Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

### ST - K0000 - INITIAL COMMENTS

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</table>

**Regulation Definition**

**Interpretive Guideline**

### ST - K0100 - General Requirements - Other

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**Regulation Definition**

**Interpretive Guideline**

General Requirements - Other 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.

### ST - K0111 - Building Rehabilitation

<table>
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<th>Title</th>
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**Regulation Definition**

**Interpretive Guideline**

NFPA 101
**Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice**

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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<tbody>
<tr>
<td>Building Rehabilitation Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following:</td>
<td></td>
</tr>
<tr>
<td>* Requirements of Chapter 18 and 19</td>
<td></td>
</tr>
<tr>
<td>* Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6</td>
<td></td>
</tr>
<tr>
<td>18.1.1.4.3, 19.1.1.4.3, 43.1.2.1</td>
<td></td>
</tr>
</tbody>
</table>

| Change of Use or Change of Occupancy | |
| 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) | |

| Additions | |
| Any building undergoing an addition shall comply with the requirements of Section 43.8. 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. | |
| 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) | |
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

ST - K0112 - Sprinkler Requirements for Major Rehabilitation

Title  Sprinkler Requirements for Major Rehabilitation
Type   Standard

NFPA 101

Regulation Definition
Sprinkler Requirements for Major Rehabilitation

If a nonsprinklered smoke compartment has undergone major rehabilitation the automatic sprinkler requirements of 18.3.5 have been applied to the smoke compartment. In cases where the building is not protected throughout by a sprinkler system, the requirements of 18.4.3.2, 18.4.3.3, and 18.4.3.8 are also met. Note: Major rehabilitation involves the modification of more than 50 percent, or more than 4500 square feet of the area of the smoke compartment.

18.1.1.4.3.3, 19.1.1.4.3.3

ST - K0131 - Multiple Occupancies

Title  Multiple Occupancies
Type   Standard

NFPA 101

Regulation Definition
Multiple Occupancies - Sections of Health Care Facilities

Sections of health care facilities classified as other occupancies meet all of the following:
* They are not intended to serve four or more inpatients.
* They are separated from areas of health care occupancies by construction having a minimum 2-hour fire resistance rating in accordance with Chapter 8.
* The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served.

18.1.3.3, 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623

**ST - K0132 - Multiple Occupancies - Contiguous Non-Health**

**Titl**e  Multiple Occupancies - Contiguous Non-Health  
**Type**  Standard

NFPA 101

**Regulation Definition**

Multiple Occupancies - Contiguous Non-Health Care Occupancies

Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served.

18.1.3.4.1, 19.1.3.4.1
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

ST - K0133 - Multiple Occupancies - Construction Type

Title  Multiple Occupancies - Construction Type
Type  Standard

NFPA 101

**Regulation Definition**

Multiple Occupancies - Construction Type

Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows:

* The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1

* The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters.

18.1.3.5, 19.1.3.5, 8.2.1.3

**Interpretive Guideline**

ST - K0161 - Building Construction Type and Height

Title  Building Construction Type and Height
Type  Standard

NFPA 101

**Regulation Definition**

Building Construction Type and Height

**Interpretive Guideline**
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

2012 EXISTING
Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7
19.1.6.4, 19.1.6.5

Construction Type
1  I (442), I (332), II (222)
   Any number of stories
   Non-sprinklered and sprinklered

2  II (111)
   One story non-sprinklered
   Maximum 3 stories sprinklered

3  II (000)
   Not allowed non-sprinklered

4  III (211)
   Maximum 2 stories sprinklered

5  IV (2HH)

6  V (111)

7  III (200)
   Not allowed non-sprinklered

8  V (000)
   Maximum 1 story sprinklered

Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.
## ST - K0162 - Roofing Systems Involving Combustibles

**Title**  Roofing Systems Involving Combustibles  
**Type**  Standard  
**NFPA 101**  

### Regulation Definition

Roofing Systems Involving Combustibles

### Interpretive Guideline

2012 EXISTING  
Buildings of Type I (442), Type I (332), Type II (222), or Type II (111) having roof systems employing combustible roofing supports, decking or roofing meet the following:

1. roof covering meets Class C requirements  
2. roof is separated from occupied building portions with 2-hour fire resistive noncombustible floor assembly using not less than 2-1/2 inches concrete or gypsum fill  
3. attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system  

19.1.6.2*, ASTM E108, ANSI/UL 790

## ST - K0163 - Interior Nonbearing Wall Construction

**Title**  Interior Nonbearing Wall Construction  
**Type**  Standard  
**NFPA 101**  

### Regulation Definition

Interior Nonbearing Wall Construction

### Interpretive Guideline

Interior nonbearing walls in Type I or II construction are
constructed of noncombustible or limited-combustible materials. Interior nonbearing walls required to have a minimum 2-hour fire resistance rating are fire-retardant-treated wood enclosed within noncombustible or limited-combustible materials, provided they are not used as shaft enclosures.

18.1.6.4, 18.1.6.5, 19.1.6.4, 19.1.6.5

**ST - K0200 - Means of Egress Requirements - Other**

<table>
<thead>
<tr>
<th>Title</th>
<th>Means of Egress Requirements - Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
</tbody>
</table>

NFPA 101

**Regulation Definition**

Means of Egress Requirements - Other

List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress 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.

18.2, 19.2

**ST - K0211 - Means of Egress - General**

<table>
<thead>
<tr>
<th>Title</th>
<th>Means of Egress - General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
</tbody>
</table>

NFPA 101
### Regulation Definition

**Means of Egress - General**

Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.

18.2.1, 19.2.1, 7.1.10.1

### Interpretive Guideline

#### ST - K0221 - Patient Sleeping Room Doors

**Title** Patient Sleeping Room Doors  
**Type** Standard  
**NFPA 101**

### Regulation Definition

Patient Sleeping Room Doors

Locks on patient sleeping room doors are not permitted unless the key-locking device that restricts access from the corridor does not restrict egress from the patient room, or the locking arrangement is permitted for patient clinical, security or safety needs in accordance with 18.2.2.2.5 or 19.2.2.2.5.

18.2.2.2, 19.2.2.2, TIA 12-4
ST - K0222 - Egress Doors

Title Egress Doors
Type Standard

NFPA 101

**Regulation Definition**

Egress Doors
Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:

CLINICAL NEEDS OR SECURITY THREAT LOCKING
Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.
18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6

SPECIAL NEEDS LOCKING ARRANGEMENTS
Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.
18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4

**Interpretive Guideline**
DELAYED-EGRESS LOCKING ARRANGEMENTS
Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.
18.2.2.2.4, 19.2.2.2.4

ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS
Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.
18.2.2.2.4, 19.2.2.2.4

ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS
Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.
18.2.2.2.4, 19.2.2.2.4

ST - K0223 - Doors with Self-Closing Devices

<table>
<thead>
<tr>
<th>Title</th>
<th>Doors with Self-Closing Devices</th>
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</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
</tbody>
</table>

**Regulation Definition**
Doors with Self-Closing Devices
Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are
self-closing and kept in the closed position, unless held open
by a release device complying with 7.2.1.8.2 that
automatically closes all such doors throughout the smoke
compartment or entire facility upon activation of:
* Required manual fire alarm system; and
* Local smoke detectors designed to detect smoke passing
through the opening or a required smoke detection system; and
* Automatic sprinkler system, if installed; and
* Loss of power.

