



K-Tag Preparedness Survey Readiness Checklist and Crosswalk

This document provides a comparison of the regulations applicable to most hospitals. It is important to verify the editions of the codes and standards that are applicable in your jurisdiction. Some jurisdictions may have adopted a different edition of the building code for construction. Many states have adopted other editions of the NFPA's Life Safety Code®. For additional information, contact your state agency responsible for licensing hospitals. This resource represents CMS form 2786R Fire Safety Survey Report 2012 Code – Health Care, available at the time of publication (January 2021).

K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
00	General Requirements	List in the REMARKS section, any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K- tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	NFPA 101 <ul style="list-style-type: none"> 18.1 19.1 	TJC <ul style="list-style-type: none"> LS.02.01.10 - EP 15 HFAP <ul style="list-style-type: none"> 11.04.11 13.00.01 DNV <ul style="list-style-type: none"> PE.1.SR.3 PE.2.SR.1a PE.2.SR1c PE.2.SR1d PE.2.SR.13a-d 	
11	Building Rehabilitation	Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: <ul style="list-style-type: none"> Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1 Requirements of Chapter 18 and 19 	NFPA 101 <ul style="list-style-type: none"> 3.3.229; 3.3.228; 3.3.178; 3.3.222 18/19.4.3 Chapter 43 	TJC <ul style="list-style-type: none"> LS.02.01.10 - EP 2 HFAP <ul style="list-style-type: none"> 11.07.06 13.00.02 13.00.03 DNV <ul style="list-style-type: none"> PE.1.SR.3 PE.2.SR.7 PE.2.SR.13a-d 	NFPA 101: Chapter 43 Building Rehabilitation (2016) James S. Peterkin
	Change of Use or Change of Occupancy	Change of Use or Change of Occupancy <ul style="list-style-type: none"> Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2 18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7) 	NFPA 101 <ul style="list-style-type: none"> 3.3.42 3.3.43 19.1.1.4.2 43.7 	TJC <ul style="list-style-type: none"> LS.02.01.10 - EP 3 HFAP <ul style="list-style-type: none"> 13.00.01 DNV <ul style="list-style-type: none"> PE.2.SR.1a 	NFPA 101: Chapter 43 Building Rehabilitation (2016) James S. Peterkin
	Additions	Additions Any building undergoing an addition shall comply with the requirements of Section 43.8. <ul style="list-style-type: none"> If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a 2-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors with at least a 1 1/2-hour fire resistance rating. Additions comply with the requirements of Section 43.8 (additions). <ul style="list-style-type: none"> 18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3), 18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and 4.6.11), 19.1.1.4.1.1 (8.3), 19.1.1.4.1.2, 19.1.1.4.1.3, 43.1.2.3(43.8) 	NFPA 101 <ul style="list-style-type: none"> 3.3.5 43.8 18/19.1.1.4.1 	TJC <ul style="list-style-type: none"> LS.02.01.10 - EP 4 LS.02.01.10 - EP 7 HFAP <ul style="list-style-type: none"> 13.00.02 DNV <ul style="list-style-type: none"> PE.2.SR.13d 	NFPA 101: Chapter 43 Building Rehabilitation (2016) James S. Peterkin

Compliance & Risk to Life

LIKELIHOOD TO HARM

	Immediate Threat to Life		
HIGH (Harm could happen at any time)			
MODERATE (Harm could happen occasionally)			
LOW (Harm could happen but would be rare)			

LIMITED	PATTERN	WIDESPREAD
(Unique occurrence that is not representative of routine/regular practice and that has the potential to impact only one or a very limited number of patients/visitors/staff)	(Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients/visitors/staff)	(Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most or all patients/visitors/staff)

Remind Leadership of Survey Scoring...



Revisions to LD.03.01.01

Hospital Accreditation Program

Standard LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the hospital.

Element of Performance for LD.03.01.01

1. Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
2. Leaders prioritize and implement changes identified by the evaluation.
3. Leaders provide opportunities for all individuals who work in the hospital to participate in safety and quality initiatives.
4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.
5. Leaders create and implement a process for managing behaviors that undermine a culture of safety.
6. Leaders provide education that focuses on safety and quality for all individuals.
7. Leaders establish a team approach among all staff at all levels.
8. All individuals who work in the hospital, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality. (See also LD.04.04.05, EP 6)
9. Literature and advisories relevant to patient safety are available to all individuals who work in the hospital.
10. Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital.



IDENTIFYING STAKEHOLDERS



Identify the Stakeholders...*Who is your audience?*

Healthcare C-Suite Stakeholders

- **C-suite officers *collaborate*** to ensure the smooth functioning & high facility performance. Make collective decisions on budget allocation, patient care standards, hospital growth strategies, management duties & much more.
- **Chief Financial Officer (CFO)** works closely with the Chief Operating Officer (COO) to allocate resources efficiently.
- **Chief Marketing Officer (CMO)** collaborates with Chief Human Resources Manager (CHRM) to ensure that the hospital attracts both patients & quality staff.
- **Chief Surgical Officer or Chief Nursing Officer (CNO)** Creates a compliant safe healing environment



C-Suite Healthcare Challenges...

