

Minnesota State Fire Marshal Division

Life Safety at the SFMD

Minnesota State Fire Marshal Division

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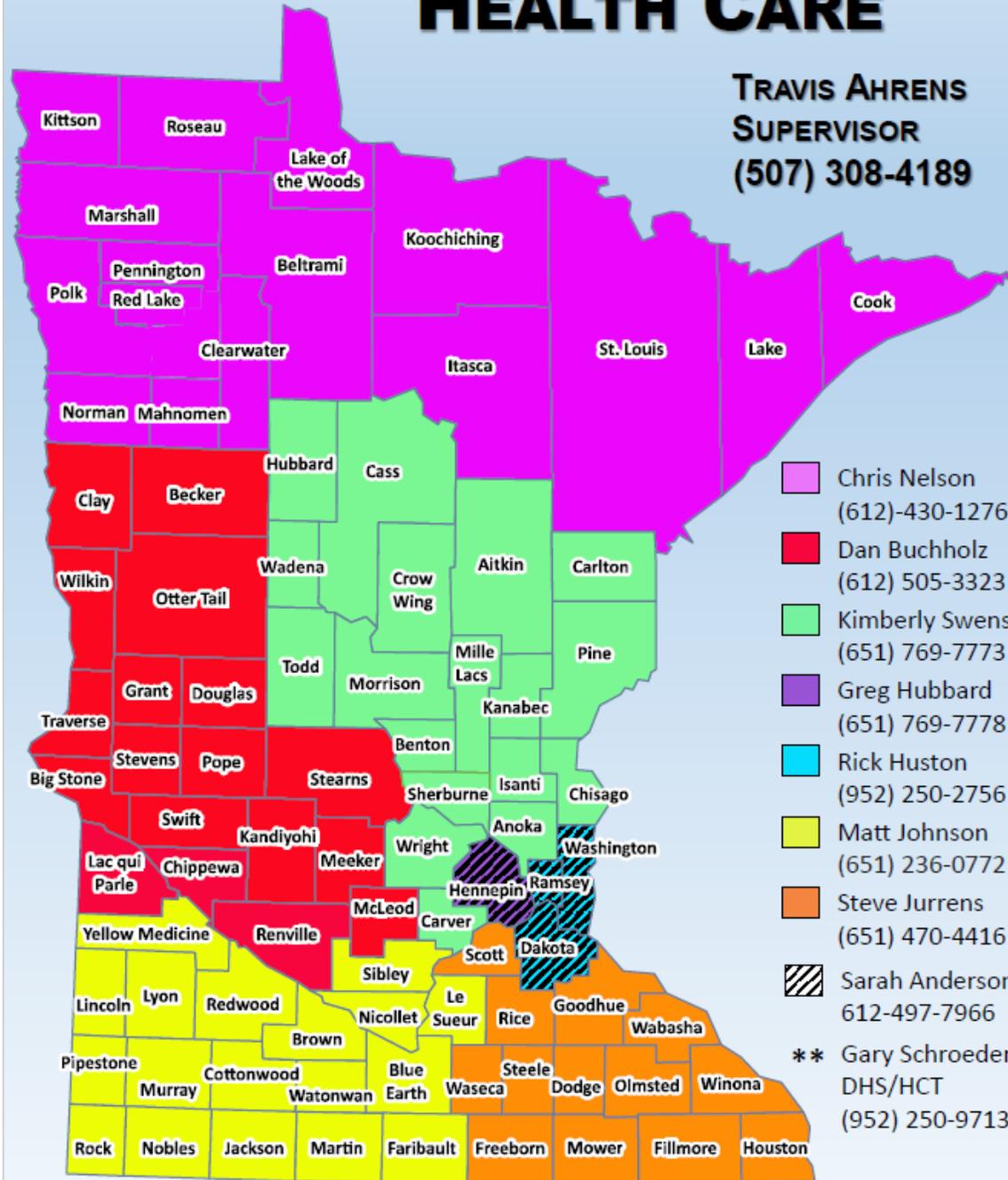


Objectives

- **The organizational structure of SFM Healthcare Team**
- **Identify how to plan, conduct, and document fire safety drills.**
- **Discuss PCREE and other electrical equipment**
- **Identify and discuss Common Violations found in Healthcare Settings.**
- **Fire Alarm and Sprinkler Requirements.**
- **Generators and Med Gas Requirements**
- **Plan of Corrections and Waiver**

HEALTH CARE

TRAVIS AHRENS
SUPERVISOR
(507) 308-4189



Resources

<https://dps.mn.gov/divisions/sfm/programs-services/inspections/Pages/health-care-inspection.aspx>

<https://www.health.state.mn.us/facilities/regulation/engineering/lifesafetycode.html>

[Fire/Life Safety Code Documentation Guide - MN Dept. of Health \(state.mn.us\)](#)

Fire Drills

- **Fire Drills include the transmission of a fire alarm signal and simulation of emergency fire conditions.**
- **Fire Drills are held at expected and unexpected time under varying conditions, at least quarterly on each shift.**
- **The staff is familiar with procedures and is aware that drills are part of an established routine.**
- **Where drills are conducted between the hours of 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. (Source NFPA 18/19.7.1.4 though 18/19 7.1.7.**

Conducting the Fire Drill

Training

- **All employees require training**
 - New Employee Orientation
- **Train on a regular basis**
 - Ongoing training as needed (at least annually)
- **After Action Review**
 - Identify any gaps in knowledge
 - Re-educate staff as needed

18/19.7.1.4

Transmission of Alarms and Simulation of Conditions

Transmission of Alarm



Simulated Fire Conditions



18/19.7.1.6

Quarterly Drills

- One drill per shift each quarter
- **How do you interpret this?**
- How does CMS enforce it?



18/19.7.1.7

Overnight Drills 9:00 PM -6:00 AM

- Coded Alarm
- Tabletop Exercise
- Employee discussion about roles and responsibilities



Electrical Equipment

PCREE Requirements, K921, NFPA 99, Chapter 10

Steps to Maintain Patient Care Related Electrical Equipment (PCREE)

- Establish an Equipment Management Program
- Maintain up-to-date Inventory
- Develop inspection/maintenance schedule
- Engage qualified personnel
- Conduct regular inspections and maintenance
- Implement a Preventive Maintenance Program
- Document inspections and maintenance
- Ensure compliance with Regulatory Standards

Electrical Equipment, cont.

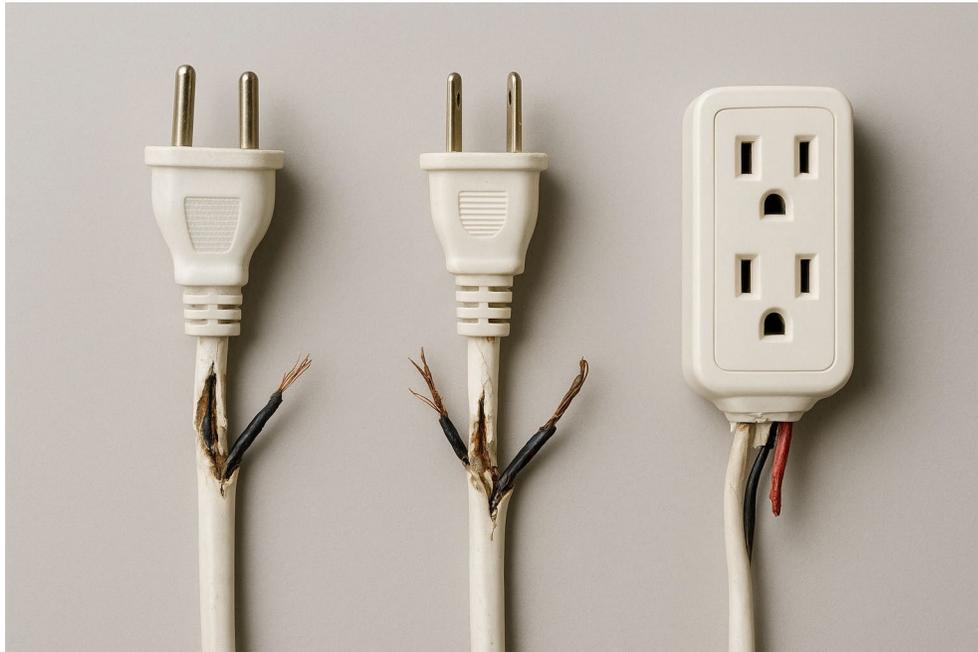
NFPA 99, Chapter 10, PCREE, cont.

