Healthcare Facility Hub

CMS Edition Compliance One-Pager (2012 NFPA 101 + NFPA 99)

Current version — Oct 31, 2026
Update history: healthcarefacilityhub.org/nfpa-101-life-safety-code-healthcare-guide/

Federal Rule Authority & Effective Dates (81 FR 26872)

On May 4, 2016, the Centers for Medicare & Medicaid Services (CMS) promulgated the final rule "*Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities*" (**81 FR 26872**), effective **July 5, 2016**. CMS state survey agencies and deeming accrediting organizations (The Joint Commission, DNV, HFAP/ACHC) commenced survey enforcement on **November 1, 2016** (S&C 17-15-LSC). As of October 2026, CMS enforces the **2012 editions of NFPA 101 (with TIAs 12-1 through 12-4)** and **2012 NFPA 99**, without newer adoptions.

FEDERAL REGULATORY CROSSWALK BY PROVIDER TYPE (42 CFR MANDATES)

Provider Type	Regulation (42 CFR)	Mandated Federal Codes & Conditions	Survey Form
Hospitals	42 CFR § 482.41(b)–(c)	NFPA 101-2012 + TIAs 12-1 to 12-4; NFPA 99-2012 + TIAs; outpatient surgical depts meet Ambulatory Health Care. Written fire approval: § 482.41(b)(6).	Form CMS-2786R
Long-Term Care (SNF/NF)	42 CFR § 483.90(a)–(b)	NFPA 101-2012 + TIAs 12-1 to 12-4; NFPA 99-2012 + TIAs; FSES mandatory-values option for certain existing facilities.	Form CMS-2786R
Ambulatory Surgical Centers	42 CFR § 416.44(b)–(c)	Ambulatory Health Care Occupancy provisions "regardless of number of patients served"; NFPA 99-2012.	Form CMS-2786R
Critical Access Hospitals	42 CFR § 485.623	NFPA 101-2012 + TIAs 12-1 through 12-4; physical plant and environment requirements.	Form CMS-2786R
Inpatient Hospice	42 CFR § 418.110(d)	NFPA 101-2012 + TIAs 12-1 through 12-4; 24-hour nursing and inpatient safety.	Form CMS-2786R
PACE Centers	42 CFR § 460.72(b)	NFPA 101-2012 + TIAs 12-1 through 12-4; physical environment.	Form CMS-2786R

STRICTER-REQUIREMENT RECONCILIATION PROTOCOL (STATE & LOCAL VS. CMS BASELINE)

Per Joint Commission Standards FAQ on NFPA 101-2012 references, whenever state or municipal authorities enforce a newer edition of NFPA 101 (2015, 2018, 2021, 2024, or 2027) or the International Building/Fire Code (IBC/IFC), **healthcare facilities must reconcile both sets of requirements and comply with the stricter requirement**.

- **Rule 1:** A state or local permission cannot override a federal CMS condition of participation.
- **Rule 2:** A federal baseline cannot exempt a facility from a stricter state or municipal building code requirement.
- **Rule 3:** Dual documentation is mandatory: record compliance with both 2012 CMS K-tags and local municipal AHJ permits.

FACILITY COMPLIANCE RECORD & AUTHORITY SIGN-OFF

Facility Name: .....

Director of Facility Management: .....

CMS Certification Number (CCN): .....

Designated State Survey Agency: .....

Facility Address: .....

Local Fire Authority Having Jurisdiction: .....

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Occupancy Classifier Worksheet — Incapable-of-Self-Preservation Test

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The Incapable-of-Self-Preservation Classification Standard: NFPA 101 assigns occupancy chapters based on occupant capabilities and vulnerability. Getting the occupancy classification right is the foundational first step of any survey inspection. An improper classification triggers non-compliance citations across egress, doors, and compartmentation.

OCCUPANCY CLASSIFICATION MATRIX (TABLE 2 REFERENCE)

