

One Regulatory Truth

How Healthcare Facilities Can Move from Compliance Silos
to Continuous Regulatory Intelligence

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Speaker Bio – Michael Mireau

Licensed Architect | Former State Regulator & LSC Surveyor | Healthcare Physical Environment SME

First architect hired by the Minnesota Department of Health, where he helped develop Minnesota's assisted living physical environment program and the team responsible for plan review, inspections, and surveys. Previously served as Architect Advanced and Former LSC surveyor at WI DHS (OPRI).



THE SOURCE — Founder & President

- Regulatory and licensing consulting for healthcare and assisted living
- Partners with providers, developers, architects, and project teams
- Helps organizations create compliant, defensible physical environments



SOURCEPATH SYSTEMS — Co-Founder & CEO

- Regulatory intelligence technology for healthcare
- Identifies regulatory risk earlier
- Connects scattered regulatory information across disciplines
- Creates persistent regulatory knowledge that follows the facility over time



The Same Condition. Three Different Views.

As the Architect

I designed the barrier to be 2-hour rated.

What does this need to be?

As the Regulator

I need to verify the barrier still performs.

Does it comply today?

As the Consultant

I need to find the evidence that connects design to current condition.

How did we get from here to there?

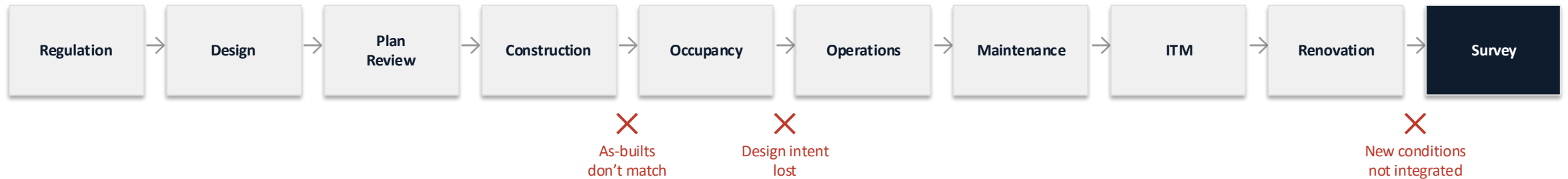
23 years across architecture, regulation, and consulting. The same issue looks completely different from each side.

Seven Disciplines. One Building. No Shared View.



Each silo operates reasonably within its scope. The gaps exist between them.

Where Regulatory Knowledge Breaks



Staff turnover affects every handoff

A deficiency rarely begins on survey day.

Every handoff can preserve the document and still lose the regulatory knowledge.

One Regulatory Truth. Stored Everywhere.