- Train and educate staff
- Monitor program effectiveness
- Engage in continuous improvement



Electrical Equipment

Extension Cords and Relocatable Power Taps K920



Electrical Equipment

Presenter Notes
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Not a substitute for fixed wiring. Cord removed as soon as possible after completion of task.
UL listed 1363A or 60601-1 can be used for PCREE. Non-PCREE can be UL 1363. Do not overload power strips.

What is permitted?

1. Temporary use of extension cords.
2. Relocatable power taps.
3. Adapters and plugs shall be listed for the use.

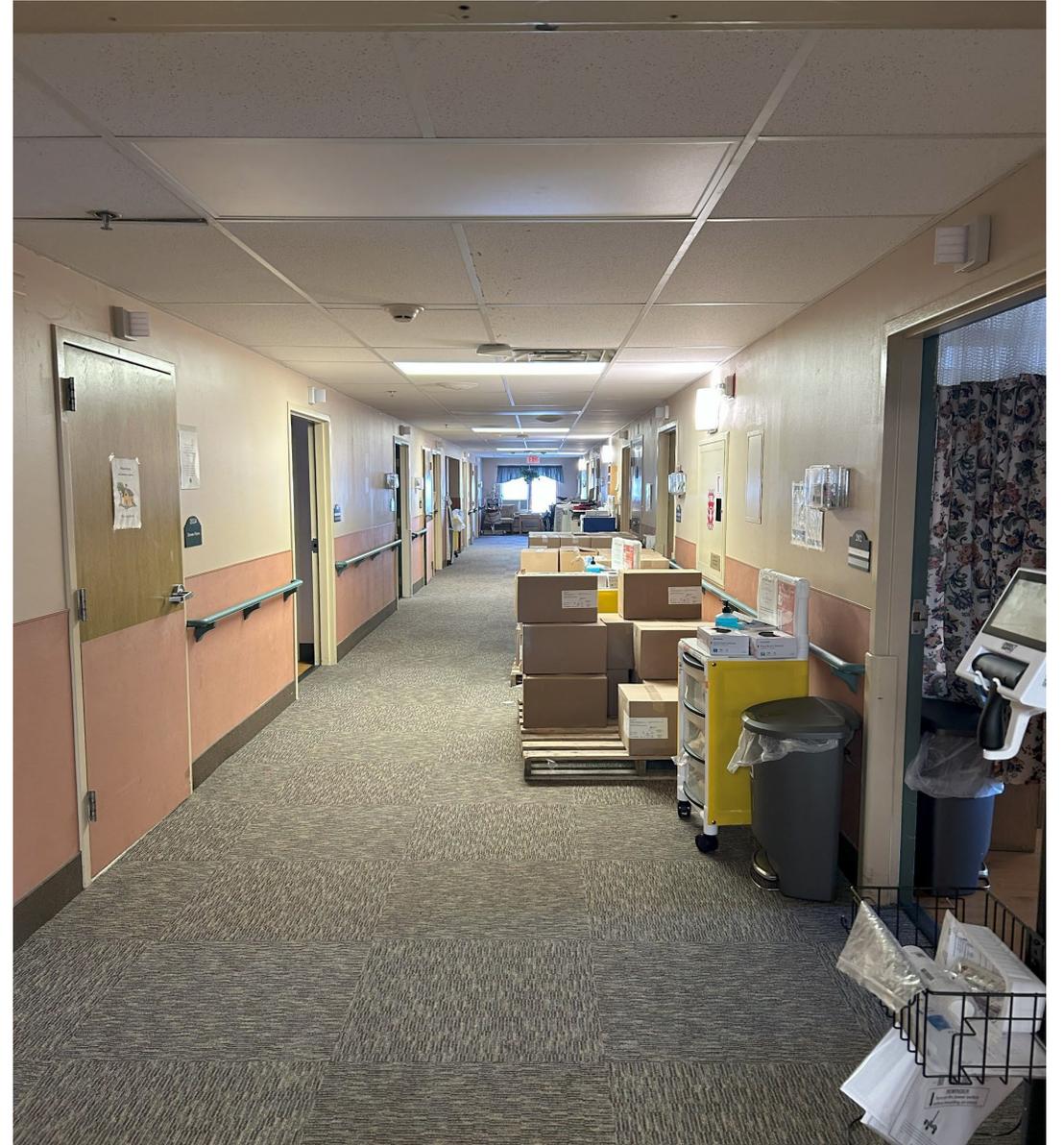


Common Violations found in Healthcare Facilities in MN

1. Means of Egress
2. Corridor Doors and Hazard Areas
3. FA and Sprinkler systems
4. Fire and Smoke Barriers and Doors
5. Generators
6. Medical Gas Storage/Use



Means of Egress, cont.



Means of Egress, cont.

What are your thoughts about murals or decorations on doors?

- It depends?
 - Is it part of a special locking arrangement?
 - Is it a fire door?
 - Is the building sprinklered?
- Exit signage required, vision panels unobstructed
- Doors identified in fire safety plan
- Mural must comply with NFPA 80 if on fire door



Means of Egress, cont.



Corridor Doors and Hazard Areas

K321 Hazard Areas

1. Doors shall be self-closing or automatic closing
2. 1-hour fire rating or sprinklered
3. No transfer grilles in doors or walls (K364)



