# From Approval to Accreditation: Closing Life Safety Gaps in Ambulatory Surgery Centers


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# Presenter

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***Senior Fire Protection Consultant, Telgian Engineering & Consulting***

Dale Lyman, CFPS, is a senior fire protection consultant with Telgian Engineering & Consulting. With more than 35 years of experience, including the roles of fire chief, fire marshal, and NFPA 99 committee member, Dale provides a wealth of practical expertise in fire and life safety compliance for healthcare and ASC settings. He is the author of the Ambulatory Surgery Center Safety Guidebook, a trusted resource for ASC administrators.

# Presenter

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## Li Li, CET

*Regional Practice Leader,*
*Telgian Engineering & Consulting*

Li has more than 10 years of experience and is the Regional Practice Leader for Telgian Engineering & Consulting. He is a Level IV NICET fire sprinkler layout technician with extensive experience in fire sprinkler design, 3D modeling, BIM coordination and construction project management. Li has experience working in multiple sectors including Healthcare, Industrial, Government, Education and Storage.

Fire Smarts

# Why This Matters to You

- Lost OR days = lost revenue
- Survey failure = idle staff, postponed cases
- Local approval ≠ CMS compliance
- Life Safety issues affect **both new builds and existing operations**

# Learning Objectives

By the end of this session, participants will be able to:

- Understand common local inspection gaps in new construction
- Learn top 5 Life Safety deficiencies that existing ASCs struggle with
- Apply proactive strategies to stay ahead of CMS surveyors

# SECTION 1: Building or Converting a New ASC

# “We Passed Local Inspection — Then Failed Accreditation”

This Is What Commonly Occurs:

Design/Construction → Local Approval → CMS Survey → Deficiency → $$$ Delay

# “We Passed Local Inspection — Then Failed Accreditation”

- Case example: ASC emergency power system not NFPA 99 compliant
- Months of idle ORs

# Local Code ≠ CMS Code

- Fire marshal enforces local building/fire code
- CMS adopts 2012 NFPA 101 + NFPA 99
- Architects often design to local code only — especially if they no healthcare experience

# Common Fire Marshal Misses in New ASC Construction

| System | What Gets Missed | Why It Matters |
|---|---|---|
| **Emergency Electrical** | Wrong system type, lack of branch separation, transfer switches | Condition-level deficiency, expensive rework |
| **Smoke/Fire Barriers** | No smoke compartmentation, missed rated wall details | CMS failure even if fire marshal signs off |
| **Medical Gas** | NFPA 99 installation standards not enforced locally | Life safety & survey risk |
| **CMS-Unique Rules** | Waiting room layout, unique fire alarm requirements | Not in local code, but required by CMS |

# Emergency Power & EES Pitfalls

- Transfer switches & branch separation issues
- Local AHJs often approve basic generator installs that don't meet ASC standards

# Build It Right the First Time

Timeline –

Expert Design → Expert Review → Construction → Mock Survey → Accreditation

# Build It Right the First Time

## Strategy

- Bring a Life Safety/NFPA 99 expert in **early**
- Don’t rely solely on local plan review
- Periodic site visits during construction
- Mock surveys before surveyor arrival

# Cost of “False Compliance”

Condition-level deficiencies discovered late = months of delay + $$

# Why Ongoing Compliance Matters

- Survey readiness = uninterrupted operations
- CMS deficiencies can jeopardize deemed status
- Routine issues are often preventable with staff vigilance