Rising Costs

- Inflation
- Supply Chain Challenges
- Political Climate Economical Challenges
- Reimbursement Challenges

Healthcare Reform Regulations

- Policy
- Price Transparency
- Cyber Security Issues

Patient Experience

- Center Based Care
- Access to Care
- Technology



Stakeholder Priorities...

Key Steps Business Case:

- Identify Stakeholders
- Data Collection & Evidence
- Focused Objective & Mission Statement to create a healthy sustainable healing environment
- Financial Options, Risk and ROI (Gap Analysis)

What is important to a Stakeholder?

- Obtain Best Value for purchase or investment, maintaining & repurposing existing
- Optimizing Physical Environment Compliance
- Cost Reduction & Sustainable Approaches
- Risk of Inaction vs Reaction
- Best Practices of Patient Care & Revenue
- Priority –Program-Funding-Master Planning-Scoring-Space Utilization

METHODS TO ESTABLISHING BUSINESS CASE



Step 1: Gap Analysis Data Collection...

The Basic Process of Gap Analysis

The Basic Process of Gap Analysis



STEP 2: CMS Cost Avoidance vs Cost Savings...

Determination of Savings:

Savings is categorized as either “**soft**” or “**hard**” savings. The term “soft savings” correlates to **cost avoidance** while “hard savings” correlates to **cost savings**.

Soft Savings / Cost Avoidance: Indirect savings improves capacity, regains process controls, or avoids planned spending through improvements or efficiencies. Savings or avoidance **removes the expenses from a specific process** for which the savings dollar does not affect budget levels.

Hard Savings / Cost Savings: The removal of expenses from a specific process is classified as hard savings. Hard savings **provide direct improvement to the bottom line**. They may or may not be recognized in budgetary levels. The savings may be redirected to create more buying power for the customer.



Step 3: CMS Cost Avoidance vs Cost Savings...

Calculation/Validation:

Document the appropriate cost savings/avoidance templates available from CMS Schedule A

Validation:

You will need to validate your cost saving or cost avoidance through examples of a processes past state, current state and desired state and determine the new cost savings and or cost avoidance

Reporting:

Report analysis to leadership & CMS in accordance with schedule A. Leadership is responsible to manage a lean, safe healing environment that has sustainable, governance for patients, staff, the public & infrastructure.



Step 4: Build Story Using Data-Driven Gap Analysis Benefits...

- Reduction of FTE/Staffing Costs

(Break Fix)

Overtime, Labor, Safety

- Space Utilization Master Planning
- WO Management
- CMMS PM Routines
- Energy Star Award Go Green Sustainability Road mapping
- Cost Savings Cost Avoidance
- Consumption Reduction

- Centralizing Procurement
- Vendor Management (scope accountability).
- Proper Evidence of Compliance Documentation
- Increase in HCAHP Scores (7% of Hospital Revenue)
- Improve Survey Results increasing reimbursement



Step 5: Comparison Data-Driven Gap Analysis Risk of Inaction/Action

- CMS Past Survey Negative Scoring Impacts
- Risk of ILSM (Identify GAPS)
- Lead time parts CAPX Equipment Risk & OPX
- Historical Energy/Utilities Costs Demand Flow
- Cost of FCA

- Cost of Energy Older OEM MEP
- CMMS System Investment
- Infection control issues extended patient stays or death/law suites
- Deferred maintenance costs (3xs as high since Covid nationally).
- OR Downtime...100k-300k per day depending on the services performed.

Example!

Healthcare ROI is expressed as a percentage by multiplying by 100!

Replacement Costs & ROI:

Example: If purchasing a new OR AHU will cost \$100,000 *and it supports a space that produces on average* 300,000 per day the ROI for the investment which is **revenue** the equation is $300,000/100,000 = 3\%$ or 300%

Cost & Patient/Safety Risks:

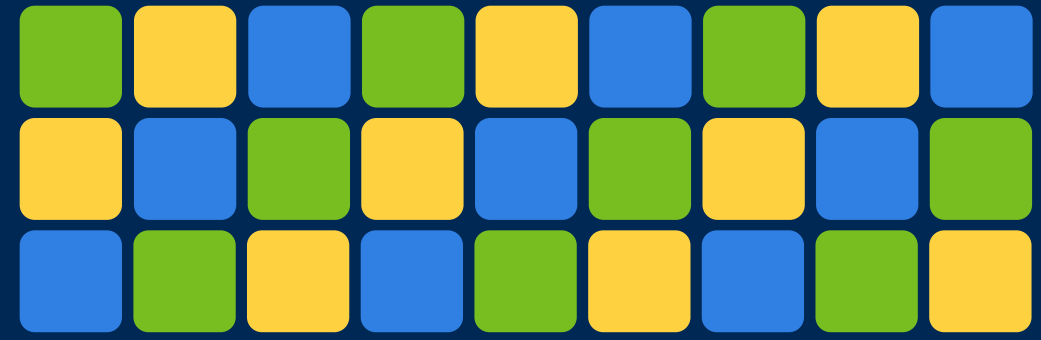
- Downtime is the OR a loss of 300,000 dollars per day in OR according to accounting (Supports Heart Procedures) ***Impacts Patient Satisfaction, Surgeons who are commissioned on procedures***
- Lead time on equipment is 30 days = \$9,000,000 of lost revenue
- Emergency OEM/GC Project Labor Costs (Investment)=\$500,000
- Average Annual Energy Cost =50,000 (**Cost avoidance soft savings**)
- The total replacement costs over the last 3 years/Labor was \$500,000 which is affecting my FTE/Benchmarking by X increasing my cost per square foot to X, as well as staff utilization and internal external labor
- Equate in NFPA codes & standards from Joint Commission & K-tag Requirements and COPs, ILSM past failure surveys
- How does this space support master planning, for MEP design requirements long-term?