Corridor Doors and Hazard Areas

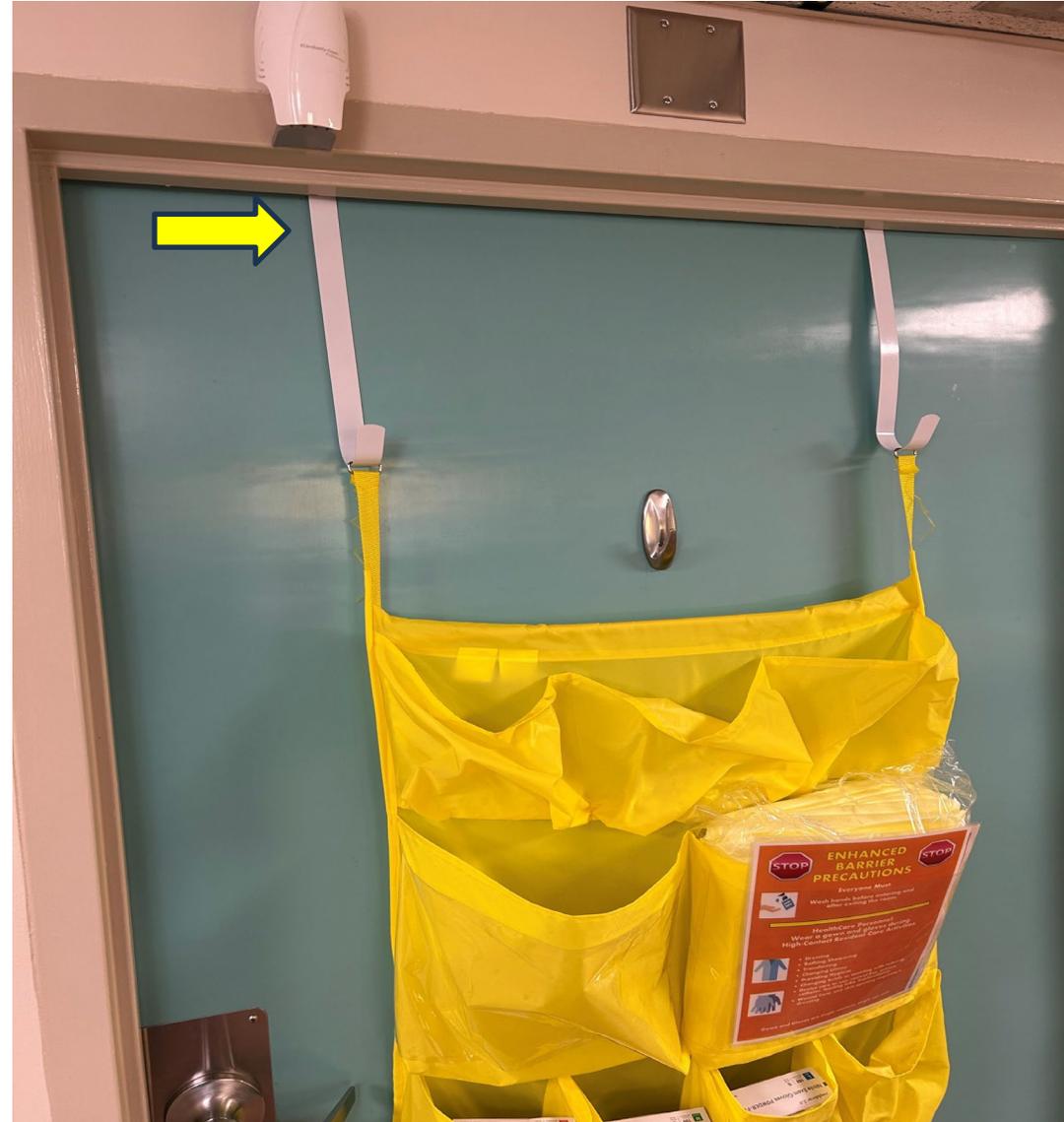
Hazard Area K 321



Corridor Doors and Hazard Areas

Resident Room Doors K363

- Must positively latch to prevent smoke from entering the room
- Doors cannot be blocked open



Fire Alarm and Sprinkler Systems

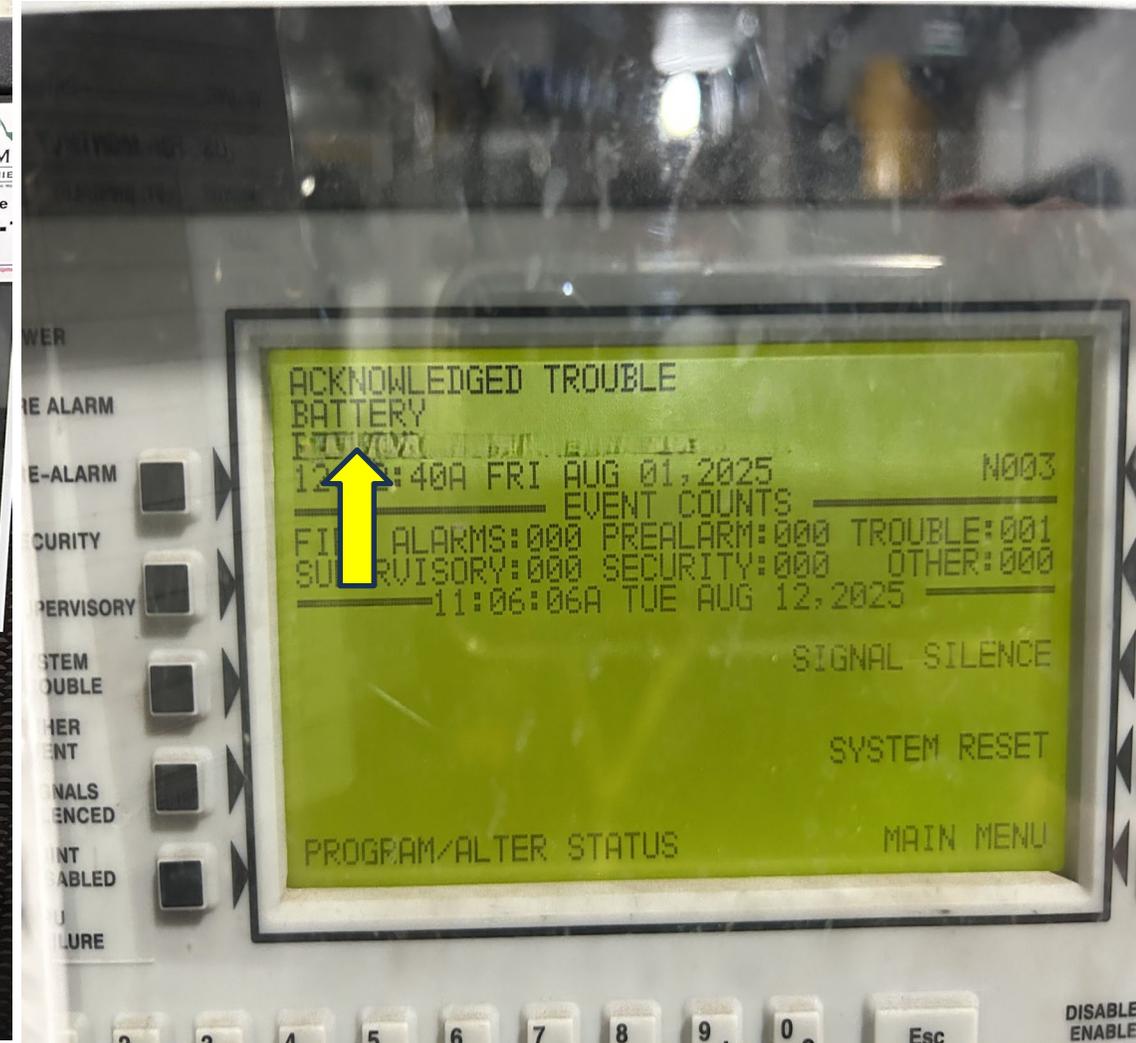
FAS K341, 342, 343, 344, 345, 346, and 347

FSS K351, 352, 353, and 354

- Ensure proper installation
- Ensure ITM is taking place
- OOS policy for FAS and FSS
 - 4-hours for FAS and 10-hours for FSS
- Initiation, notification, and supervision
- Smoke detector sensitivity testing (every 2 years)