18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8

ST - K0224 - Horizontal Sliding Doors

Title Horizontal Sliding Doors
Type Standard

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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<tbody>
<tr>
<td>Horizontal-Sliding Doors</td>
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</tbody>
</table>

Horizontal-sliding doors permitted by 7.2.1.14 that are not
automatic-closing are limited to a single leaf and shall have a
latch or other mechanism to ensure the door will not rebound.
Horizontal-sliding doors serving an occupant load fewer than
10 shall be permitted, providing all of the following criteria
are met:
* Area served by the door has no hazards.
* Door is operable from either side without special knowledge
or effort.
* Force required to operate the door in the direction of travel
is less than or equal to 30 lbf to set the door in motion and less
than or equal to 15 lbf to close or open to the required width.
* Assembly is appropriately fire rated, and where rated, is
self- or automatic-closing by smoke detection per 7.2.1.8, and
installed per NFPA 80.
* Where required to latch, the door has a latch or other mechanism to ensure the door will not rebound.

18.2.2.2.10, 19.2.2.2.10

ST - K0225 - Stairways and Smokeproof Enclosures

**Title**  Stairways and Smokeproof Enclosures

**Type**  Standard

NFPA 101

**Regulation Definition**

Stairways and Smokeproof Enclosures

Stairways and Smokeproof enclosures used as exits are in accordance with 7.2.

18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2

ST - K0226 - Horizontal Exits

**Title**  Horizontal Exits

**Type**  Standard

NFPA 101

**Regulation Definition**

Horizontal Exits

Horizontal exits, if used, are in accordance with 7.2.4 and the provisions of 18.2.2.5.1 through 18.2.2.5.7, or 19.2.2.5.1 through 19.2.2.5.4.
### ST - K0227 - Ramps and Other Exits

**Title** Ramps and Other Exits  
**Type** Standard  

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Ramps and Other Exits</td>
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</tbody>
</table>

Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with the provisions 7.2.5 through 7.2.12.

18.2.2.6 to 18.2.2.10 or 19.2.2.6 to 19.2.2.10

### ST - K0231 - Means of Egress Capacity

**Title** Means of Egress Capacity  
**Type** Standard  

<table>
<thead>
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<tbody>
<tr>
<td>Means of Egress Capacity</td>
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</tbody>
</table>

The capacity of required means of egress is in accordance with 7.3.

18.2.3.1, 19.2.3.1
**ST - K0232 - Aisle, Corridor, or Ramp Width**

**Title**  Aisle, Corridor, or Ramp Width  
**Type**  Standard  
**NFPA 101**

**Regulation Definition**

Aisle, Corridor or Ramp Width

2012 EXISTING
The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5.

19.2.3.4, 19.2.3.5

**ST - K0233 - Clear Width of Exit and Exit Access Doors**

**Title**  Clear Width of Exit and Exit Access Doors  
**Type**  Standard  
**NFPA 101**

**Regulation Definition**

Clear Width of Exit and Exit Access Doors

2012 EXISTING
Exit access doors and exit doors are of the swinging type and are at least 32 inches in clear width. Exceptions are provided for existing 34-inch doors and for existing 28-inch doors where the fire plan does not require evacuation by bed, gurney, or wheelchair.
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

19.2.3.6, 19.2.3.7

ST - K0241 - Number of Exits - Story and Compartment

Title  Number of Exits - Story and Compartment
Type  Standard

**Regulation Definition**

Number of Exits - Story and Compartment

Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment.

18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4

ST - K0244 - Fire Alarm - Control Functions

Title  Fire Alarm - Control Functions
Type  Standard

**Regulation Definition**

Fire Alarm - Control Functions

The fire alarm automatically activates required control functions and is provided with an alternative power supply in accordance with NFPA 72.
## Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

18.3.4.4, 19.3.4.4, 9.6.1, 9.6.5, NFPA 72

### ST - K0251 - Dead-End Corridors and Common Path of Travel

**Title** Dead-End Corridors and Common Path of Travel  
**Type** Standard  
NFPA 101

#### Regulation Definition

Dead-End Corridors and Common Path of Travel

2012 EXISTING  
Dead-end corridors shall not exceed 30 feet. Existing dead-end corridors greater than 30 feet shall be permitted to be continued to be used if it is impractical and unfeasible to alter them.

19.2.5.2

### ST - K0252 - Number of Exits - Corridors

**Title** Number of Exits - Corridors  
**Type** Standard  
NFPA 101

#### Regulation Definition

Number of Exits - Corridors

Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies.
### ST - K0253 - Number of Exits - Patient Sleeping and Non-Sl

<table>
<thead>
<tr>
<th>Title</th>
<th>Number of Exits - Patient Sleeping and Non-Sl</th>
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</thead>
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<tr>
<td>Type</td>
<td>Standard</td>
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</tbody>
</table>

**NFPA 101**

**Regulation Definition**

Number of Exits - Patient Sleeping and Non-Sleeping Rooms

Patient sleeping rooms of more than 1,000 square feet or nonsleeping rooms of more than 2,500 square feet have at least two exit access doors remotely located from each other.

**Interpretive Guideline**

18.2.5.5.1, 18.2.5.5.2, 19.2.5.5.1, 19.2.5.5.2

### ST - K0254 - Corridor Access

<table>
<thead>
<tr>
<th>Title</th>
<th>Corridor Access</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
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</table>

**NFPA 101**

**Regulation Definition**

Corridor Access

All habitable rooms not within suites have a door leading directly outside to grade or have a door leading to an exit access corridor. Patient sleeping rooms with less than eight patient beds may have one room intervening to reach an exit access corridor provided the intervening room is equipped with an approved automatic smoke detection system.
### Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

18.2.5.6.1 through 18.2.5.6.4, 19.2.5.6.1 through 19.2.5.6.4

#### ST - K0255 - Suite Separation, Hazardous Content, and Subd

<table>
<thead>
<tr>
<th>Title</th>
<th>Suite Separation, Hazardous Content, and Subd</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
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<table>
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<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suite Separation, Hazardous Content, and Subdivision</td>
<td></td>
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</tbody>
</table>

All suites are separated from the remainder of the building (including from other suites) by construction meeting the separation provisions for corridor construction (18.3.6.2-18.3.6.5 or 19.3.6.2-19.3.6.5). Existing approved barriers shall be allowed to continue to be used provided they limit the transfer of smoke. Intervening rooms have no hazardous areas and hazardous areas within suites comply with 18/19.2.5.7.1.3. Subdivision of suites shall be by noncombustible or limited-combustible construction.

18.2.5.7.1.2 through 18.2.5.7.1.4, 19.2.5.7.1.2, 19.2.5.7.1.3, 19.2.5.7.1.4

#### ST - K0256 - Sleeping Suites

<table>
<thead>
<tr>
<th>Title</th>
<th>Sleeping Suites</th>
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<tr>
<td>Type</td>
<td>Standard</td>
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NFPA 101

<table>
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<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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<tbody>
<tr>
<td>Sleeping Suites</td>
<td></td>
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</table>
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

Occupants shall have exit access to a corridor or direct access to a horizontal exit. Where greater than or equal to 2 exits are required, one exit access door may be to a stairway, passageway or to the exterior. Suites shall be provided with constant staff supervision. Staff shall have direct visual supervision of patient sleeping rooms, from a constantly attended location or the room shall be provided with an automatic smoke detection system. Suites more than 1,000 square feet shall have 2 or more remote exits. One means of egress from the suite shall be to a corridor and one may be into an adjacent suite separated in accordance with corridor requirements. Suites shall not exceed the following size limitations:
* 5,000 square feet if the suite is not fully smoke detected or fully sprinklered
* 7,500 square feet if the suite is either fully smoke detected or fully sprinklered
* 10,000 square feet if the suite is both fully smoke detected and fully sprinklered and the sleeping rooms have direct supervision from a constantly attended location.

Travel distance between any point in a suite to exit access shall not exceed 100 feet and distance to an exit shall not exceed 150 feet (200 feet if building is fully sprinklered).

18.2.5.7.2, 19.2.5.7.2

ST - K0257 - Non-Sleeping Suites

Title  Non-Sleeping Suites
Type    Standard

Regulation Definition

Non-Sleeping Suites
Occupants shall have exit access to a corridor or direct access
to a horizontal exit. Where greater than or equal to 2 exits are required, one exit access door may be to a stairway, passageway or to the exterior.

