



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 17-14-LSC

DATE: December 16, 2016

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Clarification of Automatic Fire Sprinkler System Installation Requirements in Attic Spaces in Long-Term Care (LTC) Facilities

Memorandum Summary

- **Sprinkler Requirement for Long Term Care Facilities:** On May 4, 2016, the Centers for Medicare & Medicaid Services (CMS) published the final rule *Medicare and Medicaid Programs: Fire Safety Requirements for Certain Health Care Facilities* (81 FR 26872). This regulation adopted the 2012 Life Safety Code (LSC), and the 2012 Health Care Facilities Code (HCFC). The 2012 LSC requires all existing and newly constructed health care facilities including long term care facilities to be equipped with a supervised automatic sprinkler system. This regulation requires compliance with the 2010 edition of National Fire Protection Association (NFPA) 13, Installation of Sprinkler Systems.
- **Sprinkler Installation Requirements for Attics containing Fire Retardant Treated Wood (FRTW):** The use of FRTW is allowed to be installed in a facility in concealed or attic space without the installation of an automatic sprinkler system, provided that it meets certain conditions related to access, construction type, storage and fuel fired equipment. This is a change, because FRTW was not discussed clearly with regards to concealed spaces in the 2000 edition of the LSC or the 1999 edition of NFPA 13.

Background

CMS has received several requests for clarification concerning the installation of automatic fire sprinklers in concealed or attic spaces of health care facilities, specifically where FRTW has been installed in attic spaces or used in the construction of roofs.

The NFPA Installation of Sprinkler Systems, NFPA 13, 2010 edition requires sprinkler protection in all areas of a building at Section 4.1. There are a few exceptions that permit sprinklers to be omitted in certain areas and still consider a building to be completely sprinkler protected; these exceptions are found at Section 8.15.1. The typical exceptions used in nursing homes are concealed spaces, with 12 examples; vertical shafts, with two examples; and exterior

roofs or canopies. The exceptions for these locations are defined in a manner that limits their application to very specific instances.

Concealed Spaces

Concealed spaces are non-occupied spaces that can be created by construction of the building. These spaces may contain wiring, and piping for building service equipment such as HVAC equipment and may be void of any combustible material. Concealed spaces are not required to be sprinklered as long as the storage of combustible items is not permitted. Limited access to these areas by small access panels is allowed. An attic can be a concealed space if it is constructed and used as a concealed space as outlined in 8.15.1.2.1 of NFPA 13.

Concealed spaces may be constructed of or contain noncombustible or limited combustible material such as FRTW and, spaces constructed of such material are not required to be protected by an automatic sprinkler system. FRTW is allowed to be used in both “new” and “existing” construction of an attic or concealed space by the LSC as referenced at 18.1.6.2, 18.1.6.3, 19.1.6.2 and 19.1.6.3 and section 8.15.1.2 of NFPA 13.

Survey Process

Review any facility deficiencies and questions that you may have received in light of the changes to the 2012 LSC requirements and the application of the 2010 sprinkler installation requirements including any exceptions that these codes and standards may have that are applicable to your situations. This also includes any informal dispute resolutions (IDRs) or independent IDRs that you may be processing concerning this deficiency or the use of FRTW in a facility.

Contact: For questions regarding this policy memorandum, please contact James Merrill at SCG_LifeSafetyCode@cms.hhs.gov.

Effective Date: Immediately. The information provided in this memorandum should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

David R. Wright

cc: Survey and Certification Regional Office Management

The contents of this letter support activities or actions to improve patient or resident safety and increase quality and reliability of care for better outcomes.