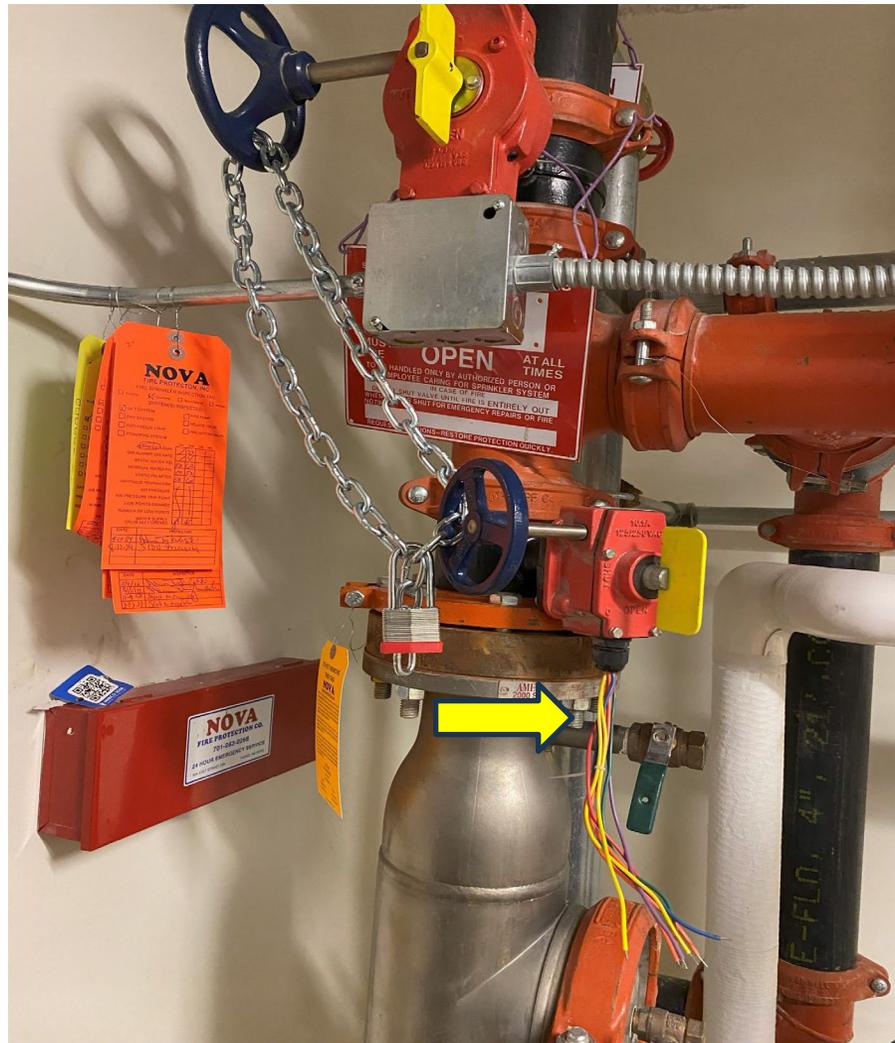
Fire Alarm and Sprinkler Systems

ITM



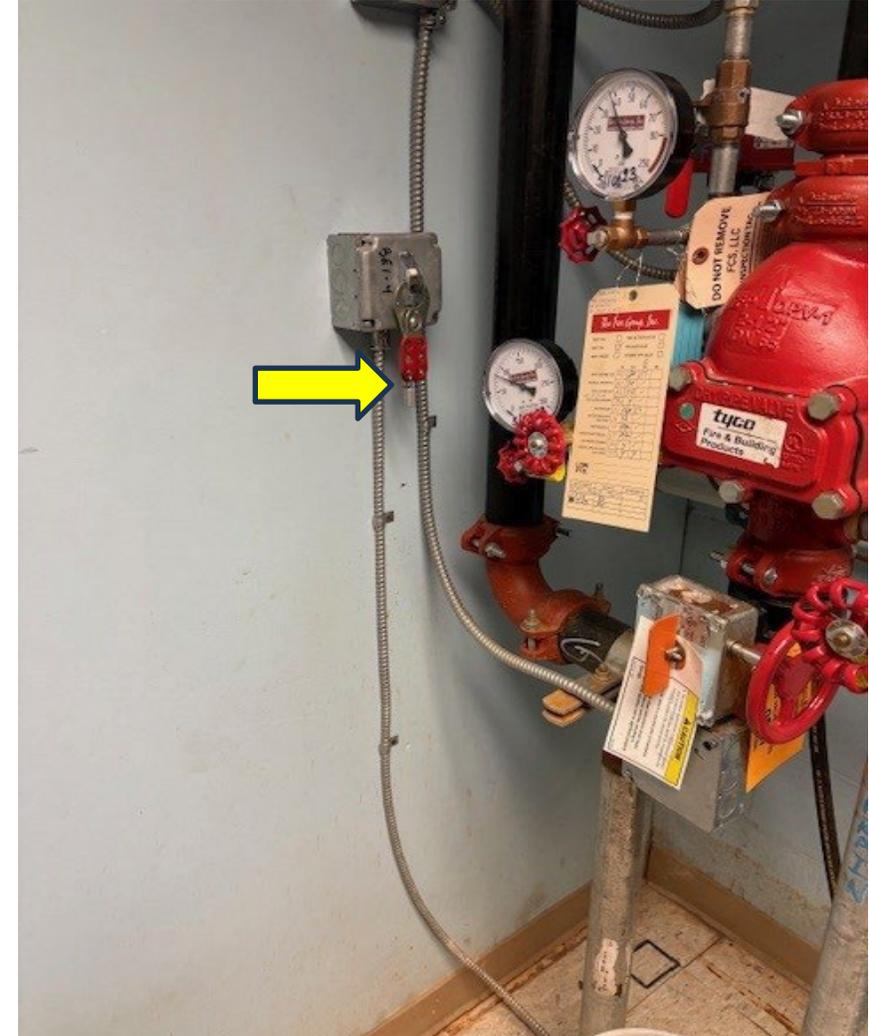
Fire Alarm and Sprinkler Systems

Sprinkler system installation



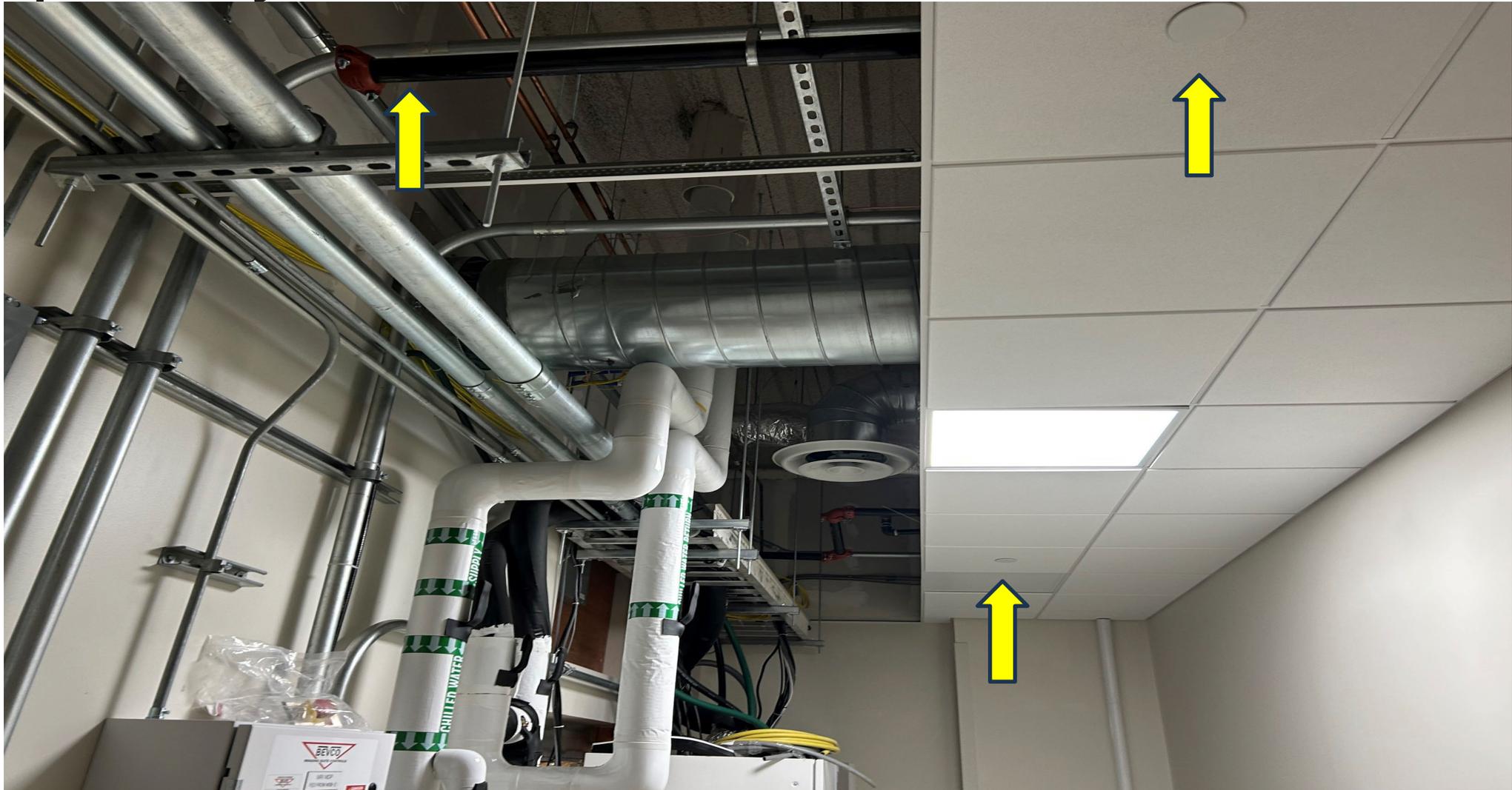
Fire Alarm and Sprinkler Systems

Dry Sprinkler System Air Compressor



Fire Alarm and Sprinkler Systems

Sprinkler System Installation



Fire Alarm and Sprinkler Systems

Sprinkler System Maintenance



Fire Alarm and Sprinkler Systems

Sprinkler System Maintenance and Inspections

