



Arkansas Department of Human Services

Division of Medical Services

Office of Long Term Care Mail Slot S409

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<https://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.aspx>

MEMORANDUM

LTC-A-2011-1

TO: Nursing Facilities; ICFs/MR 16 Bed & Over; HDCs;
 ICFs/MR Under 16 Beds; ALF Level I; ALF Level II;
 RCFs; Adult Day Cares; Adult Day Health Cares;
 Post-Acute Head Injury Facilities; Interested Parties;
 DHS County Offices

FROM: Carol Shockley, Director, Office of Long Term Care

DATE: January 3, 2011

RE: Advisory Memo - Interior Finish Fire Spread Rating Documentation Requirements

On December 17, 2011, the Centers for Medicare and Medicaid Services (CMS) issued the attached memorandum, S&C-11-07-LSC. To summarize, existing facilities generally do not have to have documentation of interior finish fire spread rating. For purposes of the CMS guidance, the term "existing facilities" refers to facilities that had a plan approval and were constructed on or before March 11, 2003. See S&C-03-21.

Facilities should read the attached CMS memorandum for specific details.

If you need this material in alternative format such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8307 (voice) or 501-682-6789 (TDD).

CS/bcs



Center for Medicaid, CHIP, and Survey & Certification/Survey & Certification Group

Ref: S&C- 11-07-LSC

DATE: December 17, 2010

TO: State Survey Agency Directors
State Fire Authorities

FROM: Director
Survey and Certification Group

SUBJECT: **Interior Finish Documentation Requirements for Multiple Providers -**
Hospitals, Ambulatory Surgical Centers, Nursing Homes, Religious Non-Medical
Health Care Institutions, Programs of All-Inclusive Care for the Elderly (PACE)
Facilities, Critical Access Hospitals, Intermediate Care Facilities for the
Intellectually Disabled (ICF-ID), and End Stage Renal Dialysis (ESRD) facilities

Memorandum Summary

- **Clarifies Policy on Interior Finish** -- this memorandum clarifies policy regarding existing interior finish for fire safety purposes.
- **No Requirement to Document Flame Spread Rating** -- existing interior finish materials.
- **Documentation of Flame Spread Rating Required** -- only for newly installed interior finish materials.

The purpose of this memorandum is to clarify the Centers for Medicare & Medicaid Services (CMS) policy regarding existing interior finish and the requirements for documenting flame spread rating of existing interior finish materials. The requirements for interior finish for existing Healthcare occupancies is found in the 2000 edition, Life Safety Code (LSC), National Fire Protection Association (NFPA) 101 at 19.3.3.1 which requires compliance with the requirements of Section 10.2 Interior Finish. CMS adopted the 2000 edition of the LSC in March, 2003. Recently, we have received several inquiries concerning how this requirement applies to existing facilities and whether documentation of existing interior finish is required by this edition of the LSC.

The NFPA has issued clarifying language concerning this subject at section 10.2.1 Exception No. 2 which states "Approved existing installations of materials applied directly to the surface of walls and ceilings in a total thickness of less than 1/28 in. (0.9 mm) shall be permitted to remain in use and the provisions of 10.2.2 through 10.2.3.5.3 shall not apply."

This language should minimize the burden on existing facilities which may or may not have documentation for previously installed interior finish, as this documentation was not required by previous editions of the LSC. Previous LSC language may have created a situation in which a facility may be in compliance with the interior finish requirements, but does not have documentation of the flame spread classification of the installed interior finish.

Generally these finishes are renewed on a regular basis when the facility updates and refreshes its interior and can obtain the needed documentation at that time.

We hope this information is useful in clarifying this issue. If you have further questions regarding this matter, please contact James Merrill at James.Merrill@cms.hhs.gov.

Effective Date: The information contained in this memorandum is current policy and is in effect for all healthcare facilities. State Survey Agencies should disseminate this material within 30 days of the date of this memorandum.

Training: This clarification should be shared with all Survey & Certification staff, fire authorities, surveyors, their managers, and the State/RO training coordinators.

/s/

Thomas E. Hamilton

cc: Survey & Certification Regional Office Management