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**Aspen State Regulation Set: Y 1.00 Life Safety Code ICF Health**

**ST - Y0000 - INITIAL COMMENTS**

**Title** INITIAL COMMENTS

**Type** Memo Tag

**Regulation Definition**

**Interpretive Guideline**

These guidelines are meant solely to provide guidance to surveyors in the survey process.

**ST - Y0100 - General Requirements - Other**

**Title** General Requirements - Other

**Type** Rule

NFPA 101 59A-26

**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.  
59A-26

**ST - Y0111 - Building Rehabilitation**

**Title** Building Rehabilitation

**Type** Rule

NFPA 101

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**Regulation Definition**

**Building Rehabilitation**

Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following:

- \* Requirements of Chapter 18 and 19
  - \* Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6
- 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1

**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) 59A-26

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**ST - Y0112 - Sprinkler Requirements for Major Rehabilitati**

**Title** Sprinkler Requirements for Major Rehabilitati

**Type** Rule

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

**Interpretive Guideline**

**ST - Y0131 - Multiple Occupancies**

**Title** Multiple Occupancies

**Type** Rule

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

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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 - Y0132 - Multiple Occupancies - Contiguous Non-Health**

**Title** Multiple Occupancies - Contiguous Non-Health

**Type** Rule

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

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**ST - Y0133 - Multiple Occupancies - Construction Type**

**Title** Multiple Occupancies - Construction Type

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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

**ST - Y0161 - Building Construction Type and Height**

**Title** Building Construction Type and Height

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Building Construction Type and Height  
2015 EXISTING NEW

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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.

Building Construction Type and Height  
2015 NEW

Building construction type and stories meets Table 18.1.6.1,

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unless otherwise permitted by 18.1.6.2 through 18.1.6.7.  
18.1.6.4, 18.1.6.5

**Construction Type**

1 I (442), I (332), II (222) Not allowed non-sprinklered  
Any number of stories

2 II (111) Not allowed non-sprinklered  
Maximum 3 stories sprinklered

3 II (000) Not allowed non-sprinklered

4 III (211) Maximum 1 story sprinklered

5 IV (2HH)

6 V (111)

7 III (200) Not allowed non-sprinklered

8 V (000)

Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 18.3.5)

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 - Y0162 - Roofing Systems Involving Combustibles**

**Title** Roofing Systems Involving Combustibles

**Type** Rule

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**Regulation Definition**

Roofing Systems Involving Combustibles

2015 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

2015 NEW

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

1. roof covering meets Class A requirements.
2. roof is separated from occupied building portions with two hour fire resistive noncombustible floor assembly using not less than 2-1/2 inches concrete or gypsum fill.
3. the structural elements supporting the rated floor assembly meet the required fire resistance rating of the building.

18.1.6.2, ASTM E108, ANSI/UL 790

**Interpretive Guideline**



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**ST - Y0163 - Interior Nonbearing Wall Construction**

**Title** Interior Nonbearing Wall Construction

**Type** Rule

NFPA 101

**Regulation Definition**

Interior Nonbearing Wall Construction

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

**Interpretive Guideline**

**ST - Y0200 - Means of Egress Requirements - Other**

**Title** Means of Egress Requirements - Other

**Type** Rule

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

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**ST - Y0211 - Means of Egress - General**

**Title** Means of Egress - General

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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

**ST - Y0221 - Patient Sleeping Room Doors**

**Title** Patient Sleeping Room Doors

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Patient Sleeping Room Doors

Locks shall not be permitted on patient sleeping room doors, unless otherwise permitted by one of the following:

- (1) Key-locking devices that restrict access to the room from the corridor and that are operable only by staff from the corridor side shall be permitted, provided that such devices do not restrict egress from the room.
- (2) Locks complying with 18.2.2.2.5 shall be permitted.  
18.2.2.2.2, 19.2.2.2.2

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**ST - Y0222 - Egress Doors**

**Title** Egress Doors

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

**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

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**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 - Y0223 - Doors with Self-Closing Devices**

**Title** Doors with Self-Closing Devices

**Type** Rule

NFPA 101

**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

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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 - Y0224 - Horizontal Sliding Doors**

**Title** Horizontal Sliding Doors

**Type** Rule

NFPA 101

**Regulation Definition**

Horizontal-Sliding Doors

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.

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18.2.2.2.10, 19.2.2.2.10

ST - Y0225 - Stairways and Smokeproof Enclosures

**Title** Stairways and Smokeproof Enclosures

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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 - Y0226 - Horizontal Exits

**Title** Horizontal Exits

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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.

18.2.2.5, 19.2.2.5

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**ST - Y0227 - Ramps and Other Exits**

**Title** Ramps and Other Exits

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Ramps and Other Exits

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 - Y0231 - Means of Egress Capacity**

**Title** Means of Egress Capacity

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Means of Egress Capacity

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

18.2.3.1, 19.2.3.1

**ST - Y0232 - Aisle, Corridor, or Ramp Width**

**Title** Aisle, Corridor, or Ramp Width

**Type** Rule

NFPA 101

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**Regulation Definition**

**Interpretive Guideline**

Aisle, Corridor or Ramp Width

2015 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

2015 NEW

The width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes shall be at least 8 feet. In limited care facility and psychiatric hospitals, width of aisles or corridors shall be at least 6 feet, except as modified by the 18.2.3.4 or 18.2.3.5 exceptions.

18.2.3.4, 18.2.3.5

**ST - Y0233 - Clear Width of Exit and Exit Access Doors**

**Title** Clear Width of Exit and Exit Access Doors

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Clear Width of Exit and Exit Access Doors

2015 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.

19.2.3.6, 19.2.3.7



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2015 NEW

Exit access doors and exit doors are of the swinging type and are at least 41.5 inches in clear width. In psychiatric hospitals or limited care facilities, doors are at least 32 inches wide.

Doors not subject to patient use, in exit stairway enclosures, or serving newborn nurseries shall be no less than 32 inches in clear width. If using a pair of doors, the doors shall be provided with a rabbet, bevel, or astragal at the meeting edge, at least one of the doors shall provide 32 inches in clear width, and the inactive leaf of the pair shall be secured with automatic flush bolts.

18.2.3.6, 18.2.3.7

**ST - Y0241 - Number of Exits - Story and Compartment**

**Title** Number of Exits - Story and Compartment

**Type** Rule

NFPA 101

**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

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**ST - Y0251 - Dead-End Corridors and Common Path of Travel**

**Title** Dead-End Corridors and Common Path of Travel

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Dead-End Corridors and Common Path of Travel

2015 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

2015 NEW

Dead-end corridors shall not exceed 30 feet. Common path of travel shall not exceed 100 feet.