Suites more than 2,500 square feet shall have 2 or more remote exits. One means of egress from the suite shall be to a corridor and one may be into an adjacent suite separated in accordance with corridor requirements. Suites shall not exceed 10,000 square feet.

Travel distance between any point in a suite to exit access shall not exceed 100 feet and distance to an exit shall not exceed 150 feet (200 feet if building is fully sprinklered).

18.2.5.7.3, 19.2.5.7.3

<table>
<thead>
<tr>
<th>Title</th>
<th>Travel Distance to Exits</th>
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</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
<tr>
<td><strong>NFPA 101</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Regulation Definition**

Travel Distance to Exits

Travel distance (excluding suites) to exits are measured in accordance with 7.6.

* From any point in the room or suite to exit less than or equal to 150 feet (less than or equal to 200 feet if the building is fully sprinklered)
* Point in a room to room door less than or equal to 50 feet

18.2.6, 19.2.6
ST - K0271 - Discharge from Exits

**Title**  Discharge from Exits  
**Type**  Standard  

NFPA 101

---

**Regulation Definition**

Discharge from Exits

Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38.

18.2.7, 19.2.7, S&C 05-38

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**Interpretive Guideline**

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ST - K0281 - Illumination of Means of Egress

**Title**  Illumination of Means of Egress  
**Type**  Standard  

NFPA 101

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**Regulation Definition**

Illumination of Means of Egress

Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention.
## Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

### ST - K0291 - Emergency Lighting

<table>
<thead>
<tr>
<th>Title</th>
<th>Emergency Lighting</th>
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</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
<tr>
<td>NFPA 101</td>
<td></td>
</tr>
</tbody>
</table>

#### Regulation Definition

Emergency Lighting

Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.

#### Interpretive Guideline

18.2.9.1, 19.2.9.1

### ST - K0293 - Exit Signage

<table>
<thead>
<tr>
<th>Title</th>
<th>Exit Signage</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
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<tr>
<td>NFPA 101</td>
<td></td>
</tr>
</tbody>
</table>

#### Regulation Definition

Exit Signage

2012 EXISTING
Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system.

#### Interpretive Guideline

19.2.10.1

(Indicate N/A in one-story existing occupancies with less than
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

30 occupants where the line of exit travel is obvious.

**ST - K0300 - Protection - Other**

**Title** Protection - Other  
**Type** Standard  
**NFPA 101**

**Regulation Definition**

Protection - Other

List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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.

**ST - K0311 - Vertical Openings - Enclosure**

**Title** Vertical Openings - Enclosure  
**Type** Standard  
**NFPA 101**

**Regulation Definition**

Vertical Openings - Enclosure

2012 EXISTING  
Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance
### Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

#### ST - K0321 - Hazardous Areas - Enclosure

<table>
<thead>
<tr>
<th>Title</th>
<th>Hazardous Areas - Enclosure</th>
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</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
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<tr>
<td>NFPA 101</td>
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<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous Areas - Enclosure</td>
<td></td>
</tr>
</tbody>
</table>

2012 EXISTING

Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.

19.3.2.1

Area Automatic Sprinkler Separation N/A

- a. Boiler and Fuel-Fired Heater Rooms
- b. Laundries (larger than 100 square feet)
- c. Repair, Maintenance, and Paint Shops
- d. Soiled Linen Rooms (exceeding 64 gallons)
- e. Trash Collection Rooms (exceeding 64 gallons)
- f. Combustible Storage Rooms/Spaces (over 50 square feet)
- g. Laboratories (if classified as Severe Hazard - see K3220)
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

ST - K0322 - Laboratories

Title Laboratories

Type Standard

NFPA 101

Regulation Definition

Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered a severe hazard are protected by 1-hour fire resistance-rated separation, automatic sprinkler system, and are in accordance with 8.7 and with NFPA 99.

Laboratories not considered a severe hazard are protected as hazardous areas (see K3210).

Laboratories using chemicals are in accordance with NFPA 45. Gas appliances are of appropriate design and installed in accordance with NFPA 54.

Shutoff valves are marked to identify material they control. Devices requiring medical grade oxygen from the piped distribution system meet the requirements under 11.4.2.2 (NFPA 99).

18.3.2.2, 19.3.2.2, 8.7, 8.7.4.1 (LSC) 9.3.1.2, 11.4.3.2, 15.4 (NFPA 99)

ST - K0323 - Anesthetizing Locations

Title Anesthetizing Locations

Type Standard

NFPA 101
Anesthetizing Locations

Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) are in accordance with 8.7 and NFPA 99.
Zone valves are: located immediately outside each anesthetizing location for medical gas or vacuum; readily accessible in an emergency; and arranged so shutting off any one anesthetizing location will not affect others.
Area alarm panels are provided to monitor all medical gas, medical-surgical vacuum, and piped WAGD systems. Panels are at locations that provide for surveillance, indicate medical gas pressure decreases of 20% and vacuum decreases of 12 in. gauge HgV, and provide visual and audible indication. Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve assemblies.
The EES critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits, and EES equipment system supplies power to ventilation system.
Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturer's instructions for use are considered before reducing humidity levels to those allowed by ASHRAE, per S&C 13-58.

18.3.2.3, 19.3.2.3 (LSC) 5.1.4.8.7, 5.1.4.8.7.2, 5.1.9.3, 5.1.9.3.4, 6.4.2.2.4.2 (NFPA 99)
ST - K0324 - Cooking Facilities

Title  Cooking Facilities  
Type   Standard  
NFPA 101

**Regulation Definition**

Cooking Facilities

Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:

* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2
* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or
* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.

Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.

18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2

**Interpretive Guideline**

ST - K0325 - Alcohol Based Hand Rub Dispenser (ABHR)

Title  Alcohol Based Hand Rub Dispenser (ABHR)  
Type   Standard  
NFPA 101
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 135 ounces 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
* Dispensers over carpeted floors are in sprinklered smoke compartments
* ABHR does not exceed 95 percent 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

18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

**Regulation Definition**

Interior Wall and Ceiling Finish

2012 EXISTING
Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted.

10.2, 19.3.3.1, 19.3.3.2

Indicate flame spread rating(s). _____________________

**Interpretive Guideline**

ST - K0341 - Fire Alarm System - Installation

**Title**  Fire Alarm System - Installation

**Type**  Standard

NFPA 101

**Regulation Definition**

Fire Alarm System - Installation

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.
ST - K0342 - Fire Alarm System - Initiation

Title  Fire Alarm System - Initiation
Type   Standard

NFPA 101

**Regulation Definition**

Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded.

ST - K0343 - Fire Alarm System - Notification

Title  Fire Alarm System - Notification
Type   Standard

NFPA 101

**Regulation Definition**

Fire Alarm - Notification

2012 EXISTING
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire.

19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1)

ST - K0344 - Fire Alarm - Control Functions

Title: Fire Alarm - Control Functions
Type: Standard

NFPA 101

Regulation Definition

Fire Alarm - Control Functions

The fire alarm automatically activates required control functions and is provided with an alternative power supply in accordance with NFPA 72.

18.3.4.4, 19.3.4.4, 9.6.1, 9.6.5, NFPA 72

Interpretive Guideline

ST - K0345 - Fire Alarm System - Testing and Maintenance

Title: Fire Alarm System - Testing and Maintenance
Type: Standard

NFPA 101

Regulation Definition

Fire Alarm System - Testing and Maintenance
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.

9.7.5, 9.7.7, 9.7.8, and NFPA 25

ST - K0346 - Fire Alarm System - Out of Service

<table>
<thead>
<tr>
<th>Title</th>
<th>Fire Alarm System - Out of Service</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
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<tr>
<td>NFPA 101</td>
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</tbody>
</table>

**Regulation Definition**

Fire Alarm - Out of Service

Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.

