



Minnesota Healthcare Engineers Association Conference 2026

Joint Commission Physical Environment Update

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Accreditation and Certification Operations

Joint Commission

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Agenda

LSCS Leadership Updates

Accreditation 360

Survey Process Updates

Physical Environment/Life Safety Code Surveyor Leadership Updates

Joint Commission LSCS Leaders



Jim Grana, MBA, CHSP, CLSS-HC

Dir, Standard Development
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Tim Markijohn, MBA\MHA,
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Life Safety Code Field Director



Dave Thompson, MPA, CHFM,
CHSP, CHC

Life Safety Code Field Director



Ted West, MS, CFPS, CFI-I, CFPE

Life Safety Code
Associate Field Director

Accreditation 360

Numbering and Location Changes

Current Standard Numbering
EC.01.01.01
EC.02.01.01
EC.02.01.03
EC.02.02.01
EC.02.03.01
EC.02.03.03
EC.02.03.05
EC.02.04.01
EC.02.04.03
EC.02.05.01
EC.02.05.02

Current Standard Numbering
EC.02.05.03
EC.02.05.05
EC.02.05.07
EC.02.05.09
EC.02.06.01
EC.02.06.05
EC.03.01.01
EC.04.01.01
EC.04.01.03
EC.04.01.05



Future Standard Numbering
PE.01.01.01
PE.02.01.01
PE.04.01.01
PE.04.01.03
PE.04.01.05
PE.05.01.01

Future Standard Numbering
NPG.02.04.01
NPG.11.01.01
NPG.11.03.01
NPG.13.03.01

Numbering and Location Changes

Current Standard Numbering	Current Standard Numbering
LS.01.01.01	LS.03.01.30
LS.01.02.01	LS.03.01.34
LS.02.01.10	LS.03.01.35
LS.02.01.20	LS.03.01.40
LS.02.01.30	LS.03.01.50
LS.02.01.34	LS.03.01.70
LS.02.01.35	LS.05.01.10
LS.02.01.40	LS.05.01.20
LS.02.01.50	LS.05.01.30
LS.02.01.70	LS.05.01.34
LS.03.01.10	LS.05.01.35
LS.03.01.20	



Future Standard Numbering
PE.03.01.01
PE.03.02.01
PE.04.01.01

Concepts in the PE Chapter

**Safe, Adequate
Environment**
PE.01.01.01

**Hazardous
Materials &
Waste**
PE.02.01.01

**Comply with
Life Safety Code**
PE.03.01.01

**Interim Life
Safety Measures**
PE.03.02.01

**Building Safety
& Facility
Management**
PE.04.01.01

Utility Systems
PE.04.01.03

**Water
Management**
PE.04.01.05

Imaging Safety
PE.05.01.01

PE Concepts in the NPG Chapter

**Workplace
Violence Worksite
Analysis**
NPG.02.04.01

Security Risks
NPG.11.01.01

Utility Systems
NPG.11.03.01

Imaging Safety
NPG.13.03.01

Continuous Support Model

From episodic survey readiness to always-on excellence



- Developed in response to feedback from accredited healthcare organizations requesting more support for continuous improvement
- Offers optional, customized support between surveys at regular touchpoints, guided by organization’s needs
- Designed to elevate care, together

Survey Analysis For Evaluating Strengths

As part of Accreditation 360, the **SAFEST** program will round out the survey experience to spotlight performance strengths, share leading practices, and accelerate improvement.



SAFEST Main Components

Survey Report & Resources: January 2026

Begin implementation of recognizing practices supporting excellent care with a **performance strength report**

JOINT
COMMISSION™

SAFEST™ Report

(Survey Analysis for Evaluating STrengths™)

ABC Hospital

One Renaissance Blvd.

Oakbrook Terrace, IL 60181

Organization Identification Number: 12345

Survey Begin and End Date

The information provided here is to highlight practices we observed at the time of survey which demonstrate a commitment to quality and safety. It is the responsibility of the organization to determine the continual operation and further implementation of these practices based on the organization's specific needs and circumstances.