18.2.5.2, 18.2.5.3

**ST - Y0252 - Number of Exits - Corridors**

**Title** Number of Exits - Corridors

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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

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than corridors or lobbies.  
18.2.5.4, 19.2.5.4

**ST - Y0253 - Number of Exits - Patient Sleeping and Non-SI**

**Title** Number of Exits - Patient Sleeping and Non-SI

**Type** Rule

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.  
18.2.5.5.1, 18.2.5.5.2, 19.2.5.5.1, 19.2.5.5.2

**Interpretive Guideline**

**ST - Y0254 - Corridor Access**

**Title** Corridor Access

**Type** Rule

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.  
18.2.5.6.1 through 18.2.5.6.4, 19.2.5.6.1 through 19.2.5.6.4

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**ST - Y0255 - Suite Separation, Hazardous Content, and Subd**

**Title** Suite Separation, Hazardous Content, and Subd

**Type** Rule

NFPA 101

**Regulation Definition**

Suite Separation, Hazardous Content, and Subdivision

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

**Interpretive Guideline**

**ST - Y0256 - Sleeping Suites**

**Title** Sleeping Suites

**Type** Rule

NFPA 101

**Regulation Definition**

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 shall be provided with

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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 - Y0257 - Non-Sleeping Suites**

**Title** Non-Sleeping Suites

**Type** Rule

NFPA 101

**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

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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

**ST - Y0261 - Travel Distance to Exits**

**Title** Travel Distance to Exits

**Type** Rule

NFPA 101

**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

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**ST - Y0271 - Discharge from Exits**

**Title** Discharge from Exits

**Type** Rule

NFPA 101

**Regulation Definition**

Discharge from Exits

Exit discharge is arranged in accordance with 7.7, provides a

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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

**ST - Y0281 - Illumination of Means of Egress**

**Title** Illumination of Means of Egress

**Type** Rule

NFPA 101

**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.  
18.2.8, 19.2.8

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**ST - Y0291 - Emergency Lighting**

**Title** Emergency Lighting

**Type** Rule

NFPA 101

**Regulation Definition**

Emergency Lighting  
Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.  
18.2.9.1, 19.2.9.1

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ST - Y0292 - Means of Egress

**Title** Means of Egress

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Life Support Means of Egress

2015 NEW

Buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99. (Indicate N/A if life support equipment is for emergency purposes only.)

18.2.9.2, 18.2.10.5

ST - Y0293 - Exit Signage

**Title** Exit Signage

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Exit Signage

2015 EXISTING

Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the



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emergency lighting system.

19.2.10.1

(Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)

2015 NEW

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

18.2.10.1

ST - Y0300 - Protection - Other

**Title** Protection - Other

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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 - Y0311 - Vertical Openings - Enclosure

**Title** Vertical Openings - Enclosure

**Type** Rule

NFPA 101

**Regulation Definition**

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Vertical Openings - Enclosure

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**2015 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 rating please note.

**2015 NEW**

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 2 hours connecting four or more stories. (1 hour for single story building and buildings up to three stories in height.) An atrium may be used in accordance with 8.6.7.

18.3.1 through 18.3.1.5

**ST - Y0321 - Hazardous Areas - Enclosure**

**Title** Hazardous Areas - Enclosure

**Type** Rule

NFPA 101

**Regulation Definition**

Hazardous Areas - Enclosure

**2015 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.

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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

2015 New

Hazardous areas are protected in accordance with 18.3.2.1.

The areas shall be enclosed with a 1-hour fire-rated barrier, with a 3/4-hour fire-rated door without windows (in accordance with 8.7.1.1). Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, and 8.4.

Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.

18.3.2.1, 7.2.1.8, 8.4, 8.7, 9.7

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 K322)

**ST - Y0322 - Laboratories**

**Title** Laboratories

**Type** Rule

NFPA 101

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**Regulation Definition**

Laboratories

2015 New and Existing

Laboratories in which chemicals are handled or stored shall comply with the operational requirements of NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals.

Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered a severe hazard shall be protected in accordance with 8.7.1.1.

18.3.2.2.1, 18.3.2.2.2, 19.3.2.2.1, 19.3.2.2.2 8.7, 8.7.1.1

(LSC)

9.3.1.2, 11.4.3.2, 15.4 (NFPA 99) NFPA 45

**Interpretive Guideline**

**ST - Y0323 - Anesthetizing Locations**

**Title** Anesthetizing Locations

**Type** Rule

NFPA 101

**Regulation Definition**

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

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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 - Y0324 - Cooking Facilities**

**Title** Cooking Facilities

**Type** Rule

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

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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

**ST - Y0325 - Alcohol Based Hand Rub Dispenser (ABHR)**

**Title** Alcohol Based Hand Rub Dispenser (ABHR)

**Type** Rule

NFPA 101

**Regulation Definition**

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

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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

**ST - Y0331 - Interior Wall and Ceiling Finish**

**Title** Interior Wall and Ceiling Finish

**Type** Rule

NFPA 101

**Regulation Definition**

Interior Wall and Ceiling Finish

2015 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

2015 NEW

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

Individual rooms not exceeding four persons may have a Class A or B finish.

Lower half of corridor walls, not exceeding 4 feet in height, may have a Class A or B flame spread rating.

10.2, 18.3.3.1, 18.3.3.2

Indicate flame spread rating(s). \_\_\_\_\_

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**ST - Y0332 - Interior Floor Finish**

**Title** Interior Floor Finish

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Interior Floor Finish

2015 NEW

Interior finishes shall comply with 10.2. Floor finishes in exit enclosures and exit access corridors and spaces not separated by walls that resist the passage of smoke shall be Class I or II.

18.3.3.3.1, 18.3.3.3.2, 18.3.3.3.3, 10.2, 10.2.7.1, 10.2.7.2

**ST - Y0341 - Fire Alarm System - Installation**

**Title** Fire Alarm System - Installation

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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



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paths are monitored for integrity.  
18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8

**ST - Y0342 - Fire Alarm System - Initiation**

**Title** Fire Alarm System - Initiation

**Type** Rule

NFPA 101

**Regulation Definition**

Fire Alarm System - Initiation

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.

18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5

**Interpretive Guideline**

**ST - Y0343 - Fire Alarm System - Notification**

**Title** Fire Alarm System - Notification

**Type** Rule

NFPA 101

**Regulation Definition**

Fire Alarm - Notification

2015 EXISTING

Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler

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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)

2015 NEW

Positive alarm sequence in accordance with 9.6.3.4 are permitted. 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.

Annunciation and annunciation zoning for fire alarm and sprinklers shall be provided by audible and visual indicators and zones shall not be larger than 22,500 square feet per zone.