9.6.1.6

**ST - K0347 - Smoke Detection**

<table>
<thead>
<tr>
<th>Title</th>
<th>Smoke Detection</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
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<td>NFPA 101</td>
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**Interpretive Guideline**

Fire Alarm - Out of Service

Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

**Regulation Definition**

Smoke Detection

2012 EXISTING
Smoke detection systems are provided in spaces open to corridors as required by

19.3.6.1, 19.3.4.5.2

**Interpretive Guideline**

ST - K0351 - Sprinkler System - Installation

**Title** Sprinkler System - Installation

**Type** Standard

NFPA 101

**Regulation Definition**

Spinkler System - Installation

2012 EXISTING
Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.

In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.

In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.

19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2,
### ST - K0352 - Sprinkler System - Supervisory Signals

**Title**  
Sprinkler System - Supervisory Signals

**Type**  
Standard

**Regulation Definition**

Sprinkler System - Supervisory Signals

Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired.

9.7.2.1, NFPA 72

### ST - K0353 - Sprinkler System - Maintenance and Testing

**Title**  
Sprinkler System - Maintenance and Testing

**Type**  
Standard

**Regulation Definition**

Sprinkler System - Maintenance and Testing

Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design,
### Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

Maintenance, inspection and testing are maintained in a secure location and readily available.

- **a) Date sprinkler system last checked**
  
- **b) Who provided system test**
  
- **c) Water system supply source**

Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.

9.7.5, 9.7.7, 9.7.8, and NFPA 25

#### ST - K0354 - Sprinkler System - Out of Service

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Sprinkler System - Out of Service</th>
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</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td>Standard</td>
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</table>

**NFPA 101**

<table>
<thead>
<tr>
<th><strong>Regulation Definition</strong></th>
<th><strong>Interpretive Guideline</strong></th>
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<tbody>
<tr>
<td>Sprinkler System - Out of Service</td>
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</tbody>
</table>

Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.

18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)
ST - K0355 - Portable Fire Extinguishers

Title  Portable Fire Extinguishers
Type   Standard

Regulation Definition

Portable Fire Extinguishers

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

18.3.5.12, 19.3.5.12, NFPA 10

ST - K0361 - Corridors - Areas Open to Corridor

Title  Corridors - Areas Open to Corridor
Type   Standard

Regulation Definition

Corridors - Areas Open to Corridor

Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1.

18.3.6.1, 19.3.6.1
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

ST - K0362 - Corridors - Construction of Walls

**Title** Corridors - Construction of Walls  
**Type** Standard

NFPA 101

**Regulation Definition**

Corridors - Construction of Walls

2012 EXISTING  
Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.

If the walls have a fire resistance rating, give the rating _________ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area.

19.3.6.2, 19.3.6.2.7
ST - K0363 - Corridor - Doors

Title  Corridor - Doors
Type   Standard

NFPA 101

**Regulation Definition**

Corridor - Doors

2012 EXISTING
Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed.

There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations (only for Federal survey citation) only on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted.

Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485

Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.

<table>
<thead>
<tr>
<th>ST - K0364 - Corridor - Openings</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td><strong>ST - K0364 - Corridor - Openings</strong></td>
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<tr>
<td><strong>Regulation Definition</strong></td>
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</tbody>
</table>

Transfer grilles are not used in corridor walls or doors. Auxiliary spaces that do not contain flammable or combustible materials are permitted to have louvers or be undercut. In other than smoke compartments containing patient sleeping rooms, miscellaneous openings are permitted in vision panels or doors, provided the openings per room do not exceed 20 square inches and are at or below half the distance from floor to ceiling. In sprinklered rooms, the openings per room do not exceed 80 square inches. Vision panels in corridor walls or doors shall be fixed window assemblies in approved frames. (In fully sprinklered smoke compartments, there are no restrictions in the area and fire resistance of glass and frames.)

18.3.6.5.1, 19.3.6.2.7, 19.3.6.2.8, 19.3.6.5.2, 8.3
<table>
<thead>
<tr>
<th>Title</th>
<th>Type</th>
<th>NFPA 101</th>
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<tbody>
<tr>
<td>Subdivision of Building Spaces - Smoke Compartments</td>
<td>Standard</td>
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<tr>
<td>Subdivision of Building Spaces - Smoke Compartments</td>
<td>Standard</td>
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</tbody>
</table>

### Regulation Definition

2012 EXISTING

Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier.

19.3.7.1, 19.3.7.2

Detail in REMARKS zone dimensions including length of zones and dead-end corridors.

### Interpretive Guideline

2012 EXISTING

Smoke barriers shall be constructed to a 1/2-hour fire
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.

19.3.7.3, 8.6.7.1(1)

Describe any mechanical smoke control system in REMARKS.

ST - K0373 - Subdivision of Building Spaces - Accumulation

<table>
<thead>
<tr>
<th>Title</th>
<th>Subdivision of Building Spaces - Accumulation</th>
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<tr>
<td>Type</td>
<td>Standard</td>
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<td>NFPA 101</td>
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</table>

**Regulation Definition**

Subdivision of Building Spaces - Accumulation Space

Space shall be provided on each side of smoke barriers to adequately accommodate the total number of occupants in adjoining compartments.

18.3.7.5.1, 18.3.7.5.2, 19.3.7.5.1, 19.3.7.5.2

ST - K0374 - Subdivision of Building Spaces - Smoke Barrie

<table>
<thead>
<tr>
<th>Title</th>
<th>Subdivision of Building Spaces - Smoke Barrie</th>
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<td>Type</td>
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<td>NFPA 101</td>
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</table>
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

**Regulation Definition**

Subdivision of Building Spaces - Smoke Barrier Doors

2012 EXISTING
Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.

19.3.7.6, 19.3.7.8, 19.3.7.9

**ST - K0379 - Smoke Barrier Door Glazing**

**Title** Smoke Barrier Door Glazing

**Type** Standard

NFPA 101

**Regulation Definition**

Smoke Barrier Door Glazing

2012 EXISTING
Openings in smoke barrier doors shall be fire-rated glazing or wired glass panels in steel frames.

19.3.7.6, 19.3.7.6.2, 8.5
ST - K0381 - Sleeping Room Outside Windows and Doors

**Title**  Sleeping Room Outside Windows and Doors  
**Type**  Standard  

NFPA 101

**Regulation Definition**

Sleeping Room Outside Windows and Doors
Every patient sleeping room has an outside window or outside door. In new occupancies, sill height does not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows. Newborn nurseries and rooms intended for occupancy less than 24 hours have no outside window or door requirements. Window sills in special nursing care areas (e.g., ICU, CCU, hemodialysis, neonatal) do not exceed 60 inches above the floor.

42 CFR 403, 418, 460, 482, 483, and 485

**ST - K0400 - Special Provisions - Other**

**Title**  Special Provisions - Other  
**Type**  Standard  

NFPA 101

**Regulation Definition**

Special Provisions - Other

List in the REMARKS section any LSC Section 18.4 and 19.4 Special Provisions 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
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

citation, should be included.

ST - K0421 - High-Rise Buildings

Title High-Rise Buildings
Type Standard

NFPA 101

Regulation Definition

High-Rise Buildings

2012 EXISTING
High-rise buildings are protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7 within 12 years of LSC final rule effective date.

19.4.2

Interpretive Guideline

ST - K0500 - Building Services - Other

Title Building Services - Other
Type Standard

NFPA 101

Regulation Definition

Building Services - Other

List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services 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.
# Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

## ST - K0511 - Utilities - Gas and Electric

<table>
<thead>
<tr>
<th>Title</th>
<th>Utilities - Gas and Electric</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
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<td>NFPA 101</td>
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</tbody>
</table>

**Regulation Definition**

Utilities - Gas and Electric

Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.

