



WASHINGTON STATE PATROL – STATE FIRE MARSHAL’S OFFICE
INSPECTION SECTION

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10 Most Common Ambulatory Surgery Center Violations

From Fire Code Inspections Conducted By
The State Fire Marshal’s Office

Data compiled from January 1 through December 31, 2016

1. Emergency Lighting	
Emergency lighting of at in accordance with 7.9 at least 1-1/2 hour duration is provided automatically. 20.2.9.1, 21.2.9.1, 7.9	
<p>Problem</p> <ul style="list-style-type: none"> Not conducting and documenting the 30 second monthly test and the 90 minute annual test of the emergency lighting. 	<p>How to Avoid or Address the Problem</p> <ul style="list-style-type: none"> Make electronic reminders to do the testing on the same day every month.

2. Multiple Occupancies	
<p>Multiple occupancies shall be in accordance with 6.1.14. Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following:</p> <ul style="list-style-type: none"> The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access They are separated from the ambulatory health care occupancy by a 1 hour fire resistance rating Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following: <ul style="list-style-type: none"> Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches. Doors are self-closing and are kept in the closed position, except when in use. Windows in the barriers are of fixed fire window assemblies per 8.3. Per regulation; ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served. 20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1,42 CFR 416.44 	
<p>Problem</p> <ul style="list-style-type: none"> The facility shares a waiting room with a clinic. 	<p>How to Avoid or Address the Problem</p> <ul style="list-style-type: none"> Apply for a waiver or split the waiting room in two with a fire wall.

3. Fire Alarm Maintenance and Testing

A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 20.3.4.2.1, 21.3.4.1, 9.6

Problem

- Not having annual maintenance
- Not replacing batteries every five years
- Not fixing issues related to the system after the annual inspection.

How to Avoid or Address the Problem

- Making sure all deficiencies are corrected as soon as possible.
- Making sure all maintenance is up to date.

4. Fire Drills

Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.

20.7.1.4 through 20.7.14.7

Problem

- Not conducting the required fire drills.

How to Avoid or Address the Problem

- Creating electronic reminders to complete fire drills.
- Make sure all fire drills are recorded.

5. Electrical System: Maintenance and Testing

Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)

Problem

- No weekly, monthly, and annual generator inspection and testing.

How to Avoid or Address the Problem

- Create electronic reminders to complete the work.

6. Electrical System: Other

List in the REMARKS section, any NFPA 99 Chapter 6 Electrical Systems 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. Chapter 6 (NFPA 99)

Problem

- Using extension cords, unapproved multi-plug adapters, exposed wiring, and junction boxes without covers.

How to Avoid or Address the Problem

- Do monthly audits of the facility to check if there are any of these deficiencies.

7. Building Construction and Type

Building construction type and stories meet Table 20.1.6.1 or Table 21.1.6.1, respectively. Construction Type I (442), I (332), II (222), Any number of stories 1 II (111), III (211), IV (2HH), non-sprinklered or sprinklered V (111) One story non-sprinklered 2 II (000), III (200), V (000) Any number of stories sprinklered Any level below the level of exit discharge shall be separated by Type II (111), Type III (211), or Type V (111) construction unless both of the following are met:

- Such levels are under the control of the ambulatory health care occupancy.
- Hazardous spaces are protected per section 8.7.

Problem

- Having penetrations in the fire rated construction.

How to Avoid or Address the Problem

- Doing monthly walk-throughs to identify and holes in the walls and filling them in with fire rated calk.

8. Evacuation and Relocation Plan

There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 20/21.7.2.1.2 and provides for all of the fire safety plan components per 20/21.7.2.2. 20.7.1.1 through 20.7.1.3, 20.7.1.8 through 20.7.2.3.3 21.7.1.1 through 20.7.1.3, 21.7.1.8 through 20.7.2.3.3

Problem

- The facility fails to provide a plan, or they do not update it or review it each year.

How to Avoid or Address the Problem

- Set an electronic reminder to update the plan every year.

9. Fire Extinguishers

Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, *Standard for Portable Fire Extinguishers*. 20.3.5.3, 21.3.5.3, 9.7.4.1, NFPA 10

Problem

- Failed to ensure fire extinguishers are properly maintained. This potentially delays a quick response to contain a fire from spreading, exposing residents to fire in the environment.
- No documentation of the portable fire extinguishers being inspected monthly for the past 12 months.

How to Avoid or Address the Problem

- Be sure fire extinguishers are refilled after each use and receive all maintenance and servicing as required.
- Ensure that monthly inspections of fire extinguishers have taken place and that a record has been kept and is available upon request.

10. Alcohol Based Hand Rubs

Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met:

- Corridor is at least 6 feet wide.
- Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols.
- Dispensers shall have a minimum of 4-foot horizontal spacing.
- Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room.
- Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30.
- Dispensers are not installed within 1 inch of an ignition source.
If floor is carpeted, the building is fully sprinkler protected.
- ABHR does not exceed 95% alcohol.
- Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11).
- ABHR is protected against inappropriate access.
- 20.3.2.6, 21.3.2.6, 8.7.3.1, CFR 416.44

Problem

- Having dispensers within 1 inch of outlets, light switches, and other electrical equipment.

How to Avoid or Address the Problem

- Do an audit whenever new dispensers are installed or every quarter.