Floor Plans

Vendor Reports

ITM Records

CMMS

Paper Binders

LSC Plans

Survey History

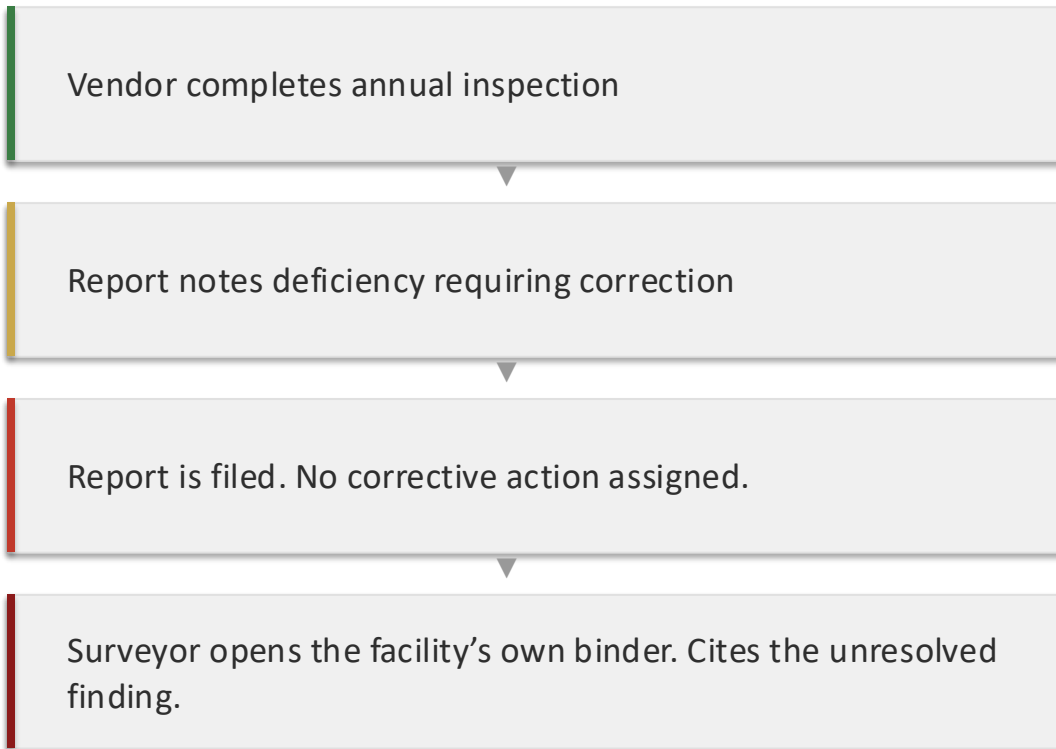
Staff Knowledge

Contracts

Your building has one regulatory truth. Your organization stores pieces of it in at least nine different places.

How many people in this room have opened a vendor's ITM report, seen a deficiency noted on the second page, and then found no evidence anywhere in the building that it was ever corrected?