DO THE MATH CREATE THE BUSINESS CASE!!!! KNOW THE STAKEHOLDER AND WHAT IS MEANINGFUL!!!





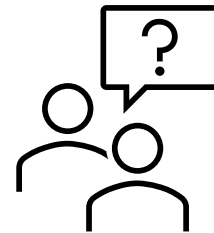
HEALTH CARE FACILITIES™ INNOVATION CONFERENCE



Questions?

Thank you for attending!

Please remember to check in to the session and complete the evaluation!



Check-in Code: HFIC1040

Appendix

Term	Definition
Labor Costs	Costs of FTE and Contractor Services
Overhead	Allocated indirect, general (global), maintenance, and/or management costs
Fully Burdened Costs	Costs including an appropriate portion of all allocated indirect/overhead costs
Base Unit Cost	Cost per unit <i>excluding</i> other cost burdens such as indirect costs or overhead
Unit Cost	Fully burdened cost per specified unit
Out-of-Pocket Costs	Actual cash outlays
External Costs and Savings	Costs that third parties are forced to bear as a consequence of the undertaking of an action by others. Therefore, any cost reduction case must consider not only the impact of the change on its own organization, but also the impact to other organizations. In addition, an organization may take an action that reduces costs for another organization. These external cost savings for other organizations should be monitored and reported as well.
Land and Facilities	Cost of land; purchases, leaseholds, easements, etc., and the cost of buildings and other real property improvements
Equipment	Any item required to accomplish the activity
Transition Costs	The expense of the impact on ongoing activities caused by transitioning to the new process
Operations and Maintenance	Ongoing costs to operate and maintain the new process
Energy and Utilities	Costs of electricity, gasoline, diesel fuel, natural gas, water, etc.
Telecommunications	Costs of communications services procured from another organization
Computer Service Costs	Costs of computer services purchased from others
Termination Costs	Costs required to dismantle, disassemble, remove, and dispose of old buildings, equipment, spare parts, etc.
Acquisition Costs	Costs of acquiring goods or services either by own organization or third party

Appendix

Benefit	Definition	Measurement Method
Cost Reduction/Savings	Take resources or other costs out of the business and provide an overall reduction of expense that falls to the bottom line	Costs should be measured by the amount of cost eliminated from the business
Increased Capacity	Improve the productivity of a process (process more with the same resources, thereby reducing the overall unit cost). Increased capacity is realized through increase services or units, or a decrease in labor hours without an equal corresponding increase in expenses	Benefits are measured by calculating the amount of expense that would have been incurred under baseline measurement for increased production, but has now not been avoided.
Cost Avoidance	Responses to competitive pressures and changing environment (such as new legislation, policy changes)	Benefits are measured as the realistic cost avoided as a result of the implementation of the new process
Revenue Growth	Increase in revenue from new business	This is measured by calculating the increase in revenue over a pre-defined period due to new business
Elimination of a Vacancy	Soft Savings/Cost Avoidance: Expense of an eliminated vacancy that was not yet approved or budgeted	One month of the vacancy's expected salary and benefits
	Hard Savings/Cost Savings: Expense of an eliminated planned vacancy that was approved and included in the budget	Actual amount of budgeted expense saved
Decreased Work Hours	Soft Savings/Cost Avoidance: Expense of the labor hour reduction without the removal of headcount	One month of decreased FTE hours multiplied by the estimated salary rate
	Hard Savings/Cost Savings: Decrease in employee expense realized in the financial statements or in budgetary levels from the decrease in reportable work hours	Actual decrease in FTE hours multiplied by the estimated salary rate.

Appendix

Benefit	Definition	Measurement Method
Decreased Employee Expense (i.e. decreased overtime, benefits, etc.)	Soft Savings/Cost Avoidance: Usually this would only be classified as hard savings. However, if there is no correlation between the project and results, the savings would be classified as soft	One month of estimated decrease in costs (decrease in hours multiplied by salary and benefits rate, and/or decrease in benefits costs multiplied by number of FTE)
	Hard Savings/Cost Savings: Decrease in employee expense realized in the financial statements or budget levels	Actual decrease in costs (decrease in hours multiplied by salary and benefit rate, and/or decrease in benefit costs multiplied by number of FTE)
Increased Capacity	Soft Savings/Cost Avoidance: Estimated cost savings of increasing throughput without corresponding expense	One month of estimated increase in net income due to increased production. (Estimated increased units multiplied by unit cost)
	Hard Savings/Cost Savings: Cost savings realized in the financial statements or budget levels from increasing throughput without corresponding expense. (i.e. decreased unit cost)	Actual increase in revenues due to increased production. (Actual increased units multiplied by unit cost)
Reduction in Space	Soft Savings/Cost Avoidance: Estimate of potential cost savings through the freeing up of floor/office space	One month cost of estimated square footage freed up. (Using AMP price/sq. ft. rates)
	Hard Savings/Cost Savings: Cost savings realized in financial statements or budget levels related to subletting or releasing floor space expense	Actual cost of estimated square footage freed up. (Using AMP price/sq. ft. rates.)