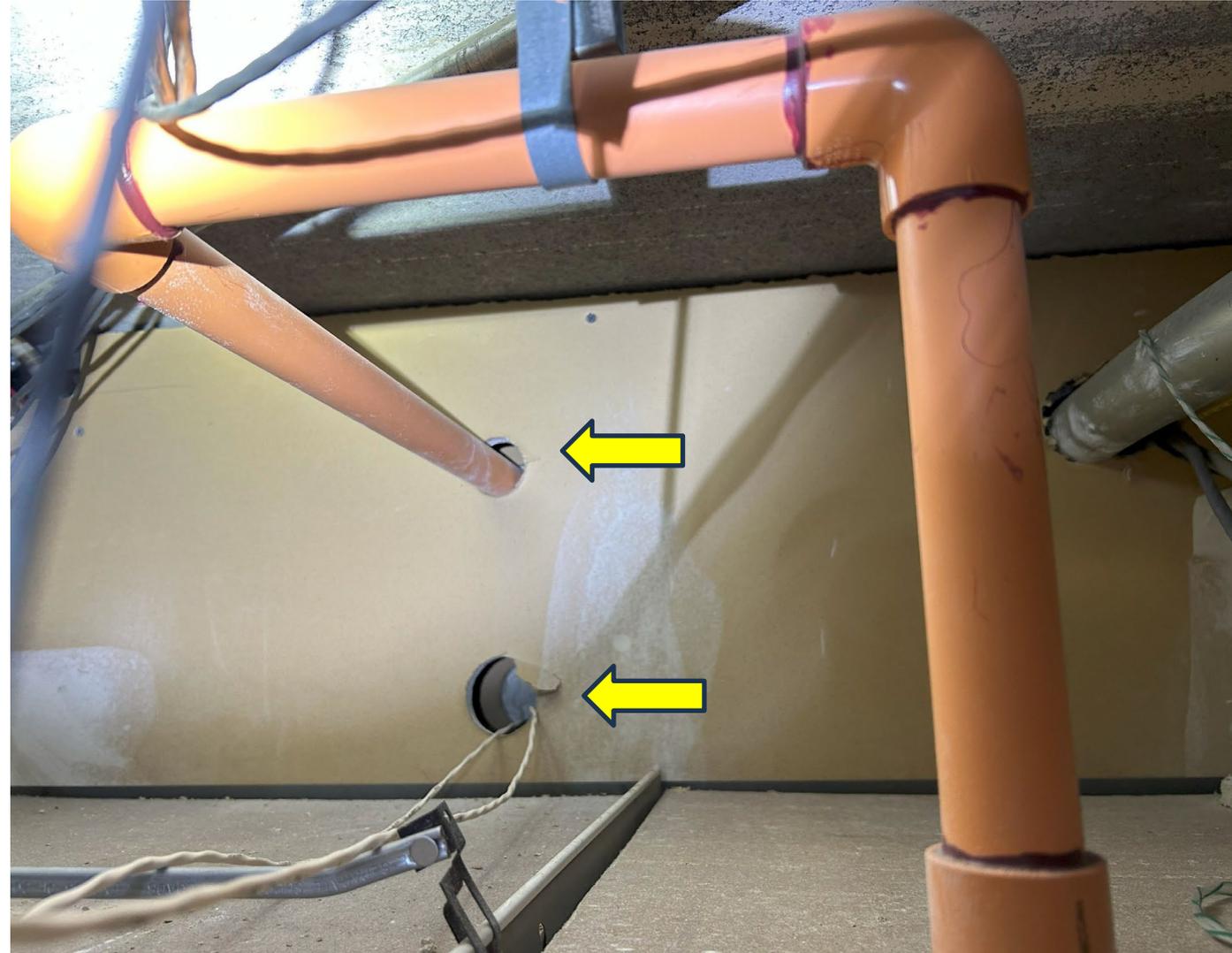


Sprinklers

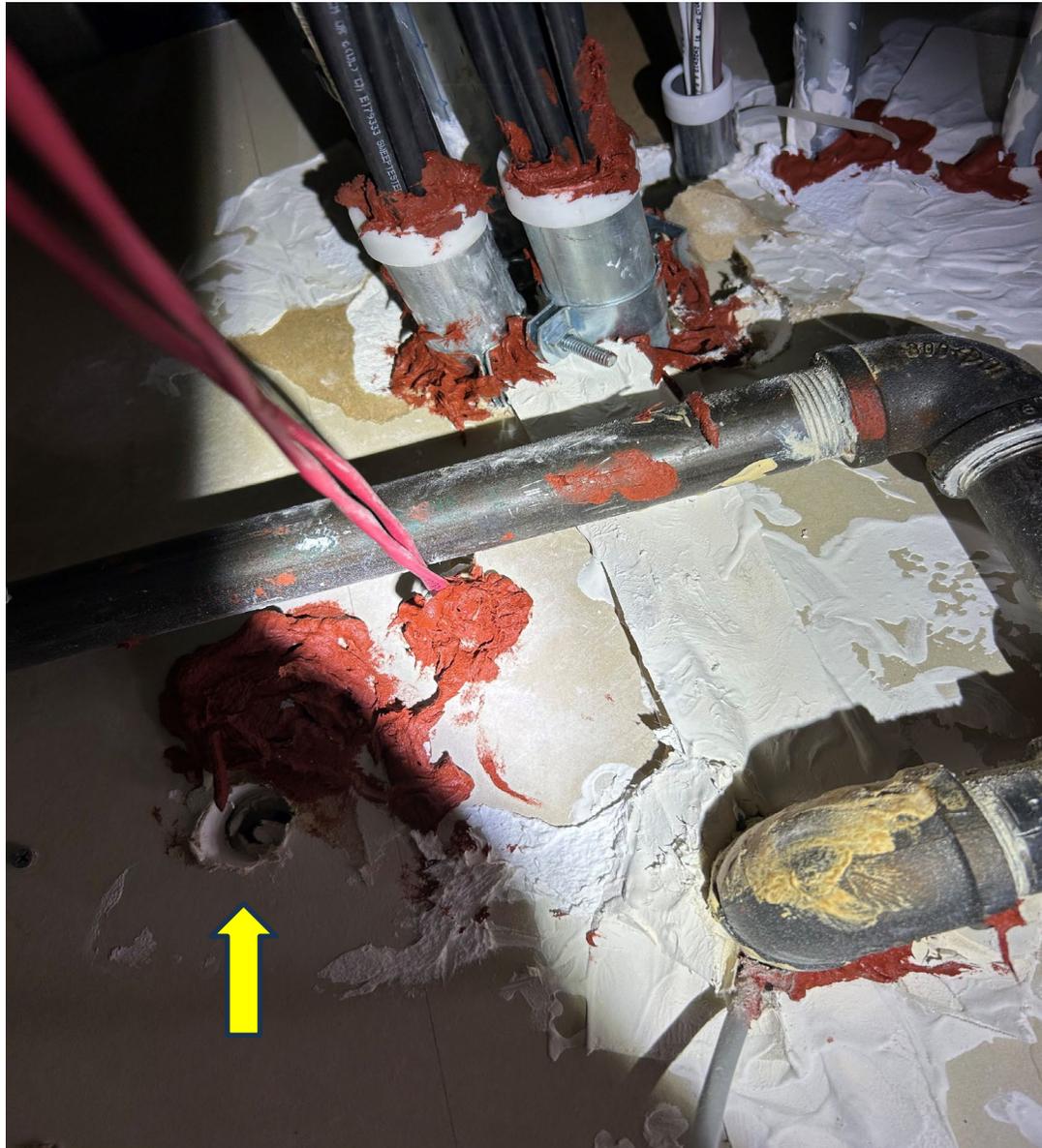


Smoke/Fire Barriers and Doors

K372, 374, and 379



Smoke/Fire Barriers and Doors



Fire/Smoke Door Maintenance

K761



Generators

Testing and Maintenance, K918, NFPA 99 and 110

- Documentation for weekly, monthly, and annual testing
- Diesel Fuel testing shall be conducted annually
- Generator supplies power within 10-seconds
- Every 3 years, 4-hour Load Bank Test required if not meeting the 30% load during monthly tests