18.3.4.3 through 18.3.4.3.3, 9.6.4

**ST - Y0344 - Fire Alarm - Control Functions**

**Title** Fire Alarm - Control Functions

**Type** Rule

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

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**ST - Y0345 - Fire Alarm System - Testing and Maintenance**

**Title** Fire Alarm System - Testing and Maintenance

**Type** Rule

NFPA 101

**Regulation Definition**

Fire Alarm System - Testing and Maintenance

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.

9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72

**Interpretive Guideline**

**ST - Y0346 - Fire Alarm System - Out of Service**

**Title** Fire Alarm System - Out of Service

**Type** Rule

NFPA 101

**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

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**ST - Y0347 - Smoke Detection**

**Title** Smoke Detection

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Smoke Detection

2015 EXISTING

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

19.3.6.1.

19.3.4.5.2

2015 NEW

Smoke detection systems are provided in spaces open to corridors as required by 18.3.6.1

In nursing homes, an automatic smoke detection system is installed in the corridors of all smoke compartments containing resident sleeping rooms, unless the resident sleeping rooms have:

\*smoke detection, or

\*automatic door closing devices with integral smoke detectors on the room side that provide occupant notification. Such detectors are electrically interconnected to the fire alarm system.

18.3.4.5.2, 18.3.4.5.3

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**ST - Y0351 - Sprinkler System - Installation**

**Title** Sprinkler System - Installation

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Sprinkler System - Installation

2015 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, 19.3.5.10, 9.7, 9.7.1.1(1)

2015 NEW

Buildings are to be 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 and local regulations prohibit sprinklers.

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Listed quick-response or listed residential sprinklers are used throughout smoke compartments with patient sleeping rooms. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed six square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.  
18.3.5.1, 18.3.5.4, 18.3.5.5, 18.3.5.6, 9.7, 9.7.1.1(1), 18.3.5.10

**ST - Y0352 - Sprinkler System - Supervisory Signals**

**Title** Sprinkler System - Supervisory Signals

**Type** Rule

NFPA 101

**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

**Interpretive Guideline**

**ST - Y0353 - Sprinkler System - Maintenance and Testing**

**Title** Sprinkler System - Maintenance and Testing

**Type** Rule

NFPA 101

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**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, 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

**Interpretive Guideline**

**ST - Y0354 - Sprinkler System - Out of Service**

**Title** Sprinkler System - Out of Service

**Type** Rule

NFPA 101

**Regulation Definition**

**Sprinkler System - Out of Service**

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 4 hours in a 24-hour period, the building or portion of the building affected are

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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) 59A-26.016

**ST - Y0355 - Portable Fire Extinguishers**

**Title** Portable Fire Extinguishers

**Type** Rule

NFPA 101

**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

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**ST - Y0361 - Corridors - Areas Open to Corridor**

**Title** Corridors - Areas Open to Corridor

**Type** Rule

NFPA 101

**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

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**ST - Y0362 - Corridors - Construction of Walls**

**Title** Corridors - Construction of Walls

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Corridors - Construction of Walls

**2015 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

**2015 NEW**

Corridor walls shall form a barrier to limit the transfer of smoke. Such walls shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is required for the corridor walls.

18.3.6.2

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**ST - Y0363 - Corridor - Doors**

**Title** Corridor - Doors

**Type** Rule

NFPA 101

**Regulation Definition**

Corridor - Doors

2015 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.

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

Show in REMARKS details of doors such as fire protection

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ratings, automatics closing devices, etc.

2015 NEW

Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted.

Doors shall be provided with self-latching and positive latching hardware. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited by CMS regulations (only for Federal survey citation) on corridor doors and rooms containing flammable or combustible materials.

18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485

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

**ST - Y0364 - Corridor - Openings**

**Title** Corridor - Openings

**Type** Rule

NFPA 101

**Regulation Definition**

Corridor - Openings

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

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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

**ST - Y0371 - Subdivision of Building Spaces - Smoke Compar**

**Title** Subdivision of Building Spaces - Smoke Compar

**Type** Rule

NFPA 101

**Regulation Definition**

Subdivision of Building Spaces - Smoke Compartments

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.

2015 NEW

Smoke barriers shall be provided to form at least two smoke compartments on every floor used by inpatients for sleeping or treatment, and on every floor with an occupant load of 50 or more persons, regardless of use.

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.

Smoke subdivision requirements do not apply to any of the

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stories or areas described in 18.3.7.2.

18.3.7.1, 18.3.7.2

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

**ST - Y0372 - Subdivision of Building Spaces - Smoke Barrie**

**Title** Subdivision of Building Spaces - Smoke Barrie

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Subdivision of Building Spaces - Smoke Barrier Construction

2015 EXISTING

Smoke barriers shall be constructed to a 1/2-hour fire 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.

2015 NEW

Smoke barriers shall be constructed to provide at least a one hour fire resistance rating and constructed in accordance with 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations of fully ducted HVAC systems.

18.3.7.3, 18.3.7.4, 18.3.7.5, 8.3

Describe any mechanical smoke control system in

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REMARKS.

**ST - Y0373 - Subdivision of Building Spaces - Accumulation**

**Title** Subdivision of Building Spaces - Accumulation

**Type** Rule

NFPA 101

**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

**Interpretive Guideline**

**ST - Y0374 - Subdivision of Building Spaces - Smoke Barrie**

**Title** Subdivision of Building Spaces - Smoke Barrie

**Type** Rule

NFPA 101

**Regulation Definition**

Subdivision of Building Spaces - Smoke Barrier Doors

2015 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

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swinging or horizontal doors.  
19.3.7.6, 19.3.7.8, 19.3.7.9

**2015 NEW**

Doors in smoke barriers have at least a 20 minute fire protection rating or are at least 1-3/4 inch thick solid bonded core wood.

Required clear widths are provided per 18.3.7.6(4) and (5). Nonrated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal-sliding doors comply with 7.2.1.14. Swinging doors shall be arranged so that each door swings in an opposite direction.

Doors shall be self-closing and rabbets, bevels, or astragals are required at the meeting edges. Positive latching is not required.