Appendix

Benefit	Definition	Measurement Method
Increased Safety	Soft Savings/Cost Avoidance: Estimate of cost savings from safety improvements (i.e. reduced insurance costs)	One month of estimated cost savings from increased safety (i.e. reduced insurance costs, less administrative filing/paperwork)
	Hard Savings/Cost Savings: Cost savings realized in the financial statements or budget levels from safety improvements (i.e. reduced insurance costs)	Actual cost savings from increased safety (i.e. reduced insurance costs, less administrative filing/paperwork)

Appendix



Designation: E2018 – 24

Standard Guide for Property Condition Assessments: Baseline Property Condition Assessment Process¹

This standard is issued under the fixed designation E2018; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reapproval.

1. Scope*

1.1 *Purpose*—The purpose of this guide is to provide a framework for conducting a *property condition assessment (PCA)* of the *primary improvements at commercial real estate properties* by performing a *walk-through survey* and conducting research as outlined within this guide.

1.1.1 *Physical Deficiencies*—The goal of the *baseline process for property condition assessments* is to identify and communicate *material physical deficiencies* to a *user*.

1.1.2 *Walk-Through Survey*—This guide outlines procedures for conducting a *walk-through survey* to identify *physical deficiencies*, and recommends various *building systems* and *building components* that should be *observed* by the *field observer*.

1.1.3 *Document Reviews and Interviews*—The scope of this guide includes document reviews, research, and *interviews* to augment the *walk-through survey* to assist with understanding the *subject property* and identification of *physical deficiencies*.

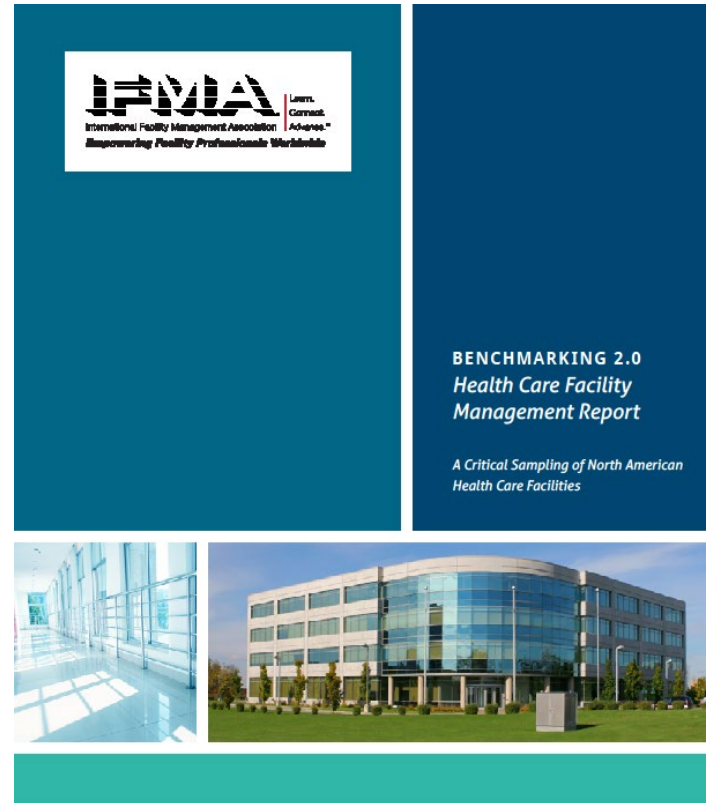
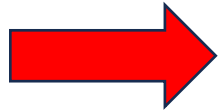
and research; and (6) recommend protocols for the *consultants* for communicating *observations*, opinions, and recommendations in a manner meaningful to the *user*.

1.3 *Out of Scope Considerations and Excluded Activities*—The use of this guide is strictly limited to the scope set forth herein. Section 12 and Appendix X1 of this guide identify, for informational purposes, certain considerations and physical conditions that may exist on the *subject property*, and certain activities or procedures (not an all-inclusive list) that are beyond the scope of this guide but may warrant consideration by parties to a *commercial real estate transaction* to enhance the PCA. *Users* should work with a knowledgeable *consultant* to identify additional considerations and concerns to be evaluated. The decision to inquire into out-of-scope considerations or extend the assessment to include excluded activities is to be made by the *user*. No assessment of out-of-scope considerations is required for a PCA to be conducted in conformance with this guide.