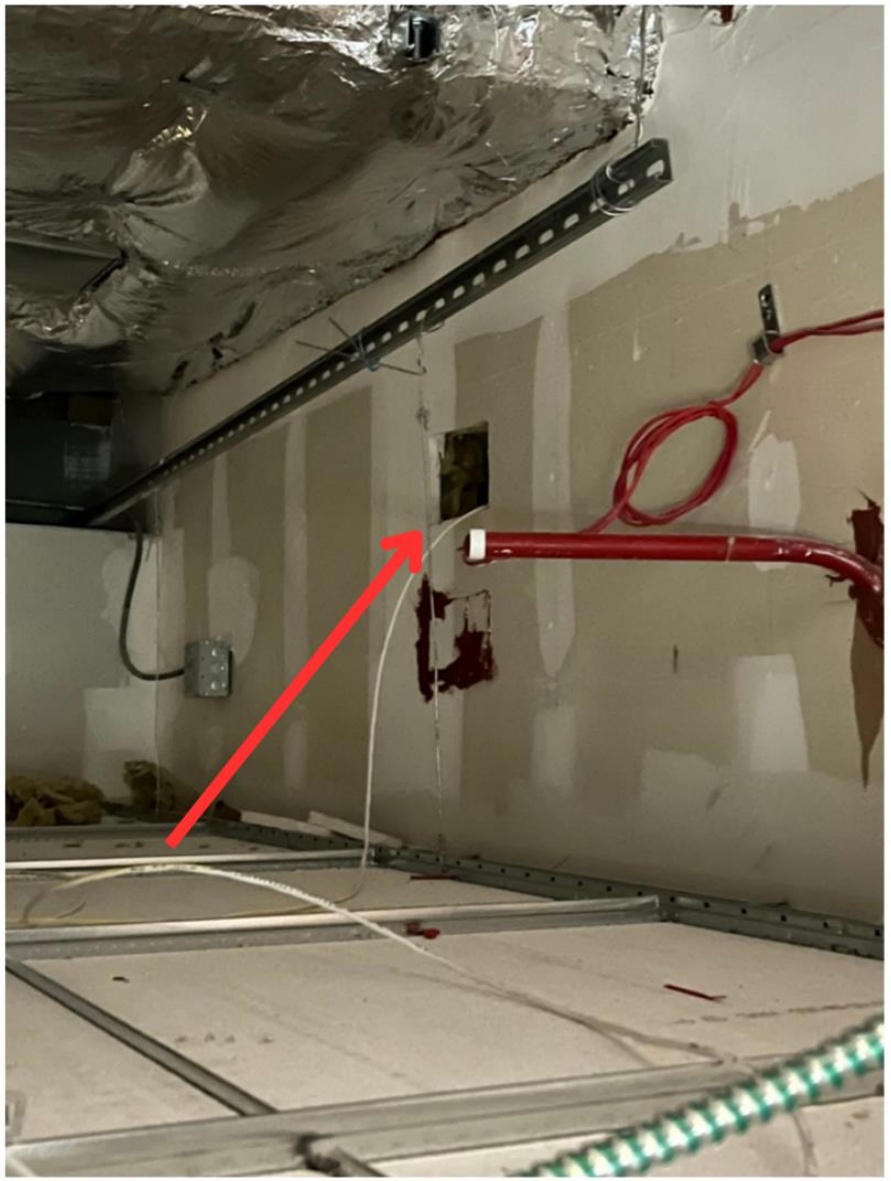
# Smoke & Fire Barriers

Definition: Barriers slow fire/smoke spread