18.3.7.6, 18.3.7.7, 18.3.7.8

**ST - Y0379 - Smoke Barrier Door Glazing**

**Title** Smoke Barrier Door Glazing

**Type** Rule

NFPA 101

**Regulation Definition**

Smoke Barrier Door Glazing

**2015 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

**2015 NEW**

Windows in smoke barrier doors shall be installed in each cross corridor swinging or horizontal-sliding door protected by fire-rated glazing or by wired glass panels in approved

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frames.  
18.3.7.9

**ST - Y0381 - Sleeping Room Outside Windows and Doors**

**Title** Sleeping Room Outside Windows and Doors

**Type** Rule

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

**Interpretive Guideline**

**ST - Y0400 - Special Provisions - Other**

**Title** Special Provisions - Other

**Type** Rule

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

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citation, should be included. 59A-26

**ST - Y0421 - High-Rise Buildings**

**Title** High-Rise Buildings

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

High-Rise Buildings

2015 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

2015 NEW

High-rise buildings comply with section 11.8.  
18.4.2

**ST - Y0500 - Building Services - Other**

**Title** Building Services - Other

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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

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citation, should be included.

**ST - Y0511 - Utilities - Gas and Electric**

**Title** Utilities - Gas and Electric

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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 - Y0521 - HVAC**

**Title** HVAC

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

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

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**ST - Y0522 - HVAC - Any Heating Device**

**Title** HVAC - Any Heating Device

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

HVAC - Any Heating Device

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

**ST - Y0523 - HVAC - Suspended Unit Heaters**

**Title** HVAC - Suspended Unit Heaters

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Suspended Unit Heaters

Suspended unit heaters are permitted provided the following are met:

- \* 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

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there is excessive temperature or ignition failure.  
18.5.2.3(1), 19.5.2.3(1)

**ST - Y0524 - HVAC - Direct-Vent Gas Fireplaces**

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

**Type** Rule

NFPA 101

**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

**Interpretive Guideline**

**ST - Y0525 - HVAC - Solid Fuel-Burning Fireplaces**

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

**Type** Rule

NFPA 101

**Regulation Definition**

HVAC - Solid Fuel-Burning Fireplaces

Solid fuel-burning fireplaces are permitted in other than patient sleeping areas provided:

- \* 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)

**Interpretive Guideline**

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**ST - Y0531 - Elevators**

**Title** Elevators

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Elevators

2015 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

2015 NEW

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. New elevators conform to ASME/ANSI A17.1, Safety Code for Elevators and Escalators, including Firefighter's Service Requirements. (Includes firefighter's Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency

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in-car key operation, machine room smoke detectors, and  
elevator lobby smoke detectors.)

18.5.3, 9.4.2, 9.4.3

**ST - Y0532 - Escalators, Dumbwaiters, and Moving Walks**

**Title** Escalators, Dumbwaiters, and Moving Walks

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Escalators, Dumbwaiters, and Moving Walks

**2015 EXISTING**

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.)

19.5.3, 9.4.2.2

**2015 NEW**

Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4.

18.5.3, 9.4.2.2

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**ST - Y0541 - Rubbish Chutes, Incinerators, and Laundry Chu**

**Title** Rubbish Chutes, Incinerators, and Laundry Chu

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Rubbish Chutes, Incinerators, and Laundry Chutes

2015 EXISTING

(1) Any existing linen and trash chute, including pneumatic 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

2015 NEW

Rubbish chutes, incinerators, and laundry chutes shall comply with the provisions of Section 9.5, unless otherwise specified in 18.5.4.2.

\*The fire resistance rating of chute charging room shall not be required to exceed one hour.

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\*Any rubbish chute or linen chute shall be provided with automatic extinguishing protection in accordance with Section 9.7.

\*Chutes shall discharge into a trash collection room used for no other purpose and shall be protected in accordance with 8.7.

18.5.4.2, 8.7, 9.5, 9.7, NFPA 82

**ST - Y0700 - Operating Features - Other**

**Title** Operating Features - Other

**Type** Rule

NFPA 101

**Regulation Definition**

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.

**Interpretive Guideline**

**ST - Y0711 - Evacuation and Relocation Plan**

**Title** Evacuation and Relocation Plan

**Type** Rule

NFPA 101

**Regulation Definition**

Evacuation and Relocation Plan

There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties

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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

**ST - Y0712 - Fire Drills**

**Title** Fire Drills

**Type** Rule

NFPA 101

**Regulation Definition**

Fire Drills

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

18.7.1, 19.7.1, 4.7

**Interpretive Guideline**

**ST - Y0741 - Smoking Regulations**

**Title** Smoking Regulations

**Type** Rule

NFPA 101

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**Regulation Definition**

**Interpretive Guideline**

**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 - Y0751 - Draperies, Curtains, and Loosely Hanging Fabr**

**Title** Draperies, Curtains, and Loosely Hanging Fabr

**Type** Rule

NFPA 101

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**Regulation Definition**

Draperies, Curtains, and Loosely Hanging Fabrics

Draperies, curtains including cubicle curtains and loosely hanging fabric 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.

18.7.5.1, 18.3.5.11, 19.7.5.1, 19.3.5.11, 10.3.1

**Interpretive Guideline**

**ST - Y0752 - Upholstered Furniture and Mattresses**

**Title** Upholstered Furniture and Mattresses

**Type** Rule

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

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**ST - Y0753 - Combustible Decorations**

**Title** Combustible Decorations

**Type** Rule

NFPA 101

**Regulation Definition**

Combustible Decorations

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

**Interpretive Guideline**

**ST - Y0754 - Soiled Linen and Trash Containers**

**Title** Soiled Linen and Trash Containers

**Type** Rule

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

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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 listed as meeting FM Approval Standard 6921 or equivalent.

18.7.5.7, 19.7.5.7

**ST - Y0761 - Maintenance Inspection & Testing - Doors**

**Title** Maintenance Inspection & Testing - Doors

**Type** Rule

NFPA 101

**Regulation Definition**

Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.

Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.

Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.

Written records of inspection and testing are maintained and are available for review.

19.7.6, 8.3.3.1 (NFPA 101)

5.2, 5.2.3 (NFPA 80)

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**ST - Y0771 - Engineer Smoke Control Systems**

**Title** Engineer Smoke Control Systems

**Type** Rule

NFPA 101

**Regulation Definition**

**Interpretive Guideline**

Engineer Smoke Control Systems

2015 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

2015 NEW

When installed, engineered smoke control systems are tested in accordance with NFPA 92, Standard for Smoke Control Systems. Test documentation is maintained on the premises.

18.7.7

**ST - Y0781 - Portable Space Heaters**

**Title** Portable Space Heaters

**Type** Rule

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

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degrees Fahrenheit (100 degrees Celsius).  
18.7.8, 19.7.8

**ST - Y0791 - Construction, Repair, and Improvement Operati**

**Title** Construction, Repair, and Improvement Operati

**Type** Rule

NFPA 101

**Regulation Definition**

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

**Interpretive Guideline**

**ST - Y0900 - Health Care Facilities Code - Other**

**Title** Health Care Facilities Code - Other

**Type** Rule

NFPA 99

**Regulation Definition**

Health Care Facilities Code - Other  
List in the REMARKS section any NFPA 99 requirements (including 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.