Appendix

Click on Me



Check-in Code: HFIC1040

CHECKLISTS & COMPLIANT ROUTINES CLICK ON EACH



The Joint Commission Big Book of Checklists



Third Edition

ASSESSMENT
DECISION
EVALUATION
PROCEDURE
TO DO



2019 Hospital Compliance Assessment Checklist



Documentation required by the Hospital Accreditation program Life Safety (LS) and selected Environment (EC) standards is presented on the following pages. These documents will be reviewed by the Life Safety upon their arrival for the on-site survey.

Other EC and LS documents may be requested by surveyors as needed, throughout the survey.

This tool is provided to organizations for use in their continuous compliance and survey readiness efforts.

Effective: 1/1/2019



K-Tag Preparedness Survey Readiness Checklist and Crosswalk

This document provides a comparison of the regulations applicable to most hospitals. It is important to verify the editions of the codes and standards that are applicable in your jurisdiction. Some jurisdictions may have adopted a different edition of the building code for construction. Many states have adopted other editions of the NFPA's Life Safety Code®. For additional information, contact your state agency responsible for licensing hospitals. This resource represents CMS Form 27089 Fire Safety Survey Report 2012 Code - Health Care, available at the time of this publication (January 2021).

K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AD Requirements	ASHE Resources
1330	General Requirements	List in the 4000000 section, any IFC Section 10.1 and 10.2 General Requirements that are not addressed by the provided k-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS 2507.	NFPA 101 • 10.1 • 10.2	TIC • LS.02.01.30 - FP 15 IFAP • 11.04.11 • 13.00.01 DW • PE1.2R.3 • PE1.2R.1a • PE1.2R.1c • PE1.2R.1d • PE1.2R.15a-d	
1331	Building Rehabilitation	Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: • Requirements of the applicable Sections 41.3, 41.4, 41.5, and 41.6.1.1.1, 41.1.1.4.1, 41.1.1.4.3, 41.1.1.4.4, 41.1.1.4.5, 41.1.1.4.6, 41.1.1.4.7, 41.1.1.4.8, 41.1.1.4.9, 41.1.1.4.10, 41.1.1.4.11, 41.1.1.4.12, 41.1.1.4.13, 41.1.1.4.14, 41.1.1.4.15, 41.1.1.4.16, 41.1.1.4.17, 41.1.1.4.18, 41.1.1.4.19, 41.1.1.4.20, 41.1.1.4.21, 41.1.1.4.22, 41.1.1.4.23, 41.1.1.4.24, 41.1.1.4.25, 41.1.1.4.26, 41.1.1.4.27, 41.1.1.4.28, 41.1.1.4.29, 41.1.1.4.30, 41.1.1.4.31, 41.1.1.4.32, 41.1.1.4.33, 41.1.1.4.34, 41.1.1.4.35, 41.1.1.4.36, 41.1.1.4.37, 41.1.1.4.38, 41.1.1.4.39, 41.1.1.4.40, 41.1.1.4.41, 41.1.1.4.42, 41.1.1.4.43, 41.1.1.4.44, 41.1.1.4.45, 41.1.1.4.46, 41.1.1.4.47, 41.1.1.4.48, 41.1.1.4.49, 41.1.1.4.50, 41.1.1.4.51, 41.1.1.4.52, 41.1.1.4.53, 41.1.1.4.54, 41.1.1.4.55, 41.1.1.4.56, 41.1.1.4.57, 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41.1.1.4.416, 41.1.1.4.417, 41.1.1.4.418, 41.1.1.4.419, 41.1.1.4.420, 41.1.1.4.421, 41.1.1.4.422, 41.1.1.4.423, 41.1.1.4.424, 41.1.1.4.425, 41.1.1.4.426, 41.1.1.4.427, 41.1.1.4.428, 41.1.1.4.429, 41.1.1.4.430, 41.1.1.4.431, 41.1.1.4.432, 41.1.1.4.433, 41.1.1.4.434, 41.1.1.4.435, 41.1.1.4.436, 41.1.1.4.437, 41.1.1.4.438, 41.1.1.4.439, 41.1.1.4.440, 41.1.1.4.441, 41.1.1.4.442, 41.1.1.4.443, 41.1.1.4.444, 41.1.1.4.445, 41.1.1.4.446, 41.1.1.4.447, 41.1.1.4.448, 41.1.1.4.449, 41.1.1.4.450, 41.1.1.4.451, 41.1.1.4.452, 41.1.1.4.453, 41.1.1.4.454, 41.1.1.4.455, 41.1.1.4.456, 41.1.1.4.457, 41.1.1.4.458, 41.1.1.4.459, 41.1.1.4.460, 41.1.1.4.461, 41.1.1.4.462, 41.1.1.4.463, 41.1.1.4.464, 41.1.1.4.465, 41.1.1.4.466, 41.1.1.4.467, 41.1.1.4.468, 41.1.1.4.469, 41.1.1.4.470, 41.1.1.4.471, 41.1.1.4.472, 41.1.1.4.473, 41.1.1.4.474, 41.1.1.4.475, 41.1.1.4.476, 41.1.1.4.477, 41.1.1.4.478, 41.1.1.4.479, 41.1.1.4.480, 41.1.1.4.481, 41.1.1.4.482, 41.1.1.4.483, 41.1.1.4.484, 41.1.1.4.485, 41.1.1.4.486, 41.1.1.4.487, 41.1.1.4.488, 41.1.1.4.489, 41.1.1.4.490, 41.1.1.4.491, 41.1.1.4.492, 41.1.1.4.493, 41.1.1.4.494, 41.1.1.4.495, 41.1.1.4.496, 41.1.1.4.497, 41.1.1.4.498, 41.1.1.4.499, 41.1.1.4.500, 41.1.1.4.501, 41.1.1.4.502, 41.1.1.4.503, 41.1.1.4.504, 41.1.1.4.505, 41.1.1.4.506, 