Emergency Lights

- **Emergency lights are required to supplement lighting in the event of a power outage until the Generator starts providing emergency lighting.**
- **Emergency Lights are to be tested for 30 seconds monthly and the results documented.**
- **Emergency Lights are to be tested for 90 minutes annually and the results documented. (document the start and stop time)**
- **In newer construction, Life Safety Lighting is tied into the Life Safety Branch whereas every some lights within the corridor are tied into emergency power in lieu of battery powered emergency lights.**

Med Gas Systems, Storage and U

K902, 903, 904, 905, 906, 907, 908, 909, 910 for Piped Systems

K922, 923, 924, 925, 926, 927, 928, and 929 for Gas Equipment

Piped Med Gas Systems:

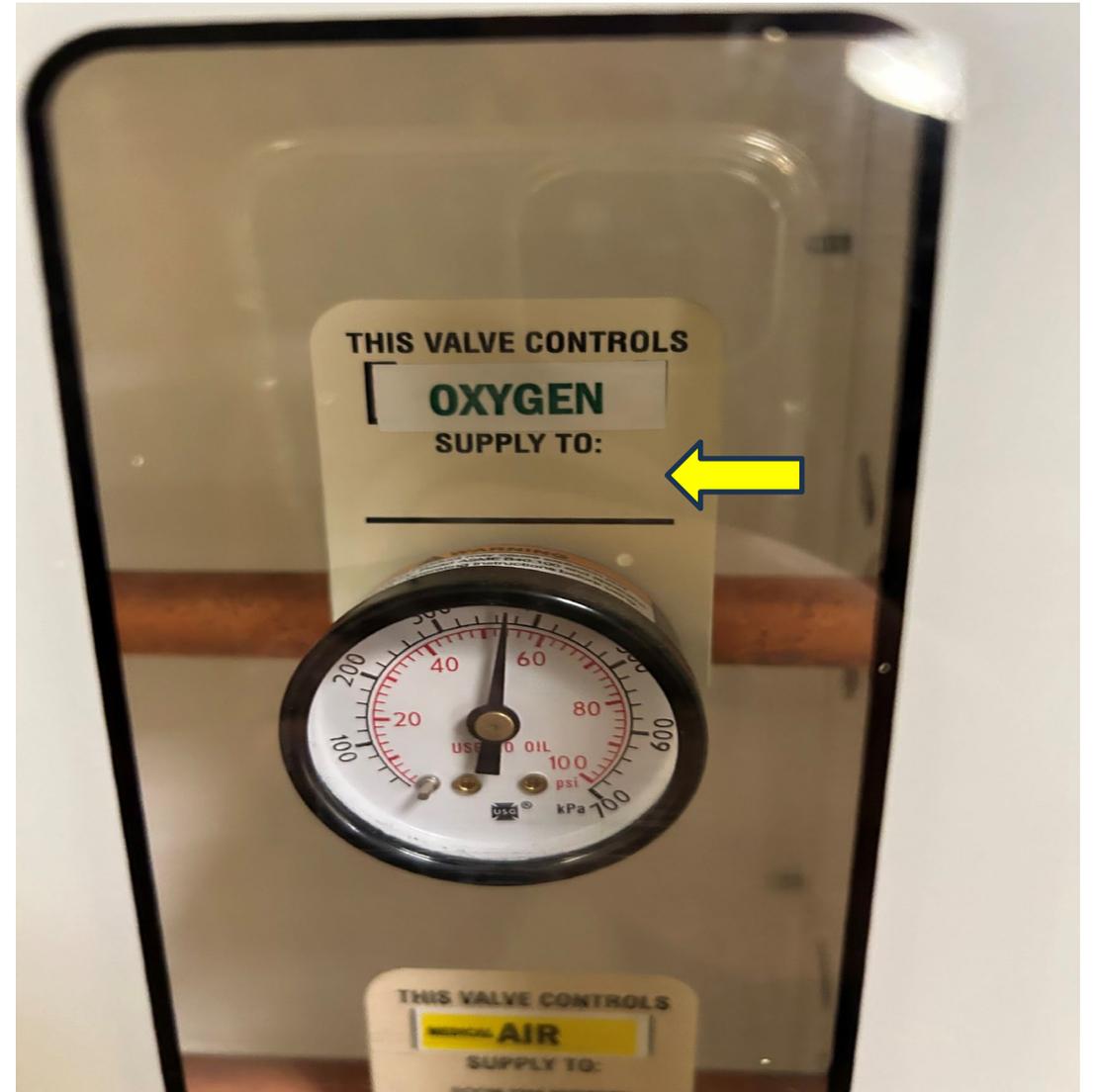
1. Alarms and warning systems
2. Central supply system identified and labeled
3. Cylinders stored properly
4. Annual inspections and maintenance
5. Pipes are labeled, shutoff valves identified
6. Modifications require acceptance testing

Med Gas Systems, Storage and U

Central Supply Room



Storage and Shutoff Valves



Med Gas Systems, Storage and U

Storage of O2 tanks



2567 Plan Of Correction Review

THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF COMPLIANCE.

UPON RECEIPT OF AN ACCEPTABLE POC, AN ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.

PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES TO:

HEALTH CARE FIRE INSPECTIONS
STATE FIRE MARSHAL DIVISION
445 MINNESOTA STREET, SUITE 145
ST. PAUL, MN 55101-5145, or

By e-mail to:
FM.HC.Inspections@state.mn.us

2567 POC Review

THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:

1. A detailed description of the corrective action taken or planned to correct the deficiency.
2. Address the measures that will be put in place to ensure the deficiency does not reoccur.
3. Indicate how the facility plans to monitor future performance to ensure solutions are sustained.
4. Identify who is responsible for the corrective actions and monitoring of compliance.
5. The actual or proposed date for completion of the remedy.

2567 POC Review

<p>K0345 Fire Alarm System – Testing and Maintenance</p> <p>Facility Program Supervisor and Program Director will receive training on testing and maintenance of fire alarm systems, including coordination of smoke detector sensitivity testing.</p> <p>Fire panel was repaired and confirmed as functional and smoke detector sensitivity was completed.</p> <p>The QIDP is responsible for ensuring compliance with all applicable rules and regulations. The Area Director will monitor for ongoing compliance.</p> <p>DATE OF CORRECTION: 11/4/24</p>	
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K 211	<p><u>K211</u></p> <p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of, or agreement with, the facts and conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared and/or executed as a means to continuously improve the quality of care, to comply with all applicable state and federal regulatory requirements and constitutes the facility's allegation of compliance.</p> <p>The obstructing material in the Imaging Hallway and Materials Management will be cleared and designated to a proper storage area by November 12, 2024.</p> <p>The Director of Facilities or designee will perform random weekly inspections for Means of Egress Obstructions for two months. This information will be forwarded to the Quality Improvement/Peer Review Committee. If issues are identified, the random inspections will continue for an additional three months.</p>	11/12/2024
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2567 POC Review

Posted	Changed	IDR Status	CFR
11/06/2024	No	None	
11/06/2024	No	None	NFPA 101
11/06/2024	No	None	NFPA 101
11/06/2024	No	None	NFPA 101
11/06/2024	No	None	NFPA 101
11/06/2024	No	None	NFPA 101

Plan of Correction

Approve Reject History Remove Approval Completion Date (X5): 01/01/2025

- 1 High storage was reorganized
Unsecured sprinkler heads in the kitchen dry storage are now secured.
Sprinkler system testing was completed on 11/14/24.
- 2 Education to be provided to departments utilizing the storage space. Indication line will be added to the walls
3. Audits monthly by Plant Operations manager or designee, will be reviewed at QAPI to determine further audits.