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**ST - Y0901 - Fundamentals - Building System Categories**

**Title** Fundamentals - Building System Categories

**Type** Rule

NFPA 99

**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)

**Interpretive Guideline**

**ST - Y0902 - Gas and Vacuum Piped Systems - Other**

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

**Type** Rule

NFPA 99

**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)

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**ST - Y0903 - Gas and Vacuum Piped Systems - Categories**

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

**Type** Rule

NFPA 99

**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)

**Interpretive Guideline**

**ST - Y0904 - Gas and Vacuum Piped Systems - Warning System**

**Title** Gas and Vacuum Piped Systems - Warning System

**Type** Rule

NFPA 99

**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)

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**ST - Y0905 - Gas and Vacuum Piped Systems - Central Supply**

**Title** Gas and Vacuum Piped Systems - Central Supply

**Type** Rule

NFPA 99

**Regulation Definition**

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)

**Interpretive Guideline**

**ST - Y0906 - Gas and Vacuum Piped Systems - Central Supply**

**Title** Gas and Vacuum Piped Systems - Central Supply

**Type** Rule

NFPA 99

**Regulation Definition**

Gas and Vacuum Piped Systems - Central Supply  
System Operations 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

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cylinders. Cryogenic liquid storage units intended to supply the facility are not used to trans fill. 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 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 - Y0907 - Gas and Vacuum Piped Systems - Maintenance Pr**

**Title** Gas and Vacuum Piped Systems - Maintenance Pr

**Type** Rule

NFPA 99

**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.

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

**ST - Y0908 - Gas and Vacuum Piped Systems - Inspection and**

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

**Type** Rule

NFPA 99

**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)

**Interpretive Guideline**

**ST - Y0909 - Gas and Vacuum Piped Systems - Information an**

**Title** Gas and Vacuum Piped Systems - Information an

**Type** Rule

NFPA 99

**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

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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)

**ST - Y0910 - Gas and Vacuum Piped Systems - Modifications**

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

**Type** Rule

NFPA 99

**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)

**Interpretive Guideline**

**ST - Y0911 - Electrical Systems - Other**

**Title** Electrical Systems - Other

**Type** Rule

NFPA 99

**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 on Form CMS-2567.

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Chapter 6 (NFPA 99)

**ST - Y0912 - Electrical Systems - Receptacles**

**Title** Electrical Systems - Receptacles

**Type** Rule

NFPA 99

**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)

**Interpretive Guideline**

**ST - Y0913 - Electrical Systems - Wet Procedure Locations**

**Title** Electrical Systems - Wet Procedure Locations

**Type** Rule

NFPA 99

**Regulation Definition**

Electrical Systems - Wet Procedure Locations

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.

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6.3.2.2.8.4, 6.3.2.2.8.7, 6.4.4.2 (NFPA 99)

**ST - Y0914 - Electrical Systems - Maintenance and Testing**

**Title** Electrical Systems - Maintenance and Testing

**Type** Rule

NFPA 99

**Regulation Definition**

Electrical Systems - Maintenance and Testing

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

6.3.4 (NFPA 99)

**Interpretive Guideline**

**ST - Y0915 - Electrical Systems - Essential Electric System**

**Title** Electrical Systems - Essential Electric System

**Type** Rule

NFPA 99

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**Regulation Definition**

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)

**Interpretive Guideline**

**ST - Y0916 - Electrical Systems - Essential Electric Syste**

**Title** Electrical Systems - Essential Electric Syste

**Type** Rule

NFPA 99

**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)

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**ST - Y0917 - Electrical Systems - Essential Electric Syste**

**Title** Electrical Systems - Essential Electric Syste

**Type** Rule

NFPA 101

**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.

6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2 (NFPA 99)

**Interpretive Guideline**

**ST - Y0918 - Electrical Systems - Essential Electric Syste**

**Title** Electrical Systems - Essential Electric Syste

**Type** Rule

NFPA 99

**Regulation Definition**

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

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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.

6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)

**ST - Y0919 - Electrical Equipment - Other**

**Title** Electrical Equipment - Other

**Type** Rule

NFPA 99

**Regulation Definition**

Electrical Equipment - Other

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.  
Chapter 10 (NFPA 99)

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**ST - Y0920 - Electrical Equipment - Power Cords and Extens**

**Title** Electrical Equipment - Power Cords and Extens

**Type** Rule

NFPA 99

**Regulation Definition**

Electrical Equipment - Power Cords and Extension Cords

Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies 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)

**Interpretive Guideline**

**ST - Y0921 - Electrical Equipment - Testing and Maintenanc**

**Title** Electrical Equipment - Testing and Maintenanc

**Type** Rule

NFPA 99

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**Regulation Definition**

Electrical Equipment - Testing and Maintenance Requirements  
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 (NFPA 99)

**Interpretive Guideline**

**ST - Y0922 - Gas Equipment - Other**

**Title** Gas Equipment - Other

**Type** Rule

NFPA 99

**Regulation Definition**

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

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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 - Y0923 - Gas Equipment - Cylinder and Container Storage**

**Title** Gas Equipment - Cylinder and Container Storage

**Type** Rule

NFPA 99

**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."

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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 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 - Y0924 - Gas Equipment - Testing and Maintenance Requi**

**Title** Gas Equipment - Testing and Maintenance Requi

**Type** Rule

NFPA 99

**Regulation Definition**

Gas Equipment - Testing and Maintenance Requirements  
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)

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**ST - Y0925 - Gas Equipment - Respiratory Therapy Sources**

**Title** Gas Equipment - Respiratory Therapy Sources

**Type** Rule

NFPA 99

**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 are 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, (NFPA 99)

**Interpretive Guideline**

**ST - Y0926 - Gas Equipment - Qualifications and Training**

**Title** Gas Equipment - Qualifications and Training

**Type** Rule

NFPA 99

**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

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guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment.