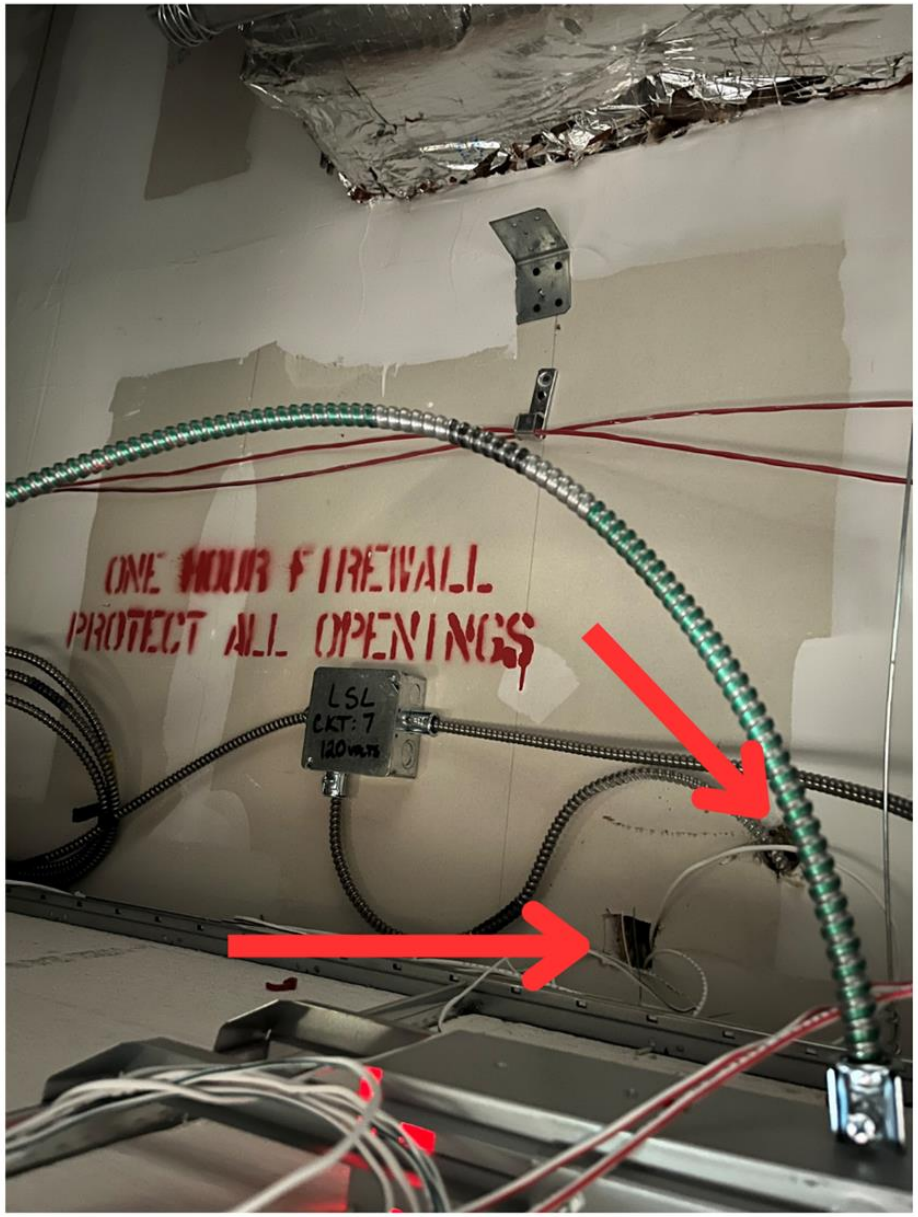
Common Pitfalls: Unsealed penetrations, damaged doors