Performance Strengths

Program: Hospital

Standard	EP	Short Name	Commentary
PI.11.01.01	3	Plan for Improvement	The hospital established a patient-centered innovation hub by forming interdisciplinary teams that collaborated

Videos and a **leading practice catalog** will ultimately support knowledge sharing for quality & safety improvement globally



Survey Process Updates

Surveying Outpatient Facilities and Hospice:

The Why

- Providing accredited organizations with a consistent of survey process
- Ensuring the survey process is comparable with CMS State Operations Manual
- All accrediting organizations are expected to follow the guidance outlined in the CMS State Operations Manual

Hospice

- March 2025
- Home Care Program
- Deemed Only
- NFPA 101-2012, Chapters 18/19
- Different Program, Different CoP's (418.110)
- Inpatient
- Both Hospital Based and/or Free-Standing
- LSCS complement
 - Hospital Based — Built into hospital complement
 - Free-Standing — 1 LSCS day for each inpatient location

Outpatient Facilities

- Differs from Ambulatory Surgical Centers or Free-Standing ED
- HAP to start (HAP Psych, CAH in the future)
- Deemed Organizations
- Staffing complement matches the clinical ambulatory days minus ASC/FSED because those are already included.
- Scoring will be based on occupancy type using the new PE/NPG standards

Outpatient Facilities

- Clinical surveyor assigned to off-site locations identifies locations to be visited and shares plan with LSC surveyor prior to survey.
- LSC surveyor is not required to visit additional locations at same time as clinical surveyor, but needs to prioritize visits to sites:
 - Moderate or deep sedation and anesthetizing locations
 - Complex patient care locations:
 - Intensive Chemotherapy
 - Complex Wound Care — Hyperbaric
 - Advanced Cardiac Rehab
 - Intensive Medication Management

Scope of Survey: Document Review

- Document Review
 - Basic Inspection/Testing/Maintenance
 - Fire Drills
 - Battery Light/Exit Signage Testing
 - Fire Extinguishers

Scope of Survey: Fire Drills

- Complies with NFPA 101-2012, 4.7 and 38/39.7
 - Building occupancy
 - > 500 persons or
 - > 100 persons above or below street level
- Documentation of annual fire training and/or evacuation drill
- Periodic fire extinguisher training

Scope of Survey — Hazardous Materials/Waste

- Hazardous Materials & Waste
 - Chemical Inventory
 - Safety Data Sheets
 - Regulated Medical Waste Manifests — Dept of Transportation training
- Storage and Handling
 - Properly Stored and Labeled
 - Restricted Access
 - Personal Protective Equipment
 - Eyewash Stations

Scope of Survey — Means of Egress

- Corridor
 - Widths —
 - Minimum 44” in ASCs or Business Occupancy
 - Minimum 36” in Business Occupancy less than 50 occupants
- Locked Exits
- Illumination
- Visible Exit Signs

Scope of Survey — Storage Rooms

- Existing Construction: Greater than 50 square feet
 - One-Hour Barrier **or**
 - Automatic Sprinkler
- New Construction:
 - One-Hour Fire Barrier **or**
 - Sprinklered with Self-Closing Door and Smoke Resistive
- Hazardous Area:
 - Storage or Use of Combustibles, Flammables, Toxic, Noxious, or Corrosive

Scope of Survey: Sprinklers/Extinguishers

- Sprinkler Heads/Systems
 - Unobstructed (18" rule)
 - Not damaged or dirty
 - Escutcheon plates properly installed
- Fire Extinguishers
 - Properly mounted: 4"-60" from the floor
 - Visible
 - MRI Safe

Scope of Survey: Alcohol-Based Hand Rub

- Clear width of 44” not compromised
- Does not exceed 95% alcohol
- Minimum 4’ of horizontal spacing between them
- Not installed within 1” of ignition source
- Protect against inappropriate access
- Storing more than 5 gallons of fluid on a single story or in a single fire compartment — NFPA 30