11.5.2.1 (NFPA 99)

**ST - Y0927 - Gas Equipment - Transfilling Cylinders**

**Title** Gas Equipment - Transfilling Cylinders

**Type** Rule

NFPA 99

**Regulation Definition**

Gas Equipment - Transfilling Cylinders

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 - Y0928 - Gas Equipment - Labeling Equipment and Cylind**

**Title** Gas Equipment - Labeling Equipment and Cylind

**Type** Rule

NFPA 99

**Regulation Definition**

Gas Equipment - Labeling Equipment and Cylinders

Equipment listed for use in oxygen-enriched atmospheres are

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so labeled. Oxygen metering equipment and pressure reducing 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 - Y0929 - Gas Equipment - Precautions for Handling Oxyg**

**Title** Gas Equipment - Precautions for Handling Oxyg

**Type** Rule

NFPA 99

**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)

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**ST - Y0930 - Gas Equipment - Liquid Oxygen Equipment**

**Title** Gas Equipment - Liquid Oxygen Equipment

**Type** Rule

NFPA 99

**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 - Y0931 - Hyperbaric Facilities**

**Title** Hyperbaric Facilities

**Type** Rule

NFPA 99

**Regulation Definition**

Hyperbaric Facilities

All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99.  
Chapter 14 (NFPA 99)

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**ST - Y0932 - Features of Fire Protection - Other**

**Title** Features of Fire Protection - Other

**Type** Rule

NFPA 99

**Regulation Definition**

Features of Fire Protection - Other  
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)

**Interpretive Guideline**

**ST - Y0933 - Features of Fire Protection - Fire Loss Preve**

**Title** Features of Fire Protection - Fire Loss Preve

**Type** Rule

NFPA 99

**Regulation Definition**

Features of Fire Protection - Fire Loss Prevention in Operating  
Rooms  
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:  
\* packaging is non-flammable  
\* applicators are in unit doses  
\* Preoperative "time-out" is conducted prior the initiation of

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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 - Y1001 - Awareness of the Egress System**

**Title** Awareness of the Egress System

**Type** Rule

NFPA 101

**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 (2015) 4.5.3.3.

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**ST - Y1002 - Existing Life Safety Features**

**Title** Existing Life Safety Features

**Type** Rule

NFPA 101

**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. NFPA 101 (2015) 4.6.12.2 & 4.6.12.3.

**Interpretive Guideline**

**ST - Y1003 - Features Maintained**

**Title** Features Maintained

**Type** Rule

NFPA 101

**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. NFPA 101 (2015) 4.6.12.1

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**ST - Y1004 - Maintenance Personnel**

**Title** Maintenance Personnel

**Type** Rule

NFPA 101

**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.

NFPA 101 (2015) 4.6.12.5

**Interpretive Guideline**

**ST - Y1005 - General Equipment Testing & Maintenance**

**Title** General Equipment Testing & Maintenance

**Type** Rule

NFPA 101

**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. FAC 59A-26

NFPA 101 (2015) 4.6.12.4

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**ST - Y1006 - Considerations not Related to Fire**

**Title** Considerations not Related to Fire

**Type** Rule

NFPA 101

**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.

NFPA 101 (2015) 1.1.5. FAC 59A-26

**Interpretive Guideline**

**ST - Y1007 - Interim Life Safety Measures**

**Title** Interim Life Safety Measures

**Type** Rule

NFPA 101

**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.

NFPA 101 (2015) 4.6.10.

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**ST - Y1008 - Firestop Systems & Devices**

**Title** Firestop Systems & Devices

**Type** Rule

NFPA 101

**Regulation Definition**

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/m<sup>2</sup>) between the exposed and the unexposed surface of the test assembly.

NFPA 101 (2015) 8.3.5.1.

**Interpretive Guideline**

**ST - Y1009 - Joint Penetrations**

**Title** Joint Penetrations

**Type** Rule

NFPA 101

**Regulation Definition**

Joints made within or between fire resistance-rated assemblies shall be protected with a joint system that is designed and tested to prevent the spread of fire for a time period equal to

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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 E 1966, Standard Test Method for Fire-Resistive Joint Systems, or ANSI/UL 2079, Standard for Tests for Fire Resistance of Building Joint Systems.  
NFPA 101 (2015) 8.3.6.5.

**ST - Y1010 - Other Automatic Extinguishing Equipment**

**Title** Other Automatic Extinguishing Equipment

**Type** Rule

NFPA 101

**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 (2015) 9.7.3.1

**Interpretive Guideline**

**ST - Y1011 - Fire Doors**

**Title** Fire Doors

**Type** Rule

NFPA 101

**Regulation Definition**

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

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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 (2015 edition) 18.1.1.4.1.1 & 19.1.1.4.1.2, 8.3.3.1.

**ST - Y1012 - Flammable Storage - General**

**Title** Flammable Storage - General

**Type** Rule

NFPA 101

**Regulation Definition**

The storage and handling of flammable liquids or gases shall be in accordance with the following applicable standards: (1) NFPA 30, Flammable and Combustible Liquids Code (2) NFPA 54, National Fuel Gas Code (3) NFPA 58, Liquefied Petroleum Gas Code

No storage or handling of flammable liquids or gases shall be permitted in any location where such storage would jeopardize egress from the structure, unless otherwise permitted by 8.7.3.1.

NFPA 101 (2015) 18.3.2.1 & 19.3.2.1, 8.7.3.1, 8.7.3.2, NFPA 30 (2015), NFPA 54 (2015), NFPA 58 (2014).

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**ST - Y1050 - Fire Alarm Annunciators**

**Title** Fire Alarm Annunciators

**Type** Rule

FBC (2017) 6th Ed. 450

**Regulation Definition**

A fire alarm annunciator panel shall be provided at a 24-hour monitored location. The panel shall indicate the zone of actuation of the alarm, and there shall be a trouble signal indicator. Each smoke compartment shall be annunciated as a separate fire alarm zone. A fire alarm system zone shall not include rooms or spaces in other smoke compartments and shall be limited to a maximum area of 22,500 square feet (2090 m<sup>2</sup> [meters squared]).

Florida Building Code (2017) 6th edition 450.3.24.1

**Interpretive Guideline**

**ST - Y1051 - Plans Submittal PRIOR to Work**

**Title** Plans Submittal PRIOR to Work

**Type** Rule

FAC 59A-26.018,.019 FBC (2017) 6th Ed.

**Regulation Definition**

No health care facility construction work, including demolition, shall be started until prior written approval has been given by the Office of Plans and Construction. This includes all construction of new facilities and any and all additions, modifications, or renovations to existing facilities. When construction is required, either for new buildings or additions, alterations or renovations to existing buildings, the plans and specifications shall be prepared and submitted to the

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Office of Plans and Construction for approval by a Florida-registered architect and a Florida-registered professional engineer.

Florida Administrative Code 59A-4.133 & Florida Building Code (2017) 6th edition Section 450.1. FAC 59A-26.019

(1) All construction of new facilities or conversions and all additions, modifications, alterations, renovations, and refurbishing to the site, facility, equipment or systems of a facility must be in compliance with all applicable codes and standards. In addition to the standards in this rule, the following codes apply to design and construction of ICF/DD facilities:

(a) The Florida Building Code as adopted pursuant to Rule 61G20-1.001, F.A.C., by the Florida Building Code Commission at the Department of Business and Professional Regulation.

