



How to Read Your Life Safety Code Survey Report

The survey report is the written document reporting the results of the periodic review of your building for Life Safety Code compliance. The review is part of the agreement you made when you chose to participate in the federal Medicare/Medicaid benefit program. Surveyors employed by the North Dakota Department of Health conduct on-site surveys per agreement with the Centers for Medicare & Medicaid Services (CMS) of the federal government. The building in which you provide services is compared to national fire safety standards which are identified in the Code of Federal Regulations (CFR) 483.5 through 483.75 for long term care facilities.

Along with the survey report is a 2- to 4-page cover letter which contains:

- Identification of the most prevalent findings of the survey.
- Summary of the number and types of reports in the packet.
- Identification of the essential criteria required for an acceptable plan of correction.
- Identification of the last possible date a facility is expected to be in substantial compliance.
- Identification of what will happen if substantial compliance is not achieved.
- Explanation of the procedure to follow when disagreements about survey findings have not been resolved while the surveyor was on-site.

The surveyor's report includes a statement of the standard as well as the surveyor's reported findings. The report forms and format are directed by the Centers for Medicare & Medicaid Services and are referred to as the CMS-2567L and CMS-A form.

- CMS-2567L: surveyor's report of facility practices relating to Life Safety Code compliance and fire protection issues.
- CMS-A form: surveyor's report of facility practices that are not significant to a decision of substantial compliance and are advisory to the facility.

The CMS-2567L has several parts which include:

- Statement of the relative standard identified by a "K-XXX" tag which is found in the left most column on the report.
- A base statement or surveyor's summary of the facility practice relating to the standard.
- A listing of surveyor findings which include surveyor observations, interviews, and record verification relating to the standard.

Each K-XXX tag is assigned a letter score relating to the severity and scope of the fire safety feature. **It is important to fully understand the score of each K-XXX.** The length of the report **does not** determine the score for the report.

Enclosed is a copy of the decision matrix, including definitions of severity and scope, which has been adopted by the Centers for Medicare & Medicaid Services. Some very important points are:

K-XXX tags with a score of A, B, or C mean the fire safety feature was found to be in substantial compliance and the facility is eligible for continued certification as a participant in the Medicare/Medicaid benefit program.

A	B	C

K-XXX tags with a score of D, E, F, or higher mean the fire safety feature was found to be out of compliance and must be corrected before a determination of substantial compliance can be made and continued certification recommended to the Centers for Medicare & Medicaid Services.

D	E	F

All K-XXX tags which are scored B through L require the facility to submit a written Plan of Correction (PoC). Directions for completing the plan of correction are contained in the cover letter. Each PoC must address the criteria listed in the cover letter. The PoC is reviewed to determine if the facility's plan will change the fire safety features in a manner to assure substantial compliance at all times.

When there are questions regarding the survey report, the administration of the facility is invited to discuss the questions with the Life Safety Code manager identified in the cover letter.

Important facts to remember about the survey report are:

- **The score of a K-XXX tag must be considered when reading the report.**
- **The goal is substantial compliance which is not the same as total compliance.**

Life Safety Code Scope and Severity

Severity Levels

Level I: A deficiency that has the potential for causing no more than a minor negative impact on the resident(s).

Level II: Non-compliance with the requirements of the LSC that results in no actual harm to the residents of the facility, but with the potential for more than minimal harm.

Level III: Non-compliance with the requirements of the LSC that results in actual harm.

Level IV: Non-compliance with the requirements of the LSC that results in immediate jeopardy, a situation in which immediate corrective action is necessary because the provider's noncompliance with one or more LSC requirements has caused, or is likely to cause, serious injury, serious harm, impairment or death to a resident receiving care in a facility. Facility practice establishes a reasonable degree of predictability of similar actions, situations, practices or incidents occurring in the future.

Scope Levels

Isolated: When one or a very limited number of residents are affected and/or the situation has occurred only occasionally or in a limited number of locations.

Pattern: When more than a very limited number of residents are affected and/or the situation has occurred in several locations. The effect of the deficient practices is not found to be pervasive throughout the facility.

Widespread: When the problem causing the deficiencies are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the residents.

Level IV Immediate Jeopardy to Resident Health or Safety	J	K	L
Level III Actual Harm that is not Immediate Jeopardy	G	H	I
Level II No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy	D	E	F
Level I No Actual Harm with Potential for Minimal Harm	A	B	C
	Isolated	Pattern	Widespread