Scope of Survey — NFPA 99-2012

- Electrical
 - Open Junction Boxes
 - GFCI within 6' of sinks
 - Electrical Panels
 - Secured
 - Accurate Panel Schedules
- Cylinder Storage — does not include “In Use”
 - Secured
 - Storage Room — non or limited combustible construction

Scope of Survey: Medical Equipment

- Medical Equipment Inventory
- Identified High Risk and Non-High Risk
- Type of Maintenance Program
 - Original Equipment Manufacturer
 - Alternative Equipment Maintenance
- Up-to-date on Preventative Maintenance

What Is NOT in Scope

- Life Safety Drawings
- Above Ceiling Checks
- Statement of Conditions/Basic Building Information
- Pressure Relationships

Survey Process Guide

Survey Process Guide (SPG) — Overview

- Replaces Survey Activity Guide (SAG)
- Better reflects State Operations Manual (SOM) related to survey process for the CoPs
- Same version shared between surveyors and accredited organizations
- SPG updated September 2026
- Surveyor Tool Guide (STG)



Hospital Accreditation

Survey Process Guide

Survey Process Remains the Same

Surveyors will continue to conduct the following activities:

- Document Review
- Life Safety Code Building Assessment



Hospital Accreditation

Survey Process Guide

Compliance Evaluation Tools

- Compliance Evaluation Tools:
 - CMS K-Tag tools for ambulatory and health care occupancies
 - Kitchen Tracer Survey Tool
 - Fire Drill Matrix
 - Document List and Review Tool

Health Care Occupancy LSC and HCFC Evaluation Tool

The Health Care Occupancy LSC and HCFC Evaluation Tool reflects the Centers for Medicare & Medicaid Services (CMS) K-tag Safety Code and NFPA 99 Health Care Facilities Code requirements that are evaluated for compliance to determine if hospital Conditions of Participation. Hospitals and critical access hospitals and surveyors must refer to the tool for the content of Codes that appear in individual elements of performance under the new, streamlined Joint Commission Physical Environment (PE) standards. The tool will assist both organizations and surveyors in identifying the hospital and critical access hospital Conditions of Participation requirements that relate to the new, streamlined Physical Environment (PE) standards and Joint Commission standards.

K-tag	Code
SECTION 1 - GENERAL	
K100	General
	Any LSC or HCFC requirement that is not addressed in the tool should be noted.

Hospital Physical Environment Document List & Review Tool

Revised - Effective: 4/20/2024

The following pages present documentation required by the Hospital Accreditation program Physical Environment (PE) standards. The following list of these documents soon after arrival for the on-site survey. Surveyors may request other documents, as needed, throughout the survey. Elements of performance that do not require documentation but appear as reminders to both organizations and surveyors of these elements.

Please conduct during Facility Orientation.

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

STANDARD - EPs	See Legend				Document / Requirement	Yes	No
	C	NC	NA	IOU			
PE.03.01.01					Buildings serving patients comply w/ NFPA 101 (2012)		
					Current and accurate drawings w/ fire safety features & related square footage		

Survey Process Guide (SPG) PE Examples

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
	C	NC	NA	IOU						
PE.04.01.01					Fire Protection and Suppression Testing and Inspection					
EP 2					NFPA 72-2010: Table 14.4.5 NFPA 25-2011: Table 5.1.1.2					
					Tamper switches NFPA 72-2010: Table 14.4.5	Semiannual				
EP 2					Duct, heat, smoke detectors, and manual fire alarm boxes NFPA 72-2010: Table 14.4.5; 17.14	Annually				
EP 2					Notification devices (audible & visual), and door-releasing devices NFPA 72-2010: Table 14.4.5	Annually				
EP 2					Emergency services notification transmission equipment NFPA 72-2010: Table 14.4.5	Annually				
EP 2					Electric motor-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Weekly				