(b) The fire codes adopted by the State Fire Marshal pursuant to Rule Chapter 69A-38, F.A.C., by the Division of State Fire Marshal at the Department of Financial Services.

(c) For the purpose of determining life safety occupancy classification, facilities providing services to clients that receive chronic, skilled/acute nursing or medical care or designated as a Level of Care 9 will be classified as a health care occupancy.

(d) For the purpose of determining life safety occupancy classification, facilities providing personal care services will be classified as a residential board and care occupancy.

(2) The Fire Safety Evaluation System (FSSES) NFPA-101 adopted pursuant to Rule Chapter 69A-38, F.A.C., as required by the Division of State Fire Marshall at the Department of Financial Services, shall not be used to meet the required codes and standards for new construction, renovations, or for conversion of an existing building to a new licensed ICF/DD.

(3) Where additions, modifications, alterations, refurbishing, renovations or reconstruction are undertaken within a facility,

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all such additions, modifications, alterations, refurbishing, renovations or reconstruction must comply with sections of the applicable codes for new facilities. Florida Administrative Code 59A-26.018

**ST - Y1052 - Reporting Fires**

**Title** Reporting Fires

**Type** Rule

FAC 59A-26.016

**Regulation Definition**

All fires shall be reported by telephone to the Office of Plans and Construction by the next working day after the occurrence. This office will send a fire occurrence report to the facility which is to be completed and returned within 15 calendar days. All reports shall be complete and thorough and shall record the cause of the fire, the date and time of day it occurred, the location within the facility, how it was extinguished, any injuries which may have occurred and a description of the local fire department participation. Florida Administrative Code 59A-0.16

**Interpretive Guideline**

**ST - Y1053 - Emergency Management Plan**

**Title** Emergency Management Plan

**Type** Rule

FAC 59A-26.020

**Regulation Definition**

A written, comprehensive emergency management plan for emergency care during an internal or external disaster or emergency, which is reviewed and updated annually, shall be

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maintained. The health care facility shall test the implementation of the emergency management plan semiannually, either in response to a disaster or an emergency or in a planned drill, and shall evaluate and document the health care facility performance to the health care facility safety committee.

Florida Administrative Code 59A-26.020

**ST - Y1056 - Infection Control Risk Assessment**

**Title** Infection Control Risk Assessment

**Type** Rule

FBC (2017) 6th Ed. 450, 59A-26.018

**Regulation Definition**

For a health care facility project to support safe designs, finishes, surfaces, and HVAC/plumbing systems, an infection control risk assessment shall be a part of integrated facility planning, design, construction, and commissioning activities. An ICRA shall be conducted during the early planning phase of a project, before construction begins, and continue through project construction and commissioning. At minimum, an ICRA shall be conducted by a team with expertise in infection prevention and control, direct patient care (clinical use of relevant areas), facility design, construction, and HVAC and plumbing systems when these systems are involved. The scope and nature of the project shall dictate others to be involved. Florida Building Code (2018) 6th edition Section 450.2.2. Guidelines for Design and Construction of Healthcare Facilities 2014 Edition 1.2-3

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**ST - Y1057 - Fire Protection, Life Safety, Systems Failure**

**Title** Fire Protection, Life Safety, Systems Failure

**Type** Rule

59A-26.016 (1)-(3), (6) FAC

**Regulation Definition**

(1) Standards for fire prevention for the facility are those adopted pursuant to Rule 69A-3.012, F.A.C., as required by the Division of State Fire Marshal at Department of Financial Services, and Chapter 69A-38, Uniform Fire Safety Standards for Residential Facilities for Individuals with Developmental Disabilities, F.A.C., as required by the Agency for Persons with Disabilities, as applicable to the classifications of occupancy therein.

(2) The Agency shall conduct an annual fire safety survey. Based upon the survey, a report of deficiencies will be provided to the facility with a time frame for correction.

(3) ICF/DD's providing personal care, as defined in the Life Safety Code NFPA 101 as adopted pursuant to Rule 69A-3.012, F.A.C., as required by the Division of State Fire Marshal at the Department of Financial Services, and Rule Chapter 69A-38, F.A.C., as required by the Agency for Persons with Disabilities, will be reviewed as a Residential Board and Care occupancy under the Florida Specific Edition of NFPA 101 Life Safety Code, as adopted pursuant to Rule 69A-3.012, F.A.C., as required by the Division of State Fire Marshal at the Department of Financial Services, and Rule Chapter 69A-38, F.A.C. as required by the Agency for Persons with Disabilities. ICF/DD's providing services to clients that receive chronic, skilled/acute nursing or medical care or designated as a Level of Care 9 will be reviewed as a Health Care occupancy status under the Florida Specific Edition of NFPA 101 Life Safety Code, as adopted pursuant to Rule

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69A-3.012, F.A.C., as required by the Division of State Fire Marshal at Department of Financial Services and Rule Chapter 69A-38, F.A.C., as required by the Agency for Persons with Disabilities. To ensure the life safety code requirements are appropriate for all clients served in an ICF/DD, each licensure survey shall establish or confirm the occupancy status.

Beginning December 1, 2015, upon renewal of each ICF/DD license, the license shall display the occupancy status. The ICF/DD licensee must receive written approval from the Agency, including the Office of Plans and Construction, prior to a change in the occupancy status. A client requiring chronic, skilled/acute nursing or medical care, or designated as a Level of Care 9 client, may not reside in an ICF/DD with a Residential Board and Care occupancy status.

(6) In the event of a system failure of the fire alarm system, smoke detection system, or sprinkler system, the following actions must be taken immediately by the licensee:

(a) Notify the local fire authority and document any instructions received by the licensee;

(b) Notify the Agency for Health Care Administration Office of Plans and Construction, and the Agency's local field office; and,

(c) Assess the extent of the condition, and implement corrective action with a documented period for compliance. If the corrective action will take more than four hours to complete, the following items must be completed:

1. Implement a contingency plan containing a description of the problem, a specific description of the system failure, and the projected correction period. All staff on shifts involved must have documented in-service training for the emergency contingency.