Best Practices: Regular inspections, staff training

# Smoke & Fire Barriers ◊



# Smoke & Fire Barriers ◊



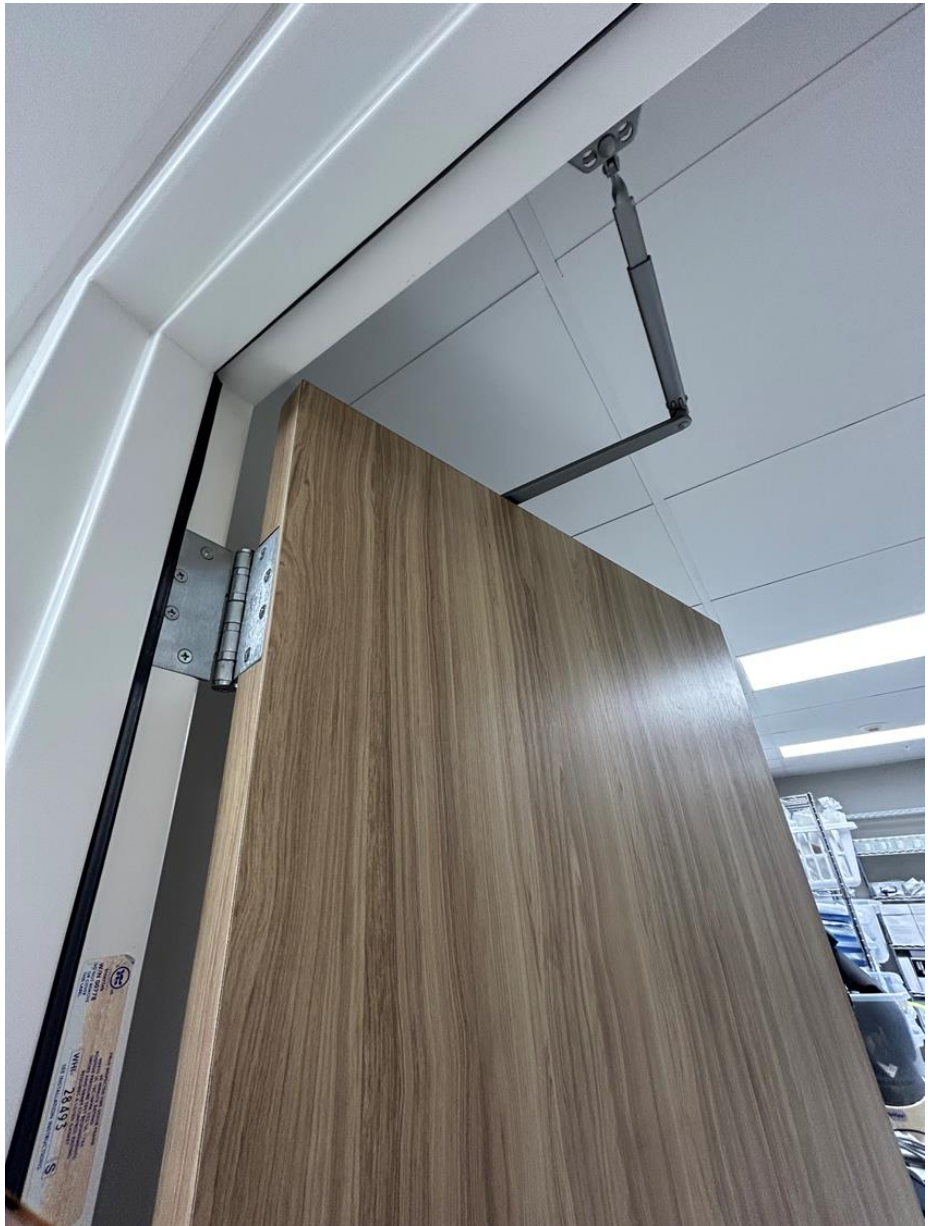
# Top 5 Deficiencies: Hazardous Areas ◊

Definition: “Any room or space that presents a degree of hazard greater than that normal to the general occupancy of the building or structure shall be protected as specified by the applicable occupancy chapter.”

Common Pitfalls: lack of self-closing doors, fire protection equipment

Best Practices: ensure correct door hardware in place, use room as designed

# Hazardous Areas ◊



# Hazardous Areas ◊

# Top 5 Deficiencies: Fire & Emergency Plans ◊

Definition: Required plans & quarterly drills for preparedness
Common Pitfalls: Infrequent drills, untrained staff, poor documentation, not using fire alarm system
Best Practices: Quarterly drills, clear staff roles, logs

# Fire & Emergency Plans ◊

## Fire Alarm Manual Pull Station

# Top 5 Deficiencies: Means of Egress ◊

Definition: Clear, accessible exit paths
Common Pitfalls: Blocked exits, poor signage, lighting issues
Best Practices: Monthly checks, test exit signs & lights