41.1.1.4.507, 41.1.1.4.508, 41.1.1.4.509, 41.1.1.4.510, 41.1.1.4.511, 41.1.1.4.512, 41.1.1.4.513, 41.1.1.4.514, 41.1.1.4.515, 41.1.1.4.516, 41.1.1.4.517, 41.1.1.4.518, 41.1.1.4.519, 41.1.1.4.520, 41.1.1.4.521, 41.1.1.4.522, 41.1.1.4.523, 41.1.1.4.524, 41.1.1.4.525, 41.1.1.4.526, 41.1.1.4.527, 41.1.1.4.528, 41.1.1.4.529, 41.1.1.4.530, 41.1.1.4.531, 41.1.1.4.532, 41.1.1.4.533, 41.1.1.4.534, 41.1.1.4.535, 41.1.1.4.536, 41.1.1.4.537, 41.1.1.4.538, 41.1.1.4.539, 41.1.1.4.540, 41.1.1.4.541, 41.1.1.4.542, 41.1.1.4.543, 41.1.1.4.544, 41.1.1.4.545, 41.1.1.4.546, 41.1.1.4.547, 41.1.1.4.548, 41.1.1.4.549, 41.1.1.4.550, 41.1.1.4.551, 41.1.1.4.552, 41.1.1.4.553, 41.1.1.4.554, 41.1.1.4.555, 41.1.1.4.556, 41.1.1.4.557, 41.1.1.4.558, 41.1.1.4.559, 41.1.1.4.560, 41.1.1.4.561, 41.1.1.4.562, 41.1.1.4.563, 41.1.1.4.564, 41.1.1.4.565, 41.1.1.4.566, 41.1.1.4.567, 41.1.1.4.568, 41.1.1.4.569, 41.1.1.4.570, 41.1.1.4.571, 41.1.1.4.572, 41.1.1.4.573, 41.1.1.4.574, 41.1.1.4.575, 41.1.1.4.576, 41.1.1.4.577, 41.1.1.4.578, 41.1.1.4.579, 41.1.1.4.580, 41.1.1.4.581, 41.1.1.4.582, 41.1.1.4.583, 41.1.1.4.584, 41.1.1.4.585, 41.1.1.4.586, 41.1.1.4.587, 41.1.1.4.588, 41.1.1.4.589, 41.1.1.4.590, 41.1.1.4.591, 41.1.1.4.592, 41.1.1.4.593, 41.1.1.4.594, 41.1.1.4.595, 41.1.1.4.596, 41.1.1.4.597, 41.1.1.4.598, 41.1.1.4.599, 41.1.1.4.600, 41.1.1.4.601, 41.1.1.4.602, 41.1.1.4.603, 41.1.1.4.604, 41.1.1.4.605, 41.1.1.4.606, 41.1.1.4.607, 41.1.1.4.608, 41.1.1.4.609, 41.1.1.4.610, 41.1.1.4.611, 41.1.1.4.612, 41.1.1.4.613, 41.1.1.4.614, 41.1.1.4.615, 41.1.1.4.616, 41.1.1.4.617, 41.1.1.4.618, 41.1.1.4.619, 41.1.1.4.620, 41.1.1.4.621, 41.1.1.4.622, 41.1.1.4.623, 41.1.1.4.624, 41.1.1.4.625, 41.1.1.4.626, 41.1.1.4.627, 41.1.1.4.628, 41.1.1.4.629, 41.1.1.4.630, 41.1.1.4.631, 41.1.1.4.632, 41.1.1.4.633, 41.1.1.4.634, 41.1.1.4.635, 41.1.1.4.636, 41.1.1.4.637, 41.1.1.4.638, 41.1.1.4.639, 41.1.1.4.640, 41.1.1.4.641, 41.1.1.4.642, 41.1.1.4.643, 41.1.1.4.644, 41.1.1.4.645, 41.1.1.4.646, 41.1.1.4.647, 41.1.1.4.648, 41.1.1.4.649, 41.1.1.4.650, 41.1.1.4.651, 41.1.1.4.652, 41.1.1.4.653, 41.1.1.4.654, 41.1.1.4.655, 41.1.1.4.656, 41.1.1.4.657, 41.1.1.4.658, 41.1.1.4.659, 41.1.1.4.660, 41.1.1.4.661, 41.1.1.4.662, 41.1.1.4.663, 41.1.1.4.664, 41.1.1.4.665, 41.1.1.4.666, 41.1.1.4.667, 41.1.1.4.668, 41.1.1.4.669, 41.1.1.4.670, 41.1.1.4.671, 41.1.1.4.672, 41.1.1.4.673, 41.1.1.4.674, 41.1.1.4.675, 41.1.1.4.676, 41.1.1.4.677, 41.1.1.4.678, 41.1.1.4.679, 41.1.1.4.680, 41.1.1.4.681, 41.1.1.4.682, 41.1.1.4.683, 41.1.1.4.684, 41.1.1.4.685, 41.1.1.4.686, 41.1.1.4.687, 41.1.1.4.688, 41.1.1.4.689, 41.1.1.4.690, 41.1.1.4.691, 41.1.1.4.692, 41.1.1.4.693, 41.1.1.4.694, 41.1.1.4.695, 41.1.1.4.696, 41.1.1.4.697, 41.1.1.4.698, 41.1.1.4.699, 41.1.1.4.700, 41.1.1.4.701, 41.1.1.4.702, 41.1.1.4.703, 41.1.1.4.704, 41.1.1.4.705, 41.1.1.4.706, 41.1.1.4.707, 41.1.1.4.708, 41.1.1.4.709, 41.1.1.4.710, 41.1.1.4.711, 41.1.1.4.712, 41.1.1.4.713, 41.1.1.4.714, 41.1.1.4.715, 41.1.1.4.716, 41.1.1.4.717, 41.1.1.4.718, 41.1.1.4.719, 41.1.1.4.720, 41.1.1.4.721, 41.1.1.4.722, 41.1.1.4.723, 41.1.1.4.724, 41.1.1.4.725, 41.1.1.4.726, 41.1.1.4.727, 41.1.1.4.728, 41.1.1.4.729, 41.1.1.4.730, 41.1.1.4.731, 41.1.1.4.732, 41.1.1.4.733, 41.1.1.4.734, 41.1.1.4.735, 41.1.1.4.736, 41.1.1.4.737, 41.1.1.4.738, 41.1.1.4.739, 41.1.1.4.740, 41.1.1.4.741, 41.1.1.4.742, 41.1.1.4.743, 41.1.1.4.744, 41.1.1.4.745, 41.1.1.4.746, 41.1.1.4.747, 41.1.1.4.748, 41.1.1.4.749, 41.1.1.4.750, 41.1.1.4.751, 41.1.1.4.752, 41.1.1.4.753, 41.1.1.4.754, 41.1.1.4.755, 41.1.1.4.756, 41.1.1.4.757, 41.1.1.4.758, 41.1.1.4.759, 41.1.1.4.760, 41.1.1.4.761, 41.1.1.4.762, 41.1.1.4.763, 41.1.1.4.764, 41.1.1.4.765, 41.1.1.4.766, 41.1.1.4.767, 41.1.1.4.768, 41.1.1.4.769, 41.1.1.4.770, 41.1.1.4.771, 41.1.1.4.772, 41.1.1.4.773, 41.1.1.4.774, 41.1.1.4.775, 41.1.1.4.776, 41.1.1.4.777, 41.1.1.4.778, 41.1.1.4.779, 41.1.1.4.780, 41.1.1.4.781, 41.1.1.4.782, 41.1.1.4.783, 41.1.1.4.784, 41.1.1.4.785, 41.1.1.4.786, 41.1.1.4.787, 41.1.1.4.788, 41.1.1.4.789, 41.1.1.4.790, 41.1.1.4.791, 41.1.1.4.792, 41.1.1.4.793, 41.1.1.4.794,			