2. Begin a documented fire watch until the system is restored. Persons used for fire watch must receive training specific to their duty including what to look for, what to do, and how to expeditiously contact the fire department. To maintain a fire



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watch, the facility must utilize only certified public fire safety personnel, a guard service, or facility staff. If facility staff is utilized for this function, they must meet the following requirements:

- a. Be off duty from their regular facility position or assigned only to fire watch duty and be excluded from counting toward the required staffing pattern;
  - b. Be trained and competent as determined by the licensee in the duties and responsibilities of a fire watch; and,
  - c. Have immediate access to electronic communication.
3. If the projected correction period changes or when the system is restored to normal operation, the licensee must notify the Agency's Office of Plans and Construction, the Agency's local field office and local fire authorities

**ST - Y1061 - External Emergency Communications**

**Title** External Emergency Communications

**Type** Rule

59A-26.016 (7)

**Regulation Definition**

(7) Each new facility must provide for external electronic communication not dependent on terrestrial telephone lines, cellular, radio or microwave towers, such as an on-site radio transmitter, satellite communication systems or a written agreement with an amateur radio operator volunteer group(s). If the latter, this agreement must provide for a volunteer operator and communication equipment to be relocated into the facility in the event of a disaster until communications are restored. Other methods, which can be shown to maintain uninterrupted electronic communications not dependent on land-based transmission, must be pre-approved by the Agency's Office of Plans and Construction. Florida Administrative Code 59A-26.016

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**ST - Y1062 - Construction & Physical Environment Standards**

**Title** Construction & Physical Environment Standards

**Type** Rule

59A-26.019, 59A-26.018 (2)-(3)

**Regulation Definition**

All facilities construction and physical environment standards for facilities providing services to clients that receive Chronic, Skilled/Acute Nursing or Medical Care or designated as Level of Care 9 shall be surveyed as a healthcare occupancy in accordance with Florida Administrative Code 59A-26.019.

(2) The Fire Safety Evaluation System (FSES) NFPA-101 adopted pursuant to Rule Chapter 69A-38, F.A.C., as required by the Division of State Fire Marshall at the Department of Financial Services, shall not be used to meet the required codes and standards for new construction, renovations, or for conversion of an existing building to a new licensed ICF/DD.

(3) Where additions, modifications, alterations, refurbishing, renovations or reconstruction are undertaken within a facility, all such additions, modifications, alterations, refurbishing, renovations or reconstruction must comply with sections of the applicable codes for new facilities.

**Interpretive Guideline**

**ST - Y1064 - Construction and Physical Environment Standar**

**Title** Construction and Physical Environment Standar

**Type** Rule

59A-26.019 (4a-o,q-u) (5e1,f)

**Regulation Definition**

(4) Mechanical system requirements.

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- (a) Mechanical equipment must be installed in a designated equipment room(s), or in a space(s) located in an attic(s). If the unit serves only one room it may be located above the ceiling and must be accessible through an access opening as required by the Florida Building Code. Access panels are not required for lay-in ceiling installations provided the service functions are not obstructed by other above-ceiling construction such as electrical conduits, piping, audio-visual cabling and like equipment components or supports.
- (b) Ventilation must be provided by mechanical means in all rooms in new facilities and in all renovated or remodeled rooms of a facility.
- (c) For spaces listed in the Minimum Ventilation Rate Table, central station type air handling equipment must be used. Package terminal air conditioning units or fan coils may be used to serve client rooms and shall be provided with 20 percent filters minimum (Minimum Efficiency Reporting Value 5 or MERV 5).
- (d) System designs utilizing fan coil or package terminal air conditioning units must have the outdoor air ventilation damper permanently closed. The ventilation requirement must be satisfied by a central station type air handling unit provided with a 30 percent filter minimum (MERV 5) or as required by the listed space served. Spaces designated for the exclusive use of physical plant personnel need not comply with this requirement.
- (e) Administrative and other staff-only areas must be provided with outside air at the minimum rate of 20 cubic feet per minute (9.43 liters/second) per person, and the central system must have a minimum of 30 percent American Society of Heating Refrigerating and Air Conditioning Engineers, Inc. (ASHRAE), dust spot efficiency filter (MERV 5).
- (f) All filters in systems in excess of 1000 cubic feet per minute (28.32 cubic meters/minute) capacity must be installed with differential pressure gauges. The filter gauge must have

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the range of acceptable filter operation clearly and permanently indicated.

(g) The transfer of air quantities through one space to an adjacent space is not permitted except that the transfer of air to maintain space relative pressure by the undercutting of doors is permitted. The maximum allowable air quantity for door undercuts shall be 75 cubic feet per minute (35.34 liters per second) for single door widths up to 44 inches (111.7 centimeters).

(h) All supply, return and exhaust ventilation fans must operate continuously. Dietary hood, laundry area, administrative areas that are separated from all client areas and support areas, and maintenance area supply and exhaust fans shall be exempted from continuous operation.

(i) Cooling coil condensate must be piped to a roof drain, floor drain or other approved location.

(j) Exhaust fans and other fans operating in conjunction with a negative duct system pressure must be located at the discharge end of the system. Fans located immediately within the building located at the end of all exhaust ducts shall be permitted. Existing nonconforming systems need not be brought into compliance when equipment is replaced due to equipment failure.

(k) All new facility construction must have totally ducted supply, return, exhaust and outside air systems including areas of all occupancy classifications.

(l) During a fire alarm, fan systems and fan equipment serving more than one room must be stopped to prevent the movement of smoke by mechanical means from the zone in alarm to adjacent smoke zones.

(m) Air handling and fan coil units serving exit access corridors for the zone in alarm must shut down upon fire alarm.

(n) Smoke or fire/smoke dampers must close upon fire alarm and upon manual shutdown of the associated supply, return or

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exhaust fan.

(o) Mixing valves used in shower applications must be of the balanced-pressure type design.

(q) Wall mounted water closets, lavatories, drinking fountains and hand-washing facilities must be attached to floor mounted carriers and shall withstand an applied vertical load of a minimum of 250 pounds (113.39 kilograms) to the front of the fixture and provide deep seal traps for floor drains in client showers.

(r) Ice machines, rinse sinks, dishwashers, and beverage dispenser drip receptacles must be indirectly wasted.

(s) Each water service main, branch main, riser and branch to a group of fixtures must have valves. Stop valves must be provided for each fixture. Panels for valve access must be provided at all valves.

(t) Backflow preventers (vacuum breakers) must be installed on bedpan-rinsing attachments, hose bibs and supply nozzles used for connection of hoses or tubing in housekeeping sinks and similar applications.

(u) A backflow preventer must be installed on the facility main water source(s).

(e) Lighting.

1. All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots must have electric lighting.

(f) Receptacles.

1. The facility must provide one general purpose receptacle on a wall to serve each client and one additional receptacle at the head of the bed if a motorized bed is provided.

2. Duplex receptacles for general use must be installed in all general purpose corridors, approximately 50 feet (15.24 meters) apart and within 25 feet (7.62 meters) of corridor ends.

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**ST - Y1150 - Security Management**

**Title** Security Management

**Type** Rule

NFPA 99 (2015 edition)

**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**