Health Care Occupancy LSC and HCFC Evaluation Tool

The **Health Care Occupancy LSC and HCFC Evaluation Tool** reflects the Centers for Medicare & Medicaid Services (CMS) K-tags which represent the detailed NFPA 101 Life Safety Code and NFPA 99 Health Care Facilities Code requirements that are evaluated for compliance to determine if hospitals and critical access hospitals meet the Conditions of Participation. Hospitals and critical access hospitals and surveyors must refer to the tool for the content of Code requirements as these details no longer appear in individual elements of performance under the new, streamlined Joint Commission Physical Environment (PE) standards.

The tool will assist both organizations and surveyors in identifying the hospital and critical access hospital Conditions of Participation (CoPs) and the Physical Environment requirements that relate to the K-tags. Refer to the hospital and critical access hospital crosswalks for more detailed information related to the Physical Environment CoP requirements and Joint Commission Physical Environment standards relationships.

K-tag	Code Requirement	CoP	TJC EP	Comments
SECTION 1 – GENERAL REQUIREMENTS				
K100	General Requirements – Other Any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags but are deficient. This information, along with the applicable Life Safety Code citation, should be included in the finding.	HAP 482.41(b)(1)(i) CAH 485.623(c)(1)(i)	PE.03.01.01 The hospital/CAH addresses life safety from fire. EP 3 The hospital/CAH meets the applicable provisions of the Life Safety Code (NFPA 101: 2012 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4).	
K111	Building Rehabilitation <i>Repair, Renovation, Modification, or Reconstruction</i> Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: Requirements of Chapter 18 and 19. Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6. 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1 Change of Use or Change of Occupancy Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2. 18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7) Additions Any building undergoing an addition shall comply with the requirements of Section 43.8. If the building has a common wall with a nonconforming building, the common wall is a fire barrier	HAP 482.41(b)(1)(i) HAP 482.41(c) CAH 485.623(c)(1)(i) CAH 485.623(d)	PE.03.01.01, EP 3 PE.04.01.01 The hospital/CAH addresses building safety and facility management. EP 1 The hospital/CAH meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2.	

Surveyor Impact

- Reduced number of EPs to choose from, improving consistency and ease of scoring
- Easier selection of CoP due to direct connections of CoP language with EPs
- Potential improvement of CMS validation survey results

Interpretive Guidance and Scoring Updates

Updated Interpretive Guidance

- Fire Drills
- Management Plans and Annual Evaluations
- Corridor Arrangements and Clutter
- Sprinkler Obstructions
- Suite Doors (new vs existing)

Immediate Threat to Health or Safety (ITHS)

National Trended Data

2022

54 Total

- 44 IC related
- 1 Abuse/Neglect
- 4 Suicide/Ligature
- 1 Food Services
- 1 Mislabeled Laboratory Specimens
- 1 Medical Gas System
- 1 IC/construction work
- 1 High Risk Compounding

2023

35 Total

- 26 IC related
- 2 Blood Bank
- 1 Lack of adequate anesthesia services
- 2 lack of staffing leading to assault
- 1 lack of ISO level in compounding hood
- 1 lack of lock out tag out system leading to injury/death
- 1 Abuse/Neglect
- 1 Suicide/Ligature

2024

38 Total

- 25 IC related
- 2 Resuscitation
- 2 Suicide
- 1 Chemical restraints
- 2 No ICRA construction
- Ongoing Workplace Violence
- Lack of safe environment for care
- 2 inappropriate seclusion
- No license provider 30 days (PSYCH)
- Lack of governing body

2025

34 Total

- 23 IC related
- 2 Fire suppression system inoperable
- No response to change in patient condition (Psych)
- Extensive flooding with mold
- Inappropriate seclusion
- Unsafe discharge
- No RN oversight 2 weeks (Home Care)
- 2 Elopement with severe injury/death
- Structure integrity



Questions?

For more information please contact:

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Joint Commission

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