18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2

## ST - K0521 - HVAC

<table>
<thead>
<tr>
<th>Title</th>
<th>HVAC</th>
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<tr>
<td>Type</td>
<td>Standard</td>
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<td></td>
<td>NFPA 101</td>
</tr>
</tbody>
</table>

**Regulation Definition**

HVAC

Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.

18.5.2.1, 19.5.2.1, 9.2
### ST - K0522 - HVAC - Any Heating Device

**Title** HVAC - Any Heating Device  
**Type** Standard  
**NFPA 101**

**Regulation Definition**

Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also:

- is chimney or vent connected  
- takes air for combustion from outside  
- provides for a combustion system separate from occupied area atmosphere

18.5.2.2, 19.5.2.2

**Interpretive Guideline**

### ST - K0523 - HVAC - Suspended Unit Heaters

**Title** HVAC - Suspended Unit Heaters  
**Type** Standard  
**NFPA 101**

**Regulation Definition**

Suspended Unit Heaters

Suspended unit heaters are permitted provided the following are met:
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

* Not located in means of egress or in patient rooms.
* Located high enough to be out of reach of people in the area.
* Has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure.

18.5.2.3(1), 19.5.2.3(1)

**ST - K0524 - HVAC - Direct-Vent Gas Fireplaces**

**Title** HVAC - Direct-Vent Gas Fireplaces

**Type** Standard

**Regulation Definition**

Direct-Vent Gas Fireplaces

Direct-vent gas fireplaces, as defined in NFPA 54, inside of all smoke compartments containing patient sleeping areas comply with the requirements of 18.5.2.3(2), 19.5.2.3(2).

18.5.2.3(2), 19.5.2.3(2), NFPA 54

**ST - K0525 - HVAC - Solid Fuel-Burning Fireplaces**

**Title** HVAC - Solid Fuel-Burning Fireplaces

**Type** Standard

**Regulation Definition**

HVAC - Solid Fuel-Burning Fireplaces

Solid fuel-burning fireplaces are permitted in other than patient sleeping areas provided:
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

* Areas are separated by 1-hour fire resistance construction
* Fireplace complies with 9.2.2
* Fireplace enclosure resists breakage up to 650 degrees Fahrenheit and has heat-tempered glass
* Room has supervised CO detection per 9.8

18.5.2.3(3) and 19.5.2.3(3)

Title Elevators
Type Standard

Regulation Definition

Elevators

2012 EXISTING
Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record.

Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.)

19.5.3, 9.4.2, 9.4.3
<table>
<thead>
<tr>
<th>Title</th>
<th>Escalators, Dumbwaiters, and Moving Walks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
<tr>
<td><strong>Regulation Definition</strong></td>
<td>Escalators, Dumbwaiters, and Moving Walks</td>
</tr>
<tr>
<td>2012 EXISTING</td>
<td>Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (Includes escalator emergency stop buttons and automatic skirt obstruction stop. For power dumbwaiters, includes hoistway door locking to keep doors closed except for floor where car is being loaded or unloaded.)</td>
</tr>
<tr>
<td>19.5.3, 9.4.2.2</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ST - K0541 - Rubbish Chutes, Incinerators, and Laundry Chu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Type</td>
</tr>
<tr>
<td><strong>Regulation Definition</strong></td>
</tr>
<tr>
<td>2012 EXISTING (1) Any existing linen and trash chute, including pneumatic</td>
</tr>
</tbody>
</table>
rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5.

(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7.

(3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.)

(4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use.

19.5.4, 9.5, 8.4, NFPA 82

ST - K0700 - Operating Features - Other

Title Operating Features - Other
Type Standard

NFPA 101

Operating Features - Other
List in the REMARKS section any LSC Section 18.7 and 19.7 Operating Features 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.
### Evacuation and Relocation Plan

**Title**  
Evacuation and Relocation Plan

**Type**  
Standard

**NFPA 101**

**Regulation Definition**

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 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.

18.7.1.1 through 18.7.1.8, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.8, 19.7.2.1.2, 19.7.2.2, 19.7.2.3

### Fire Drills

**Title**  
Fire Drills

**Type**  
Standard

**NFPA 101**

**Regulation Definition**

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.

18.7.1, 19.7.1, 4.7

ST - K0741 - Smoking Regulations

Title Smoking Regulations
Type Standard

SMOKING REGULATIONS

Smoking Regulations shall be adopted and shall include not less than the following provisions:

(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.

(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.

(3) Smoking by patients classified as not responsible shall be prohibited.

(4) The requirement of 18.7.4(3) shall not apply where the
patient is under direct supervision.
(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.
(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.

18.7.4, 19.7.4  (Note smoking tower disposal receptacles are not ashtrays)

ST - K0751 - Draperies, Curtains, and Loosely Hanging Fabr

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Draperies, Curtains, and Loosely Hanging Fabr</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td>Standard</td>
</tr>
<tr>
<td><strong>Regulation Definition</strong></td>
<td>Draperies, curtains including cubicle curtains, and loosely hanging fabrics or films shall be in accordance with 10.3.1. Excluding curtains and draperies: at showers and baths; on windows in patient sleeping room located in sprinklered compartments; and in non-patient sleeping rooms in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20 percent of the wall.</td>
</tr>
<tr>
<td><strong>Interpretive Guideline</strong></td>
<td>18.7.5.1, 18.3.5.11, 19.7.5.1, 19.3.5.11, 10.3.1</td>
</tr>
</tbody>
</table>
ST - K0752 - Upholstered Furniture and Mattresses

Title Upholstered Furniture and Mattresses
Type Standard

NFPA 101

**Regulation Definition**

Upholstered Furniture and Mattresses

Newly introduced upholstered furniture meets Class I or char length, and heat release criteria in accordance with 10.3.2.1 and 10.3.3, unless the building is fully sprinklered. Newly introduced mattresses shall meet char length and heat release criteria in accordance with 10.3.2.2 and 10.3.4, unless the building is fully sprinklered. Upholstered furniture and mattresses belonging to nursing home residents do not have to meet these requirements as all nursing homes are required to be fully sprinklered. Newly introduced upholstered furniture and mattresses means purchased on or after the LSC final rule effective date.

18.7.5.2, 18.7.5.4, 19.7.5.2, 19.7.5.4

ST - K0753 - Combustible Decorations

Title Combustible Decorations
Type Standard

NFPA 101

**Regulation Definition**

Combustible Decorations

**Interpretive Guideline**
Combustible decorations shall be prohibited unless one of the following is met:
* Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product.
* Decorations meet NFPA 701.
* Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289.
* Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6 or 19.7.5.6.
* The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present.

18.7.5.6, 19.7.5.6

**ST - K0754 - Soiled Linen and Trash Containers**

**Title** Soiled Linen and Trash Containers

**Type** Standard

NFPA 101

**Regulation Definition**

Soiled Linen and Trash Containers

Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and
### ST - K0761 - Maintenance Inspection & Testing - Doors

**Title** Maintenance Inspection & Testing - Doors  
**Type** Rule  
**NFPA 101**

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire doors assemblies are inspected and tested annually in accordance with NFPA 80,</td>
<td></td>
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<tr>
<td>Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including</td>
<td></td>
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<tr>
<td>corridor doors to patient rooms and smoke barrier doors, are routinely inspected as</td>
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<tr>
<td>part of the facility maintenance program. Individuals performing the door inspections</td>
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<tr>
<td>and testing possess knowledge, training or experience that demonstrates ability.</td>
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<tr>
<td>Written records of inspection and testing are maintained and are available for review.</td>
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<tr>
<td>19.7.6, 8.3.3.1 (NFPA 101)</td>
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<tr>
<td>5.2, 5.2.3 (NFPA 80)</td>
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</tbody>
</table>

### ST - K0771 - Engineer Smoke Control Systems

**Title** Engineer Smoke Control Systems  
**Type** Standard  
**NFPA 101**

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
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</thead>
<tbody>
<tr>
<td>Engineer Smoke Control Systems</td>
<td></td>
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</table>
2012 EXISTING
When installed, engineered smoke control systems are tested
in accordance with established engineering principles. Test
documentation is maintained on the premises.