POC	Completed	Cert	Cmplnt
		Yes	
◆	01/01/2025	Yes	

of this survey, Bigfork Valley Communities Nursing
Protection Association (NFPA) 101, Life Safety Code (

OTTOM OF THE FIRST PAGE OF THE CMS-2567 FO

LIANCE WITH THE REGULATIONS HAS BEEN AT

Plan of Correction

Approve Reject History Remove Approval Completion Date (X5): 01/01/2025

1 Areas missing fire caulking were immediately addressed and corrected after survey. ^

2 Checklist created to monitor areas to ensure there is no missing fire caulking.

3. Plant Operations Manager or designee will do monthly audits; results will be reviewed at QAPI for further audits.

Plan of Correction

Approve Reject History Remove Approval Completion Date (X5): 11/22/2024

Closures added by Plant Operations on 10/23/2024 ^

The facility will audit all rooms being used for storage to assure compliance.

Plant operations and nursing personnel will be educated that room 162 will be used for maintenance storage, room 156 will be used for linen storage, and room 153 should be used for recliners, furniture, and resident belongings that are awaiting family pick-up. The rooms will be labeled as such.

Facility will conduct a facility-wide audit one per quarter x 3 quarters (Jan-March, April-June, and July-September). The QAPI committee will review these findings to determine future audit frequency.

The Facilities Director will be responsible for ensuring the corrective action is completed and compliance is monitored per the plan of correction.

Plan of Correction

Approve Reject History Remove Approval Completion Date (X5): 01/01/2025

1 Electrical System Maintenance and Testing has been completed on 11/11/24. ^

Waivers



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

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Waivers

SERVICES

We provide a wide variety of services and information about the Minnesota Fire Code, fire prevention and fire safety. We also have teams that conduct inspections and fire investigations.

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Here are some of the services we provide:

- Fire investigations
- Fire inspections
- Explosives and fireworks licensing and information
- Fire sprinkler information, licensing and permitting
- Firefighter license plates/red lamp permit information
- Honor guard



Fire investigations



Fire inspections



Honor guard



Fire service specialists



Licensing and permits



Services

Fire investigations
Fire service support team
Firefighter license plates and red lamp permits
Honor guard
Inspections
Correctional facilities
Department of Human Services-licensed facilities
Health care facilities
Hotels and motels
Schools
Licensing and permits
State Emergency Response Teams



Inspections

Our fire inspections teams are committed to ensuring the safety of Minnesotans by inspecting a wide range of facilities across the state. Our teams work closely with local fire departments, law enforcement, and the public to conduct thorough fire inspections. We focus on compliance with fire codes to protect lives and property, and we serve facilities ranging from day care centers to correctional institutions.

Our inspection teams are highly specialized to cover different facility types. Fourteen inspectors, supported by two supervisors, oversee inspections for day care facilities, hotels, motels, resorts, and Minnesota's public K-12 and charter schools. Another team, consisting of eight inspectors and a supervisor, focuses on health care facilities, ensuring that hospitals and clinics meet strict fire safety standards. Additionally, we have dedicated inspectors for correctional facilities and fire protection systems to guarantee safety in high-risk environments.

Specific inspection areas

We conduct fire safety inspections in roughly 1,750 public and charter school buildings across Minnesota, including primary, middle, secondary, and alternative schools, on a three-year rotation. Our team also inspects child care and foster care centers in areas where local fire departments do not provide inspection services. Beyond that, we ensure that correctional facilities and residential care facilities meet stringent safety requirements. Finally, our inspectors work to prevent fire deaths and property loss by inspecting hotels, motels, and other public accommodations throughout the state.



Waivers

Services

Fire investigations

Fire service specialists

Firefighter license plates and red lamp permits

Honor guard

Inspections

Correctional facilities

Department of Human Services-licensed facilities

Health care facilities

Instructions for a temporary waiver

Hotels and motels

Schools

Licensing and permits

State Emergency Response Teams

Health care facilities

Our team inspects health care facilities like hospitals, clinics, surgery centers and nursing homes across the state.

One-stop shop for health care inspections

The Minnesota Department of Health is your one-stop shop for health care inspections. [Their website contains an overview of the life safety code and other great information you should know for your inspection.](#)

What you need for your inspection

Preparing for an inspection at your facility? [Check out these forms, which you should print out and have in a binder](#) to make the inspection process easier.

[The calculators on this page](#) are provided to help you determine the size of generator required for your specific application. Other calculators on this page are for unit conversions and other power related calculations.

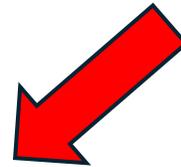
Other parts of the process you should know

You have the opportunity to request a waiver under specific conditions. [Read the](#) instructions for requesting a temporary waiver.

Use the form below to request a waiver.

Health care inspection waiver

For each item of the life safety code recommended for waiver, list the survey report form item number and the reason for the conclusion that (a) the specific provisions of the code, if rigidly applied, would result in unreasonable hardship on the facility and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. If additional space is required, attach more sheets.



Name of Facility

2012 LIFE SAFETY CODE

PART III – RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS

For each item of the Life Safety Code recommended for waiver, list the survey report form item number and state the reason for the conclusion that: (a) the specific provisions of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. If additional space is required, attach additional sheet(s).

PROVISION NUMBER(S)

JUSTIFICATION

K400

Surveyor (<i>Signature</i>)	Title	Office	Date
Fire Authority Official (<i>Signature</i>)	Title	Office	Date

Top Five Deficiencies

- K353- Sprinkler Maintenance (299)
- K712- Fire Drills (280)
- K345- Fire Alarm Testing (186)
- K324- Cooking Facilities (129)
- K372- Subdivision Of Building Spaces/Penetrations (108)

Top Five Deficiencies

- K-353 Fire Sprinkler System Maintenance
 - **Cited 299 times**
 - **Annual inspections**
 - **Quarterly testing**
 - **5-year internal pipe inspection**
 - **5-year gauge recalibration/replacement**
 - **Dirty/painted sprinklers**
 - **Spare sprinkler box**

Top Five Deficiencies

- K-345 Fire Alarm Testing and Maintenance
 - **Cited 186 times**
 - **Annual tests**
 - **Devices missing from inspection report**
 - **Devices not being tested**
 - **Sensitivity testing**
 - **Alarm panels in trouble**
 - **Blocked pull stations**

Fire Alarms/Pull Stations



Therapy Oven Timers/Shut Offs

- K324 Cooking Facilities

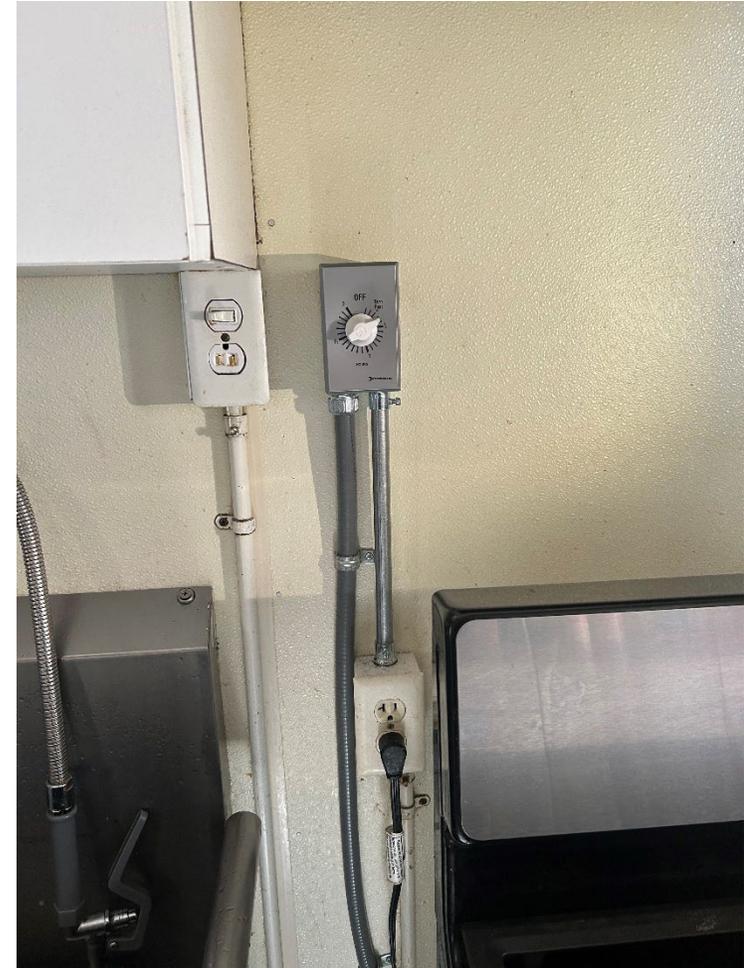
- A switch meeting all of the following is provided

- A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range.