Chapters	Occupancy Category	Core Definition & Capability Test	Typical Facility Space Application
18 / 19	**Health Care** (New / Existing)	Used for medical, psychiatric, obstetrical, or surgical care on an inpatient basis (4+ beds), where occupants are mostly **incapable of self-preservation** due to illness, disability, or security measures.	Acute care hospitals, critical access hospitals, nursing homes, skilled nursing facilities, inpatient hospice units.
20 / 21	**Ambulatory Health Care** (New / Existing)	Outpatient facilities where **4 or more patients at the same time** are rendered incapable of self-preservation by anesthesia/procedures or dialysis. *Note: CMS applies to all ASCs regardless of count.*	Ambulatory surgical centers (ASCs), hospital outpatient surgical departments, endoscopy suites, dialysis centers.
32 / 33	**Residential Board & Care** (New / Existing)	Provides lodging and boarding to 4+ residents who receive personal care services. Split into Small (≤ 16 residents) and Large (> 16 residents).	Intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), assisted living facilities.
38 / 39	**Business** (New / Existing)	Used for transactions, professional services, or outpatient treatment where **fewer than 4 patients** are simultaneously incapable of self-preservation.	Physician practice clinics, outpatient therapy, medical office buildings (MOBs), administrative office buildings.
12 / 13	**Assembly** (New / Existing)	Used for gathering together of **50 or more persons** for deliberation, worship, entertainment, eating, or drinking.	Hospital cafeterias, auditoriums, large conference centers, chapel spaces on healthcare campuses.

FACILITY BUILDING-BY-BUILDING CLASSIFICATION LOG

Building / Wing	Floor Level	Function / Services	Incapable Count	Assigned Ch.	Separation / 2-Hr Barrier
.....	.....	.....	[ ] Inpatient [ ] ≥4 [ ] <4	[ ] 18/19 [ ] 20/21 [ ] 38/39	[ ] 2-Hour Rated [ ] None Needed
.....	.....	.....	[ ] Inpatient [ ] ≥4 [ ] <4	[ ] 18/19 [ ] 20/21 [ ] 38/39	[ ] 2-Hour Rated [ ] None Needed
.....	.....	.....	[ ] Inpatient [ ] ≥4 [ ] <4	[ ] 18/19 [ ] 20/21 [ ] 38/39	[ ] 2-Hour Rated [ ] None Needed
.....	.....	.....	[ ] Inpatient [ ] ≥4 [ ] <4	[ ] 18/19 [ ] 20/21 [ ] 38/39	[ ] 2-Hour Rated [ ] None Needed

NEW (CHAPTER 18) VS. EXISTING (CHAPTER 19) TECHNICAL COMPARISON

Life Safety Feature	New Construction (Chapter 18)	Existing Buildings (Chapter 19)
Smoke Barrier Rating	**1-Hour Fire Resistance**; continuous slab-to-slab with rated dampers and penetrations sealed.	**1/2-Hour Fire Resistance**; continuous with penetrations sealed against smoke transfer.
Corridor Clear Width	**8 Feet Clear** in hospitals and nursing homes; **6 Feet Clear** in limited care and psychiatric.	**4 Feet Clear** minimum, maintained to allow nonambulatory patient transport on stretchers.
Door Clear Width	**41.5 Inches Clear** for patient room and egress doors used for patient movement.	**32 Inches Clear** for existing exit and exit-access doors (limited historic exceptions).
Smoke Compartment Scope	Required on **every floor** used by inpatients for sleeping or treatment, or occupant load ≥ 50.	Required on every **sleeping floor with 30 or more patient beds**.
Travel & Dead-End Limits	Dead ends max 30 ft; **Common path of travel max 100 ft**; max travel to smoke door 200 ft.	Dead ends max 30 ft (existing longer dead ends may stay if impractical to alter); travel to smoke door 200 ft.
Sprinkler Protection	**Sprinklered throughout** per NFPA 13 without exception.	Sprinklers per construction type; high-rise buildings must be fully sprinklered by **July 2028**.
Window Sill Height	Outside window or door required; sill height max **36 inches** for buildings post-July 5, 2016.	Outside window or door required in each sleeping room (historical sill heights accepted).

RENOVATION TRIGGER CHECKLIST (PREVENTING ACCIDENTAL NON-COMPLIANCE)

Critical Code Principle: Alterations, renovations, modernizations, additions, and changes of occupancy can pull a space into Chapter 18 (New) requirements. Settle classification with your design team and AHJ before work begins.

[ ] **Project Classification:** Is the work defined as routine maintenance, minor repair, renovation, addition, or change of use?

[ ] **Additions:** Any new physical addition must comply 100% with Chapter 18 and be separated from existing buildings by 2-hour fire-rated construction.

[ ] **Corridor Width Trap:** Does the renovation preserve existing 8-ft or 4-ft widths? Relocating corridor walls often triggers the 8-ft new standard.

[ ] **Door Replacement:** If replacing corridor doors, are 41.5-inch frames required by the local AHJ, or is existing 32-inch opening grandfathered?

[ ] **Smoke Barrier Upgrades:** If an existing 1/2-hour smoke barrier is relocated or reconstructed, it must be rebuilt as a 1-hour barrier.