19.7.7

ST - K0781 - Portable Space Heaters

Title  Portable Space Heaters
Type   Standard

   NFPA 101

   Regulation Definition                      Interpretive Guideline

Portable Space Heaters

Portable space heating devices shall be prohibited in all health
care occupancies, except, unless used in nonsleeping staff and
employee areas where the heating elements do not exceed 212
degrees Fahrenheit (100 degrees Celsius).

18.7.8, 19.7.8

ST - K0791 - Construction, Repair, and Improvement Operati

Title  Construction, Repair, and Improvement Operati
Type   Standard

   NFPA 101

   Regulation Definition                      Interpretive Guideline

Construction, Repair, and Improvement Operations
Construction, repair, and improvement operations shall comply with 4.6.10. Any means of egress in any area undergoing construction, repair, or improvements shall be inspected daily to ensure its ability to be used instantly in case of emergency and compliance with NFPA 241.

18.7.9, 19.7.9, 4.6.10, 7.1.10.1

Title Health Care Facilities Code - Other
Type Standard

**Regulation Definition**

Health Care Facilities Code - Other

List in the REMARKS section any NFPA 99 requirements (excluding Chapter 7, 8, 12, and 13) that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Health Care Facilities Code or NFPA standard citation, should be included.

**Interpretive Guideline**

ST - K0901 - Fundamentals - Building System Categories

Title Fundamentals - Building System Categories
Type Standard

**Regulation Definition**

Fundamentals - Building System Categories

Building systems are designed to meet Category 1 through 4
requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel.

Chapter 4 (NFPA 99)

**ST - K0902 - Gas and Vacuum Piped Systems - Other**

**Title**  Gas and Vacuum Piped Systems - Other

**Type**  Standard

NFPA 101

*Regulation Definition*  
Gas and Vacuum Piped Systems - Other

List in the REMARKS section any NFPA 99 Chapter 5 Gas and Vacuum 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.

Chapter 5 (NFPA 99)

**ST - K0903 - Gas and Vacuum Piped Systems - Categories**

**Title**  Gas and Vacuum Piped Systems - Categories

**Type**  Standard

NFPA 101

*Regulation Definition*  
Gas and Vacuum Piped Systems - Categories

Medical gas, medical air, surgical vacuum, WAGD, and air
supply systems in which failure is likely to cause major injury or death are designated,
*Category 1. Systems in which failure is likely to cause minor injury to patients are designated.
*Category 2. Systems in which failure is not likely to cause injury, but can cause discomfort are designated.
*Category 3. Deep sedation and general anesthesia are not administered when using a Category 3 medical gas system.

5.1.1.1, 5.2.1, 5.3.1.1, 5.3.1.5 (NFPA 99)

ST - K0904 - Gas and Vacuum Piped Systems - Warning System

Title  Gas and Vacuum Piped Systems - Warning System
Type   Standard

Regulation Definition

Gas and Vacuum Piped Systems - Warning Systems

All master, area, and local alarm systems used for medical gas and vacuum systems comply with appropriate Category warning system requirements, as applicable.

5.1.9, 5.2.9, 5.3.6.2.2 (NFPA 99)
Gas and Vacuum Piped Systems - Central Supply System

Identification and Labeling Containers, cylinders and tanks are designed, fabricated, tested, and marked in accordance with 5.1.3.1.1 through 5.1.3.1.7. Locations containing only oxygen or medical air have doors labeled with "Medical Gases, NO Smoking or Open Flame." Locations containing other gases have doors labeled "Positive Pressure Gases, NO Smoking or Open Flame, Room May Have Insufficient Oxygen, Open Door and Allow Room to Ventilate Before Opening."

5.1.3.1, 5.2.3.1, 5.3.10 (NFPA 99)

ST - K0906 - Gas and Vacuum Piped Systems - Central Supply

Adaptors or conversion fittings are prohibited. Cylinders are handled in accordance with 11.6.2. Only cylinders, reusable shipping containers, and their accessories are stored in rooms containing central supply systems or cylinders. No flammable materials are stored with cylinders. Cryogenic liquid storage units intended to supply the facility are not used to transfill. Cylinders are kept away from sources of heat. Valve protection caps are secured in place, if supplied, unless cylinder is in use. Cylinders are not stored in tightly closed spaces. Cylinders in use and storage are prevented from...
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

exceeding 130 degrees Fahrenheit, and nitrous oxide and carbon dioxide cylinders are prevented from reaching temperatures lower than manufacture recommendations or 20 degrees Fahrenheit. Full or empty cylinders, when not connected, are stored in locations complying with 5.1.3.3.2 through 5.1.3.3.3, and are not stored in enclosures containing motor-driven machinery, unless for instrument air reserve headers.

5.1.3.2, 5.1.3.3.17, 5.1.3.3.1.8, 5.1.3.3.4, 5.2.3.2, 5.2.3.3, 5.3.6.20.4, 5.6.20.5, 5.3.6.20.7, 5.3.6.20.8, 5.3.6.20.9 (NFPA 99)

ST - K0907 - Gas and Vacuum Piped Systems - Maintenance Pr

Title Gas and Vacuum Piped Systems - Maintenance Pr
Type Standard

NFPA 101

### Regulation Definition

Gas and Vacuum Piped Systems - Maintenance Program

Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms, manufactured assemblies, and outlets. Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or credentialing to the requirements of AASE 6030 or 6040.

5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99)

### Interpretive Guideline
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

ST - K0908 - Gas and Vacuum Piped Systems - Inspection and

Title  Gas and Vacuum Piped Systems - Inspection and
Type   Standard

NFPA 101

Regulation Definition

Gas and Vacuum Piped Systems - Inspection and Testing
Operations

The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required.

5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99)

ST - K0909 - Gas and Vacuum Piped Systems - Information an

Title  Gas and Vacuum Piped Systems - Information an
Type   Standard

NFPA 101

Regulation Definition

Gas and Vacuum Piped Systems - Information and Warning
Signs

Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (Table 5.1.11), and operating pressure if other than standard. Labels are at intervals not more than 20 feet, are in every room, at both sides of wall.
penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency.

5.1.14.3, 5.1.11.1, 5.1.11.2, 5.2.11, 5.3.13.3, 5.3.11 (NFPA 99)

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**Regulation Definition**

Gas and Vacuum Piped Systems - Modifications

Whenever modifications are made that breach the pipeline, any necessary installer and verification test specified in 5.1.2 is conducted on the downstream portion of the medical gas piping system. Permanent records of all tests required by system verification tests are maintained.

5.1.14.4.1, 5.1.14.4.6, 5.2.13, 5.3.13.4.3 (NFPA 99)

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**Regulation Definition**

Electrical Systems - Other

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**Interpretive Guideline**

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**Regulation Definition**

Electrical Systems - 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.

Chapter 6 (NFPA 99)

### ST - K0912 - Electrical Systems - Receptacles

**Title** Electrical Systems - Receptacles  
**Type** Standard

**NFPA 101**

#### Regulation Definition

Electrical Systems - Receptacles

Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed.

6.3.2.2.6.2 (F), 6.3.2.4.2 (NFPA 99)

### ST - K0913 - Electrical Systems - Wet Procedure Locations

**Title** Electrical Systems - Wet Procedure Locations  
**Type** Standard

**NFPA 101**

6RegSet.rpt
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

**Regulation Definition**

Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment conducted by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection.