- The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision.

- The switch is on a timer, not exceeding a 120-minute capacity, that automatically deactivates the cooktop or range, independent of staff action.

Therapy Oven Timers/Shut Offs

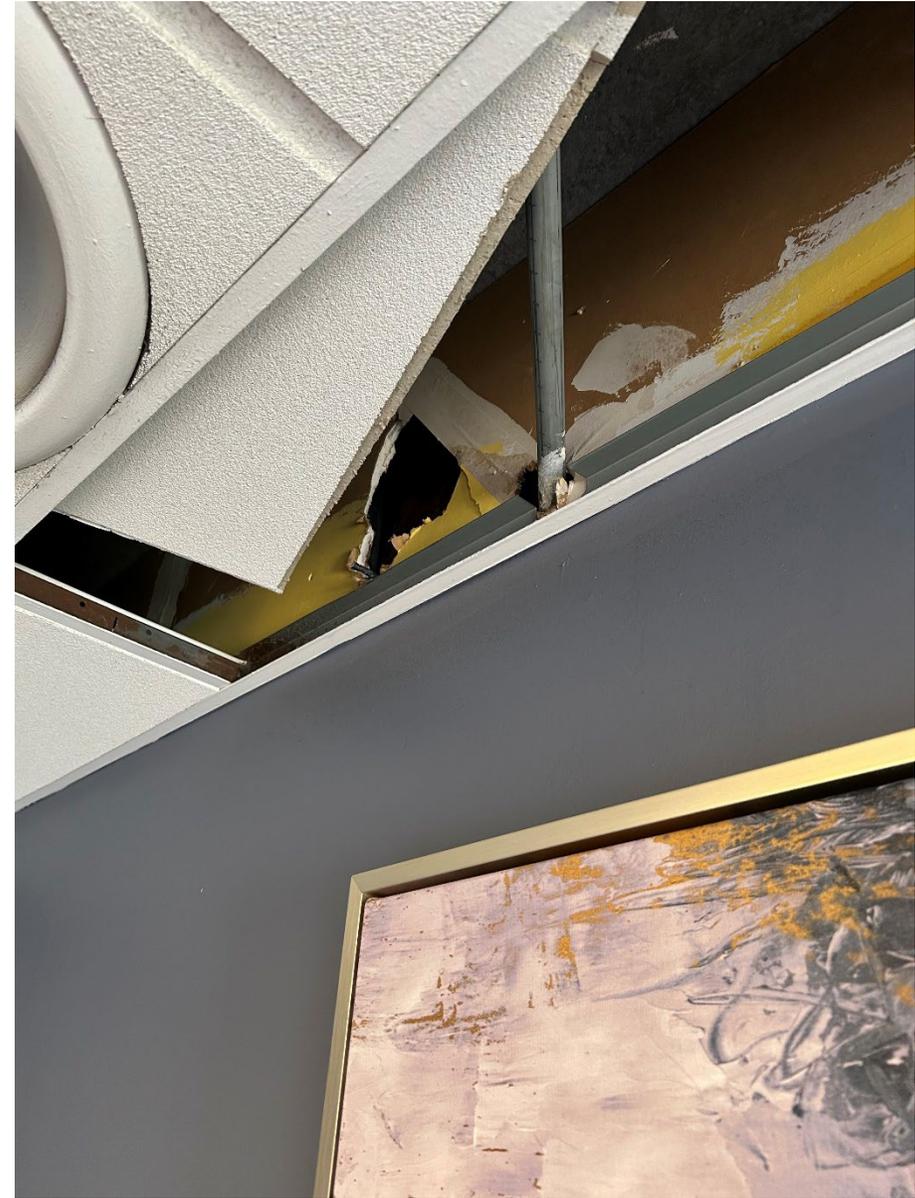


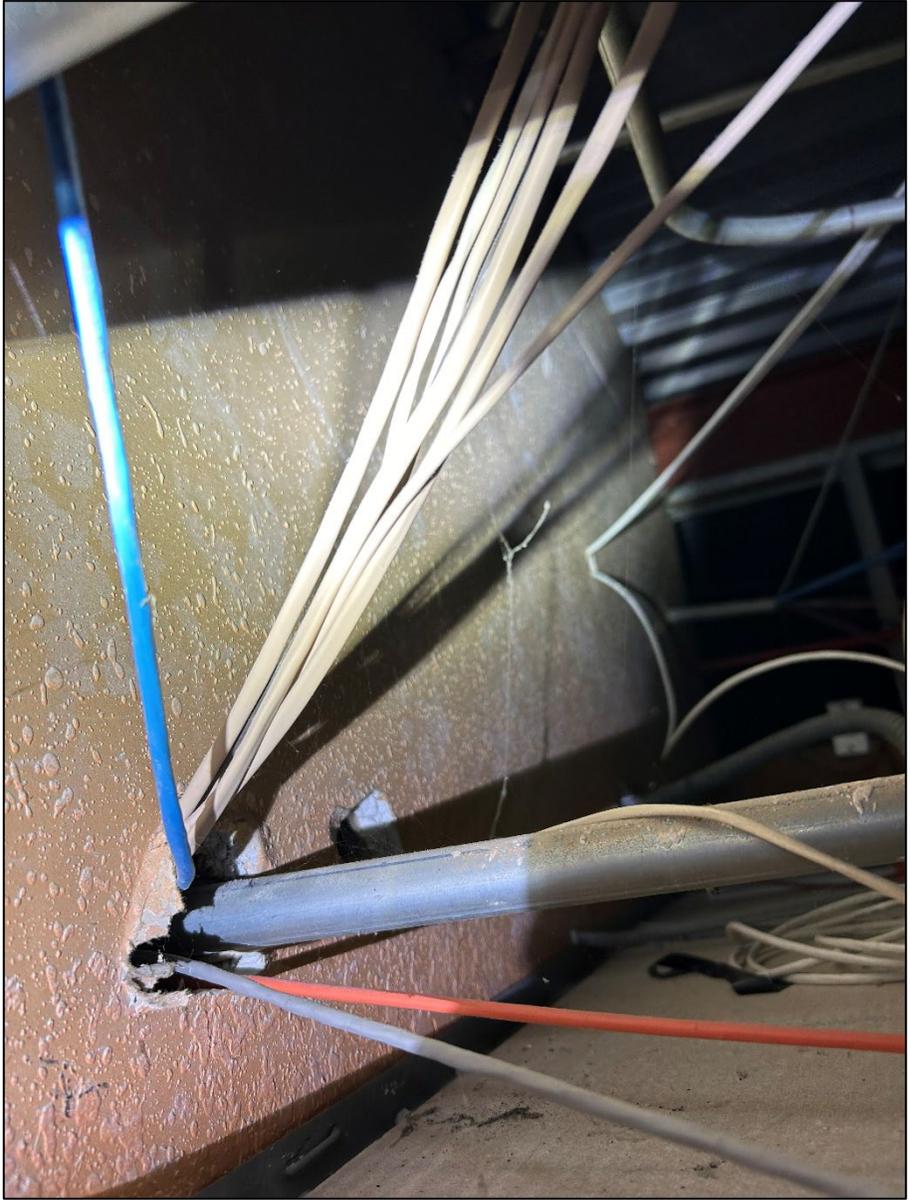
Penetrations

- K372 Subdivision Of Building Spaces/ Penetrations

8.5.2.2 Smoke barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces.

Penetrations





Conclusion and Q&A