CHECKLISTS & COMPLIANT ROUTINES CLICK ON EACH

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

2012 LIFE SAFETY CODE
Form Approved OMB Exempt

FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE HEALTHCARE	1. (A) PROVIDER NUMBER <small>K1</small>	1. (B) MEDICAID I.D. NO. <small>K2</small>
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PART I — Life Safety Code, New and Existing
PART II — Health Care Facilities Code, New and Existing
PART III — Recommendation for Waiver
PART IV — Crucial Data Extract

OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

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

2. NAME OF FACILITY <small>K3</small>	2. (A) MULTIPLE CONSTRUCTION (BLDGS)	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)	A. <input type="checkbox"/> Fully Sprinklered <small>(All required areas are sprinklered)</small>
	A. BUILDING _____		B. <input type="checkbox"/> Partially Sprinklered <small>(Not all required areas are sprinklered)</small>
	B. WING _____		C. <input type="checkbox"/> None (No sprinkler system) <small>K3100</small>
	C. FLOOR _____		

3. SURVEY FOR <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <small>K4</small>	4. DATE OF SURVEY <small>K6</small>	DATE OF PLAN APPROVAL <small>K8</small>	SURVEY UNDER 5. <input type="checkbox"/> 2012 EXISTING 6. <input type="checkbox"/> 2012 NEW <small>K7</small>
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5. SURVEY FOR CERTIFICATION OF

1. HOSPITAL 2. SKILLED NURSING FACILITY 4. ICF/IID UNDER HEALTH CARE 5. HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW

1. ENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) _____

3. IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
a. YES b. NO

6. BED COMPOSITION	a. TOTAL NO. OF BEDS IN THE FACILITY _____	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE _____	c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE _____	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID _____	e. NUMBER OF NF OR ICF/IID BEDS CERTIFIED FOR MEDICAID _____
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7. A. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

1. COMPLIANCE WITH ALL PROVISIONS 2. ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WAIVERS 4. FSES 5. PERFORMANCE BASED DESIGN

B. THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) <small>K9</small>	TITLE	OFFICE	DATE
SURVEYOR ID <small>K10</small>			
FIRE AUTHORITY OFFICIAL (Signature)	TITLE	OFFICE	DATE

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.