6.3.2.2.8.4, 6.3.2.2.8.7, 6.4.4.2

**Interpretive Guideline**

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)

ST - K0915 - Electrical Systems - Essential Electric System

Title  Electrical Systems - Essential Electric System
Type  Standard

Electrical Systems - Essential Electric System Categories
*Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES.
*General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES.
*Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours.

3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

ST - K0916 - Electrical Systems - Essential Electric Syste

Title  Electrical Systems - Essential Electric System
Type   Standard

**Regulation Definition**

Electrical Systems - Essential Electric System Alarm Annunciator

A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator.

6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)

ST - K0917 - Electrical Systems - Essential Electric Syste

Title  Electrical Systems - Essential Electric System
Type   Standard

**Regulation Definition**

Electrical Systems - Essential Electric System Receptacles

Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking.
Electrical Systems - Essential Electric System Maintenance and Testing

The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.
### ST - K0919 - Electrical Equipment - Other

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical Equipment - Other</td>
<td></td>
</tr>
</tbody>
</table>

List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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.

### ST - K0920 - Electrical Equipment - Power Cords and Extens

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical Equipment - Power Cords and Extension Cords</td>
<td></td>
</tr>
</tbody>
</table>

Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by
qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.

10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5

ST - K0921 - Electrical Equipment - Testing and Maintenance

<table>
<thead>
<tr>
<th>Title</th>
<th>Electrical Equipment - Testing and Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
<tr>
<td>NFPA 101</td>
<td></td>
</tr>
</tbody>
</table>

**Regulation Definition**

The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the
manufacturer include information as required by 10.5.3.1.1
and are considered in the development of a program for
electrical equipment maintenance. Electrical equipment
instructions and maintenance manuals are readily available,
and safety labels and condensed operating instructions on the
appliance are legible. A record of electrical equipment tests,
repairs, and modifications is maintained for a period of time to
demonstrate compliance in accordance with the facility's
policy. Personnel responsible for the testing, maintenance and
use of electrical appliances receive continuous training.

10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8

**ST - K0922 - Gas Equipment - Other**

<table>
<thead>
<tr>
<th>Title</th>
<th>Gas Equipment - Other</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
<tr>
<td></td>
<td>NFPA 101</td>
</tr>
</tbody>
</table>

**Regulation Definition**

Gas Equipment - Other

List in the REMARKS section any NFPA 99 Chapter 11 Gas
Equipment 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.

Chapter 11 (NFPA 99)
ST - K0923 - Gas Equipment - Cylinder and Container Storage

Title  Gas Equipment - Cylinder and Container Storage
Type Standard

**NFPA 101**

**Regulation Definition**

Gas Equipment - Cylinder and Container Storage

Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.

>300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.

Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.

A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."

Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure...
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.

11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)

ST - K0924 - Gas Equipment - Testing and Maintenance Requirements

<table>
<thead>
<tr>
<th>Title</th>
<th>Gas Equipment - Testing and Maintenance Requirements</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
<tr>
<td>Regulation Definition</td>
<td>Gas Equipment - Testing and Maintenance Requirements</td>
</tr>
</tbody>
</table>

Anesthesia apparatus are tested at the final path to patient after any adjustment, modification or repair. Before the apparatus is returned to service, each connection is checked to verify proper gas and an oxygen analyzer is used to verify oxygen concentration. Defective equipment is immediately removed from service. Areas designated for servicing of oxygen equipment are clean and free of oil, grease, or other flammables. Manufacturer service manuals are used to maintain equipment and a scheduled maintenance program is followed.

11.4.1.3, 11.5.1.3, 11.6.2.5, 11.6.2.6 (NFPA 99)

ST - K0925 - Gas Equipment - Respiratory Therapy Sources

<table>
<thead>
<tr>
<th>Title</th>
<th>Gas Equipment - Respiratory Therapy Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
</tr>
</tbody>
</table>

NFPA 101
Regulation Definition
Gas Equipment - Respiratory Therapy Sources of Ignition

Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition are within in the site of intentional expulsion (1-foot). When other oxygen deliver equipment is used or oxygen is delivered inside a patient's room, no sources of ignition are within the area of administration (15-feet). Solid fuel-burning appliances is not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion.

11.5.1.1, TIA 12-6 (NFPA 99)

Interpretive Guideline

ST - K0926 - Gas Equipment - Qualifications and Training

Title Gas Equipment - Qualifications and Training
Type Standard

NFPA 101

Regulation Definition
Gas Equipment - Qualifications and Training of Personnel

Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment.

11.5.2.1 (NFPA 99)
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

ST - K0927 - Gas Equipment - Transfilling Cylinders

Title Gas Equipment - Transfilling Cylinders
Type Standard

NFPA 101

**Regulation Definition**

Transfilling of oxygen from one cylinder to another is in accordance with CGA P-2.5, Transfilling of High Pressure Gaseous Oxygen Used for Respiration. Transfilling of any gas from one cylinder to another is prohibited in patient care rooms. Transfilling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfilling to liquid oxygen containers or to portable containers under 50 psi comply with conditions under 11.5.2.3.2 (NFPA 99).

11.5.2.2 (NFPA 99)

**Interpretive Guideline**


ST - K0928 - Gas Equipment - Labeling Equipment and Cylind

Title Gas Equipment - Labeling Equipment and Cylinders
Type Standard

NFPA 101

**Regulation Definition**

Equipment listed for use in oxygen-enriched atmospheres are so labeled. Oxygen metering equipment and pressure reducing
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

regulators are labeled "OXYGEN-USE NO OIL."
Flowmeters, pressure reducing regulators, and
oxygen-dispensing apparatus are clearly and permanently
labeled designating the gases for which they are intended.
Oxygen-metering equipment, pressure reducing regulators,
humidifiers, and nebulizers are labeled with name of
manufacturer or supplier. Cylinders and containers are labeled
in accordance with CGA C-7. Color coding is not utilized as
the primary method of determining cylinder or container
contents. All labeling is durable and withstands cleaning or
disinfecting.

11.5.3.1 (NFPA 99)

ST - K0929 - Gas Equipment - Precautions for Handling Oxygen

Title  Gas Equipment - Precautions for Handling Oxygen
Type   Standard

NFPA 101

Regulation Definition
Gas Equipment - Precautions for Handling Oxygen Cylinders
and Manifolds

Handling of oxygen cylinders and manifolds is based on CGA
G-4, Oxygen. Oxygen cylinders, containers, and associated
equipment are protected from contact with oil and grease,
from contamination, protected from damage, and handled with
care in accordance with precautions provided under 11.6.2.1
through 11.6.2.4 (NFPA 99)

11.6.2 (NFPA 99)
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

ST - K0930 - Gas Equipment - Liquid Oxygen Equipment

Title Gas Equipment - Liquid Oxygen Equipment
Type Standard

NFPA 101

**Regulation Definition**

Gas Equipment - Liquid Oxygen Equipment

The storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections 11.7.2 through 11.7.4 (NFPA 99).

11.7 (NFPA 99)

**Interpretive Guideline**

ST - K0931 - Hyperbaric Facilities

Title Hyperbaric Facilities
Type Standard

NFPA 101

**Regulation Definition**

Hyperbaric Facilities

All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99.

Chapter 14 (NFPA 99)
### ST - K0932 - Features of Fire Protection - Other

**Title**  Features of Fire Protection - Other  
**Type**  Standard  

#### NFPA 101

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Features of Fire Protection - Other</td>
<td></td>
</tr>
</tbody>
</table>

List in the REMARKS section any NFPA 99 Chapter 15 Features of Fire Protection 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.