[ ] **Construction Separation (K791):** Ensure construction zones are separated by smoke-tight, noncombustible barriers per NFPA 241.

Audit Purpose: This walkthrough checklist verifies that every physical defensive barrier required by the defend-in-place strategy is intact and operational before surveyors walk the floor.

ZONE 1: LIMIT FIRE TO ROOM OF ORIGIN (CONTAINMENT AT SOURCE)

[ ] **Room Doors Positive Latching (K363):** Tested patient room doors click shut and securely latch on gentle push. Zero roller latches installed.
[ ] **Door Gaps & Obstructions (K363):** Undercut gap does not exceed 1 inch. Zero kickdown stops, wedges, or tape over latches.
[ ] **Hazardous Areas (K321):** Soiled linen, trash collection, soiled utility, and central storage rooms are enclosed by 1-hour barriers or protected by automatic sprinklers with self-closing, positive-latching 3/4-hour doors.
[ ] **Electrical Safety in Rooms (K920):** No daisy-chained power strips; medical-grade cords in patient vicinities.

ZONE 2: KEEP SMOKE OUT OF CORRIDORS (CORRIDOR ENVELOPE INTEGRITY)

[ ] **Corridor Width (K232):** 8-ft (new) or 4-ft (existing) clear width strictly maintained. No crash carts, beds, or linen hampers abandoned in passage.
[ ] **Corridor Wall Construction (K362):** 1/2-hour fire resistance or smoke-resistant continuous partitions from floor slab to ceiling slab.
[ ] **Spaces Open to Corridor (K361):** Nurse stations, waiting areas, and chart rooms open to corridors meet all criteria of 18/19.3.6.1.
[ ] **Smoke Detection in Open Areas (K347):** Electrically supervised smoke detectors installed in all open waiting spaces.

ZONE 3: SMOKE COMPARTMENT SPLIT (FLOOR DIVISION)

[ ] **Compartment Sizing (K371):** Floor divided into at least 2 compartments; area ≤ 22,500 sq ft; travel distance to smoke door ≤ 200 ft.
[ ] **Smoke Barrier Integrity (K372):** 1-hour (new) or 1/2-hour (existing) barrier continuous slab-to-slab. All conduit/pipe penetrations sealed with approved firestop.
[ ] **Smoke Barrier Doors (K374):** 20-min rated or 1¾-in solid-core wood; self-closing; opposite swings with astragals/rabbets; close upon alarm.
[ ] **Refuge Space:** Adequate refuge space (net 30 sq ft per patient bed) provided on each side of smoke barrier for horizontal relocation.

ZONE 4: HORIZONTAL RELOCATION BEFORE VERTICAL EVACUATION (SAFE EXIT ROUTING)

[ ] **Dual Distinct Pathways (K241):** Each smoke compartment provides 2 distinct egress paths without re-entering the same adjacent compartment.
[ ] **Exit Enclosures (K311):** Interior stairwells enclosed by 1-hour (existing) or 2-hour (new ≥4 stories) fire-rated construction.
[ ] **Special Locking Clearances (K222):** Clinical-needs and delayed-egress locks release immediately upon fire alarm, power loss, or sprinkler activation.
[ ] **Emergency Lighting (K291):** Exit signs illuminated; emergency egress lighting tested for 1.5-hour continuous battery illumination.