CHECKLISTS & COMPLIANT ROUTINES CLICK ON EACH



Hospital Appendix A Survey Readiness Checklist and Crosswalk

This checklist may help hospital facility professionals prepare for survey evaluations regarding Appendix A requirements from the Centers for Medicare & Medicaid Services (CMS). Similar to the K-Tags CMS uses for life safety, the series of A-Tags developed by CMS provide interpretive guidance for hospitals. The latest edition of Appendix A was issued on December 29, 2017. While many of the A-Tags are of a clinical or governance nature, several deal with the physical environment. This checklist and crosswalk focus only on those A-Tags dealing with the physical environment.

A-Tag	Brief Description	Survey Readiness Practices	NFPA	TJC Standard	ASHE Resources
0020	Compliance with federal, state, and local laws	<input type="checkbox"/> The hospital must ensure that all applicable federal, state, and local law requirements are met.			
0021	Compliance with federal laws related to patient health and safety	<input type="checkbox"/> Leadership must be able to describe the hospital's compliance with federal laws related to patient health and safety.		EC.02.04.01 EP5 EC.02.05.01 EP6	
0022	Hospital must be licensed.	<input type="checkbox"/> Leadership must be able demonstrate that the facility meets the statutory definition of a hospital.			
0073	The institution must have an overall institutional plan that meets the following conditions.	<input type="checkbox"/> The plan must include an annual operating budget that is prepared according to generally accepted accounting principles. <input type="checkbox"/> The budget must include all anticipated income and expenses. This provision does not require that the budget identify item by item the components of each anticipated income or expense. <input type="checkbox"/> The plan must provide for capital expenditures for at least a 3-year period. <input type="checkbox"/> The plan must include and identify each anticipated capital expenditure in excess of \$600,000.		LD.04.01.03	
0084	The governing body must ensure that the services performed under a contract are provided in a safe and effective manner.	<input type="checkbox"/> All services provided under contract are subject to the same hospital-wide quality assessment and performance improvement (QAPI) evaluation as other services provided directly by the hospital.		LD.01.03.01 EP21 LD.04.03.09	



K-Tag Preparedness Survey Readiness Checklist and Crosswalk

This document provides a comparison of the regulations applicable to most hospitals. It is important to verify the editions of the codes and standards that are applicable in your jurisdiction. Some jurisdictions may have adopted a different edition of the building code for construction. Many states have adopted other editions of the NFPA's Life Safety Code®. For additional information, contact your state agency responsible for licensing hospitals. This resource represents CMS Form 2786R Fire Safety Survey Report 2012 Code – Health Care, available at the time of this publication (September 2022).

K-Tag	Brief Description	Survey Readiness Practices	Codes and Standards References	AO Requirements	ASHE Resources
K100	General Requirements COP: § 482.41(b)(1)(i)	List in the REMARKS section, any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	NFPA 101 <ul style="list-style-type: none"> 18.1 19.1 	TIC <ul style="list-style-type: none"> LS.02.01.10 - EP 15 HFAP <ul style="list-style-type: none"> 11.04.11 13.00.01 DNV <ul style="list-style-type: none"> PE.1.SR.3 PE.2.SR.1a PE.2.SR.1C PE.2.SR.1d PE.2.SR.13a-d 	
K111	Building Rehabilitation COP: § 482.41(b)(1)(i)	Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: <ul style="list-style-type: none"> Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1 Requirements of Chapter 18 and 19 Change of Use or Change of Occupancy <ul style="list-style-type: none"> Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2 18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7) 	NFPA 101 <ul style="list-style-type: none"> 3.3.229; 3.3.228; 3.3.178; 3.3.222 18/19.4.3 Chapter 43 IFC 1101.1 Scope. IFC 1101.2 Intent. IFC SECTION 1105 CONSTRUCTION REQUIREMENTS FOR EXISTING GROUP 1-2 <ul style="list-style-type: none"> IFC 1105.1 General. NFPA 101 <ul style="list-style-type: none"> 3.3.42 3.3.43 19.1.1.4.2 43.7 IBC 202 Definitions <ul style="list-style-type: none"> [A] CHANGE OF OCCUPANCY 	TIC <ul style="list-style-type: none"> LS.02.01.10 - EP 2 HFAP <ul style="list-style-type: none"> 11.07.06 13.00.02 13.00.03 DNV <ul style="list-style-type: none"> PE.1.SR.3 PE.2.SR.7 PE.2.SR.13a-d 	NFPA 101, Chapter 43 Building Rehabilitation (2016) James S. Peterkin
				TIC LS.02.01.10 - EP 3 HFAP <ul style="list-style-type: none"> 13.00.01 DNV <ul style="list-style-type: none"> PE.2.SR.1a PE.2.SR.13a-d 	NFPA 101, Chapter 43 Building Rehabilitation (2016) James S. Peterkin