**Chapter 15 (NFPA 99)**

### ST - K0933 - Features of Fire Protection - Fire Loss Preve

**Title**  Features of Fire Protection - Fire Loss Prevention in Operating Rooms  
**Type**  Standard  

#### NFPA 101

<table>
<thead>
<tr>
<th>Regulation Definition</th>
<th>Interpretive Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Features of Fire Protection - Fire Loss Prevention in Operating Rooms</td>
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</tbody>
</table>

Periodic evaluations are made of hazards that could be encountered during surgical procedures, and fire prevention procedures are established. When flammable germicides or antiseptics are employed during surgeries utilizing electrosurgery, cautery or lasers:
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

* packaging is non-flammable
* applicators are in unit doses
* Preoperative "time-out" is conducted prior the initiation of any surgical procedure to verify:
  o application site is dry prior to draping and use of surgical equipment
  o pooling of solution has not occurred or has been corrected
  o solution-soaked materials have been removed from the OR prior to draping and use of surgical devices
  o policies and procedures are established outlining safety precautions related to the use of flammable germicide or antiseptic use

Procedures are established for operating room emergencies including alarm activation, evacuation, equipment shutdown, and control operations. Emergency procedures include the control of chemical spills, and extinguishment of drapery, clothing and equipment fires. Training is provided to new OR personnel (including surgeons), continuing education is provided, incidents are reviewed monthly, and procedures are reviewed annually.

15.13 (NFPA 99)

ST - K1001 - Awareness of the Egress System

Title  Awareness of the Egress System
Type  Standard

NFPA 101 (2012)

Regulation Definition

Every exit shall be clearly visible, or the route to reach every exit shall be conspicuously indicated. Each means of egress, in its entirety, shall be arranged or marked so that the way to a place of safety is indicated in a clear manner. NFPA 101

Interpretive Guideline


Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

(2012) 4.5.3.3.

ST - K1002 - Existing Life Safety Features

**Title**  Existing Life Safety Features  
**Type**  Standard

NFPA 101 (2012)

**Regulation Definition**

No existing life safety feature shall be removed or reduced where such feature is a requirement for new construction. Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed.


ST - K1003 - Features Maintained

**Title**  Features Maintained  
**Type**  Standard

NFPA 101 (2012)

**Regulation Definition**

Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or any other feature is required for compliance with the provisions of the Life Safety Code, such device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

NFPA 101 (2012) 4.6.12.1

ST - K1004 - Maintenance Personnel

**Title**  Maintenance Personnel  
**Type**  Standard

**Regulation Definition**

Maintenance, inspection, and testing shall be under the supervision of a responsible person who shall ensure that testing, inspecting, and maintenance are made at specified intervals in accordance with applicable NFPA standards or as directed by the authority having jurisdiction.


ST - K1005 - General Equipment Testing & Maintenance

**Title**  General Equipment Testing & Maintenance  
**Type**  Standard

**Regulation Definition**

Any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this Code or as directed by the authority having jurisdiction.

NFPA 101 (2012) 4.6.12.4
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

ST - K1006 - Considerations not Related to Fire

**Title**  Considerations not Related to Fire  
**Type**  Standard  
NFPA 101 (2012)

**Regulation Definition**

The Code also addresses other considerations that, while important in fire conditions, provide an ongoing benefit in other conditions of use, including non-fire emergencies.  

**Interpretive Guideline**

ST - K1007 - Interim Life Safety Measures

**Title**  Interim Life Safety Measures  
**Type**  Standard  
NFPA 101 (2012)

**Regulation Definition**

Buildings, or portions of buildings, shall be permitted to be occupied during construction, repair, alterations, or additions only where required means of egress and required fire protection features are in place and continuously maintained for the portion occupied or where alternative life safety measures acceptable to the authority having jurisdiction are in place.  

**Interpretive Guideline**
Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops, at a minimum positive pressure differential of 0.01 in. water column (2.5 N/m2) between the exposed and the unexposed surface of the test assembly.

NFPA 101 (2012) 8.3.5.1.

Joints made within or between fire resistance-rated assemblies shall be protected with a joint system that is designed and

NFPA 101 (2012)
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice

tested to prevent the spread of fire for a time period equal to that of the assembly in which the joint is located. Such materials, systems, or devices shall be tested as part of the assembly in accordance with the requirements of ASTM E1966, Standard Test Method for Fire-Resistive Joint Systems, or ANSI/UL 2079, Standard for Tests for Fire Resistance of Building Joint Systems.

NFPA 101 (2012) 8.3.6.5.

ST - K1010 - Other Automatic Extinguishing Equipment

<table>
<thead>
<tr>
<th>Title</th>
<th>Other Automatic Extinguishing Equipment</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
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</table>

Regulation Definition

In any occupancy where the character of the fuel for fire is such that extinguishment or control of fire is accomplished by a type of automatic extinguishing system in lieu of an automatic sprinkler system, such system shall be installed in accordance with the appropriate standard, as determined in accordance with Table 9.7.3.1.

NFPA 101 (2012) 9.7.3.1

ST - K1011 - Fire Doors

<table>
<thead>
<tr>
<th>Title</th>
<th>Fire Doors</th>
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<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
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</table>

NFPA 101 (2012)
Communicating openings in dividing fire barriers required by 18.1.1.4.1 & 19.1.1.4.1 shall be permitted only in corridors and shall be protected by approved self-closing fire door assemblies. (See also Section 8.3.)

Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code.

NFPA 101 (2012) 18.1.1.4.1.1 & 19.1.1.4.1.2, 8.3.3.1.
Aspen State Regulation Set: K 4.01 Life Safety Code for Hospice


### ST - K1053 - Emergency Management Plan

**Title** Emergency Management Plan  
**Type** Rule  
FAC 58A-2.026

**Regulation Definition**

Pursuant to Section 400.610(1)(b), F.S., each hospice shall prepare and maintain a comprehensive emergency management plan, hereinafter referred to as "the plan," in accordance with the "Comprehensive Emergency Management Plan (CEMP) Format for Hospices," DOEA Form H-001, March 2007, which is incorporated by reference. The plan shall be submitted electronically for review to the local county health department in each county that the hospice is licensed to serve.

Florida Administrative Code 58A-2.026

### ST - K1054 - Licensure Procedure

**Title** Licensure Procedure  
**Type** Rule  
59A-38.003

**Regulation Definition**

(1) Licenses issued by the AHCA to operate a hospice shall be based upon the results of a survey conducted by the AHCA to determine compliance with the requirements of chapter 400, part IV, F.S., and with these rules. A license shall be issued to any not-for-profit public or private agency who meets all
federal, state and local requirements.

(3) In addition to the information required in section 400.606(1), F.S., the following information is required for the licensure application:

(b) For initial licensure only, the Certificate of Need and certificates of occupancy signed by local authorized zoning, building and electrical officials shall be attached to the application. For initial licensure, where there are no municipal, county or electrical building codes, the applicant shall provide a written statement of compliance with these regulations from a registered architect or professional engineer who shall substitute for the authorities specified above. A separate survey for fire safety and physical plant requirements of residential and freestanding inpatient facilities operated by the hospice shall be made by the AHCA prior to the opening of the facilities and on a periodic basis.

### ST - K1055 - Physical Plant Requirements

**Title**  
Physical Plant Requirements

**Type**  
Rule

59A-38.017

**Regulation Definition**

(1) As used in this rule, "inpatient facility and unit" means the location where inpatient services are provided to hospice patients.

(2) All new inpatient facilities and units, and additions or renovations to existing facilities and units shall be in compliance with the requirements of section 400.6051, F.S.
### ST - K1150 - Security Management

<table>
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<th>Title</th>
<th>Security Management</th>
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<td>Type</td>
<td>Rule</td>
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</table>

**Regulation Definition**

This chapter shall apply to new and existing health care facilities. A health care facility shall have a security management plan. The scope, objectives, performance, and effectiveness of the security plan shall be tested at a frequency shown to be necessary by review of the security vulnerability assessment (SVA) in accordance with Section 13.3.

**Interpretive Guideline**