K-Tag	Topic & NFPA 101 Reference	Survey Inspection Focus / Requirement	Status	Corrective Action
K100	General Requirements NFPA 101 § 18/19.1.1	Building construction type, height, and area limits verified against approved drawings and Life Safety Code occupancy chapters.	[ ] Pass [ ] Deficient	.....
K211	Means of Egress — Obstructions NFPA 101 § 18/19.2.1	Means of egress continuously maintained free of all obstructions. No carts, beds, or equipment stored in required corridors.	[ ] Pass [ ] Deficient	.....
K222	Egress Doors & Locks NFPA 101 § 18/19.2.2	Doors operable without key/tool. Delayed-egress (15/30 sec) and clinical-needs locking release on fire alarm, waterflow, and power failure.	[ ] Pass [ ] Deficient	.....
K232	Aisle & Corridor Width NFPA 101 § 18/19.2.3	Corridors clear width: 8 ft (new hospitals/SNFs), 6 ft (limited care), 4 ft (existing) continuously maintained.	[ ] Pass [ ] Deficient	.....
K241	Number of Exits NFPA 101 § 18/19.2.4	Min 2 remote exits per story. Min 2 distinct exit paths from every smoke compartment without traversing same adjacent compartment.	[ ] Pass [ ] Deficient	.....
K251	Dead Ends & Common Path NFPA 101 § 18/19.2.5	Dead-end corridors ≤ 30 ft. Common path of travel ≤ 100 ft in new construction. Exit signs visible throughout travel paths.	[ ] Pass [ ] Deficient	.....
K291	Emergency Lighting NFPA 101 § 7.9	Emergency lighting provides min 1½-hour illumination. Monthly 30-sec push test documented; annual 90-min test on file.	[ ] Pass [ ] Deficient	.....
K311	Vertical Openings NFPA 101 § 18/19.3.1	Stairs, elevator shafts, and chutes enclosed with min 1-hour (existing) or 2-hour (new) construction. Self-closing fire doors.	[ ] Pass [ ] Deficient	.....
K321	Hazardous Areas NFPA 101 § 18/19.3.2	Soiled linen, trash rooms, gift shops, central storage >100 sq ft protected by 1-hr enclosure or automatic extinguishment.	[ ] Pass [ ] Deficient	.....
K345	Fire Alarm ITM NFPA 72 / NFPA 70	Fire alarm system tested and maintained per NFPA 72. Semi-annual and annual device records readily accessible in facility.	[ ] Pass [ ] Deficient	.....
K353	Sprinkler ITM NFPA 25	Sprinklers, valves, gauges, backflow, and pipes inspected and tested per NFPA 25. Min 18-in head clearance. No items supported by pipe.	[ ] Pass [ ] Deficient	.....
K363	Corridor Doors NFPA 101 § 18/19.3.6.3	Resist smoke passage; positive latching hardware; roller latches prohibited (482.41(b)(1)(ii)); undercut gap ≤ 1 inch.	[ ] Pass [ ] Deficient	.....
K372	Smoke Barrier Rating NFPA 101 § 18/19.3.7	1-hr (new) or 1/2-hr (existing) fire resistance. Continuous slab-to-slab. Firestopping intact with no unsealed penetrations.	[ ] Pass [ ] Deficient	.....

K-Tag	Topic & Standard Reference	Survey Inspection Focus / Requirement	Status	Corrective Action
K712	Fire Drills NFPA 101 § 18/19.7.1.4	Held at least quarterly on each shift, at expected and unexpected times. Coded announcement allowed 9 PM–6 AM. Full staff participation.	[ ] Pass [ ] Deficient	.....
K761	Door Inspection NFPA 80 / NFPA 105	Annual inspection and functional testing of fire door assemblies. Labels visible, clearances ≤1/8 in, latches catch, seals intact.	[ ] Pass [ ] Deficient	.....
K791	Construction Operations NFPA 101 § 4.6.10 / NFPA 241	Construction, repair, and improvement comply with NFPA 241. Egress inspected daily; temporary smoke partitions smoke-tight/noncombustible.	[ ] Pass [ ] Deficient	.....
K918	Essential Electrical Systems NFPA 99 / NFPA 110	Emergency generators inspected weekly; monthly load tested 30 min (12x/yr at 20–40 day intervals); 4-hr continuous load run every 36 mos.	[ ] Pass [ ] Deficient	.....
K920	Electrical Equipment & Cords NFPA 99 § 10.2.3.6	Power strips and extension cords strictly controlled. Relocatable power taps meet UL 1363A in patient-care vicinities. No daisy chaining.	[ ] Pass [ ] Deficient	.....
K923	Medical Gas Storage NFPA 99 § 5.1.3	Cylinders secured against falling; full/empty separation; manifold rooms ventilated and rated; no storage of combustible items.	[ ] Pass [ ] Deficient	.....

IMPAIRMENT & LIFE SAFETY MANAGEMENT SUMMARY TRACKER

Sprinkler Impairment Protocol (>10 Hours / 24 Hours):
- Mandatory: Evacuate affected area OR establish approved fire watch.
- Written notification delivered to State Survey Agency & local fire marshal.
- Impairment coordinator assigned per NFPA 25 § 15.5.

Fire Alarm Impairment Protocol (>4 Hours / 24 Hours):
- Mandatory: Notify local fire department / AHJ immediately.
- Establish approved continuous fire watch patrol until restored.
- Document round frequency (15–30 min) in facility fire watch log.

AUDIT SIGN-OFF & ACTION PLAN COMMITMENT

Audit Completed By (Lead Inspector): ..... Date: ..... Total Deficiencies Identified: .....

Plan of Correction Due Date: ..... Director of Facilities Signature: .....