# Means of Egress ◊

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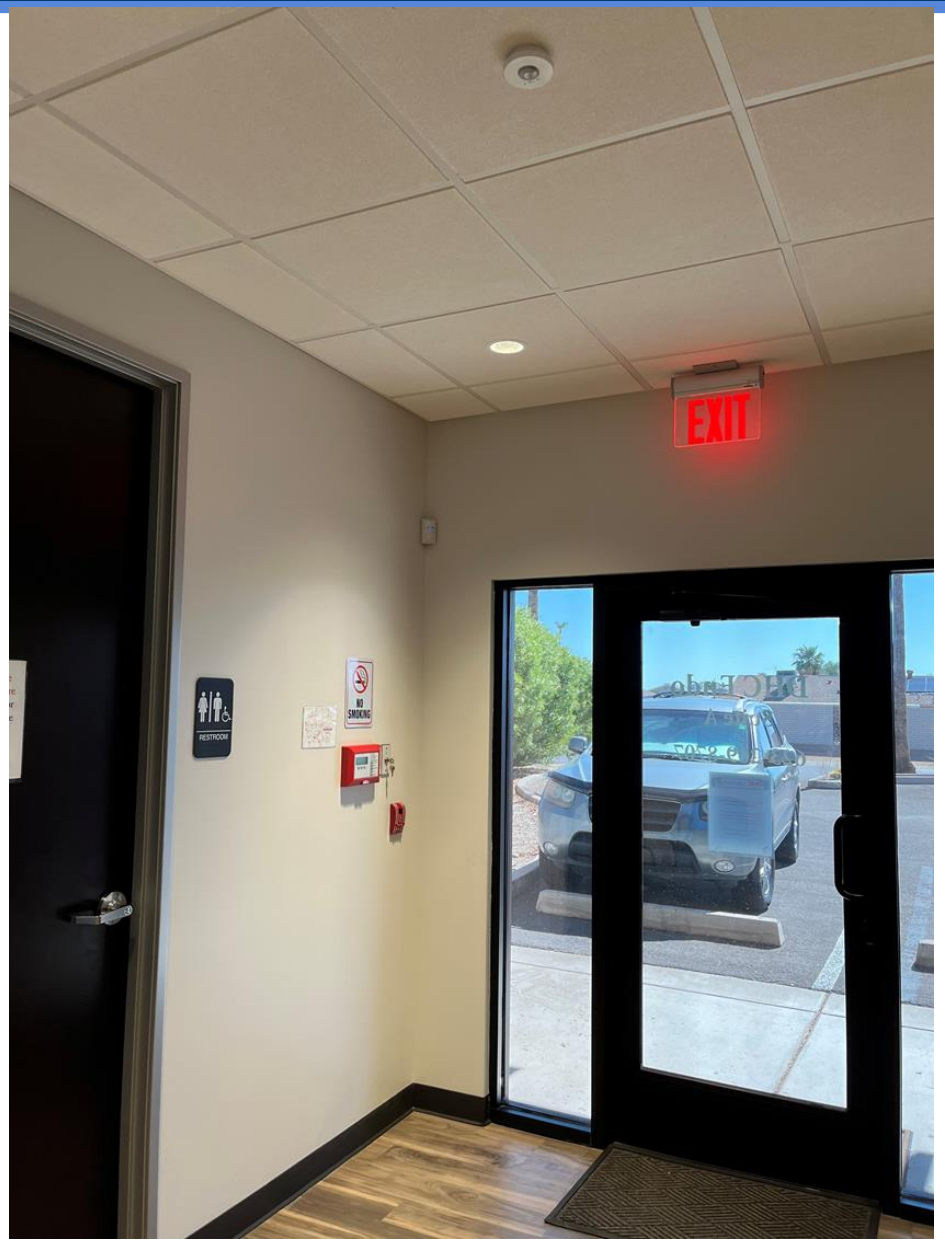

# Top 5 Deficiencies: Emergency Electrical Systems

Definition: Electrical systems, emergency power (generators)

Common Pitfalls: incorrect type of Emergency Electrical System for level of anesthesia, missed generator tests

Best Practices: Follow NFPA  99 & 110/111, detailed records

# Top 5 Deficiencies: Emergency Electrical Systems



LIFE SAFETY BRANCH

CRITICAL BRANCH

EQUIPMENT BRANCH

# Key Takeaways

✅ For new builds: bring experts in early — don’t rely on local sign-offs

✅ For existing ASCs: focus on the top 5

✅ Consider Mock Survey

✅ Document everything

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# Q & A

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