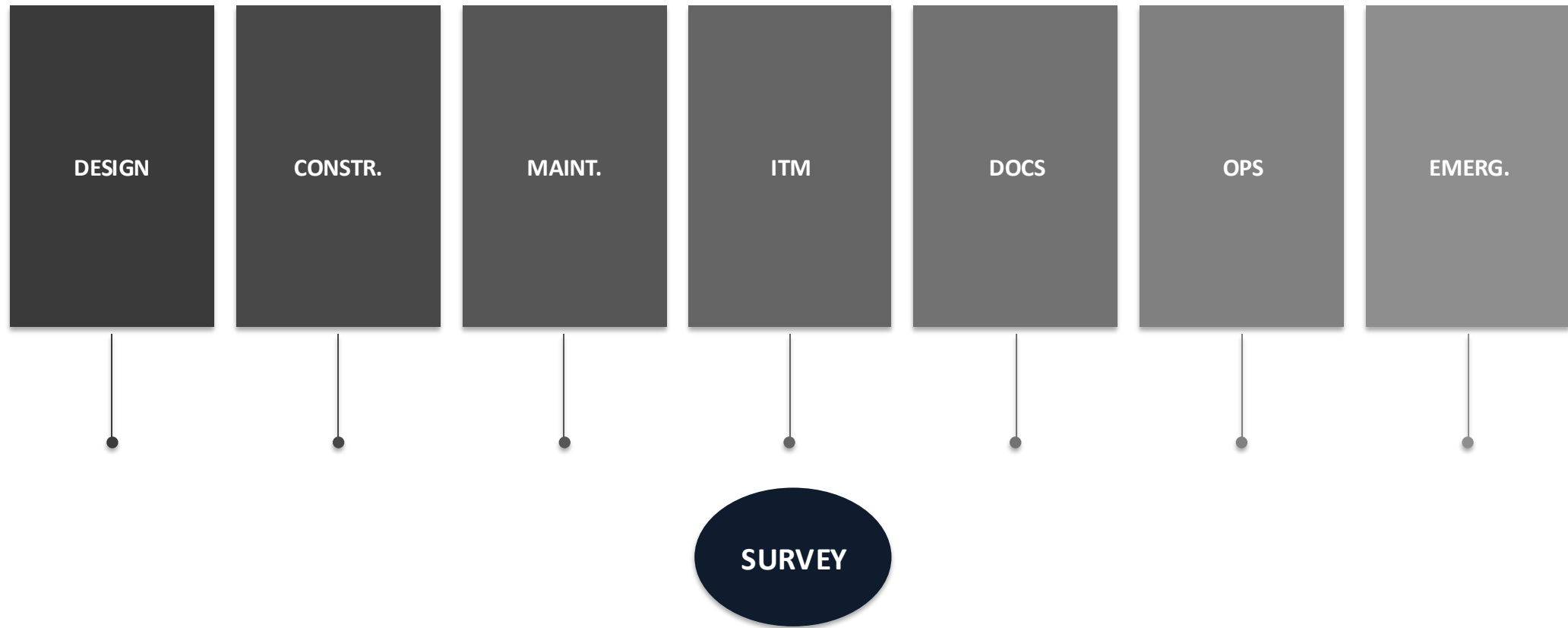
Example: The Vendor Report Nobody Read



The problem was not the absence of information. It was that nobody owned the connection between the finding and the correction.

The facility may have every piece of the answer and still not the answer.

Then a Surveyor Arrives



The surveyor is the first person who evaluates all seven as one interconnected system.

What does this look like in the real world?

The Renovation That Never Made It Into Operations

How seven reasonable decisions created one regulatory condition nobody could see

A healthcare facility renovation. Seven steps. Five years.

Years 1–2: Design, Construction, Closeout

1

DESIGN

Architect/engineer specifies fire/smoke dampers at barrier penetrations for new HVAC ductwork.

2

CONSTRUCTION

Contractor installs dampers. Subcontractor fire-stops remaining penetrations. Inspector signs off.

3

CLOSEOUT

As-built drawings show damper locations. Fire-stop log is a separate document from a different subcontractor. Neither is integrated into ongoing documentation.

Years 2–5: Operations, Turnover, Survey

4

OPERATIONS

Dampers added to vendor scope. Fire-stop locations NOT added to barrier inspection because they came from a different subcontractor.

5

STAFF CHANGE

Facilities director retires. New director inherits CMMS, contracts, and binders. Context of renovation is gone.

6

VENDOR REPORT

Damper vendor notes 'unable to access 2 dampers.' Filed as limitation.

7

SURVEY

Surveyor asks about post-renovation penetrations. Facility cannot demonstrate compliance.

Substantial completion is not the end of a regulatory decision. It is the beginning of the owner's responsibility for maintaining that decision.

The Generator Problem That Came Back

FIRST SURVEY

Generator deficiency cited. Corrective actions: education, vendor adjustment, policies updated, testing reinforced. Plan of Correction accepted.



YEARS LATER

Generator-related compliance issue identified again. Not identical, but same system, same category of requirements.

A Plan of Correction fixes yesterday's citation. A compliance system has to prevent tomorrow's.

K918 (Essential Electrical System)

#2 nationally | 11,188 citations | 40.2% recidivism

What CMS Citation Data Reveals

74.4%

Top 20 K-tags account for nearly three-quarters of all LSC citations

51.2%

K353 (Sprinkler ITM) recidivism rate. Over half of cited facilities receive it again.

9 years

K353 has been the #1 most cited K-tag every year from 2017 through 2025

Source: CMS Nursing Home Fire Safety Citation Dataset, July 2026. 178,014 K-tag citations across 13,912 facilities.

Checklist vs. Regulatory Intelligence

CHECKLIST

Was the fire door inspected?

YES / NO

REGULATORY INTELLIGENCE

- Which door? What barrier does it protect?
- What inspection standard applies?
- What does the inspection report say?
- Were deficiencies identified?
- Were repairs documented?
- Does another document contradict that status?
- Does the floor plan identify the barrier correctly?
- Is the evidence current?
- What would a surveyor verify onsite?

How a Surveyor Follows Evidence



More Data Than Ever. Less Connection.

CMMS — knows the work order was completed

Vendor Report — knows the test was performed

Policy — knows what should happen

Floor Plan — knows where the barrier is

Survey History — knows what was cited before

Training Records — knows who was trained

EP Plan — knows the emergency response

Drawings — know what was designed

Staff Memory — knows why things are the way they are

Nobody asks: Did the vendor report identify a deficiency, and if so, does the CMMS show a corresponding work order, and if so, was it completed before the next required test?

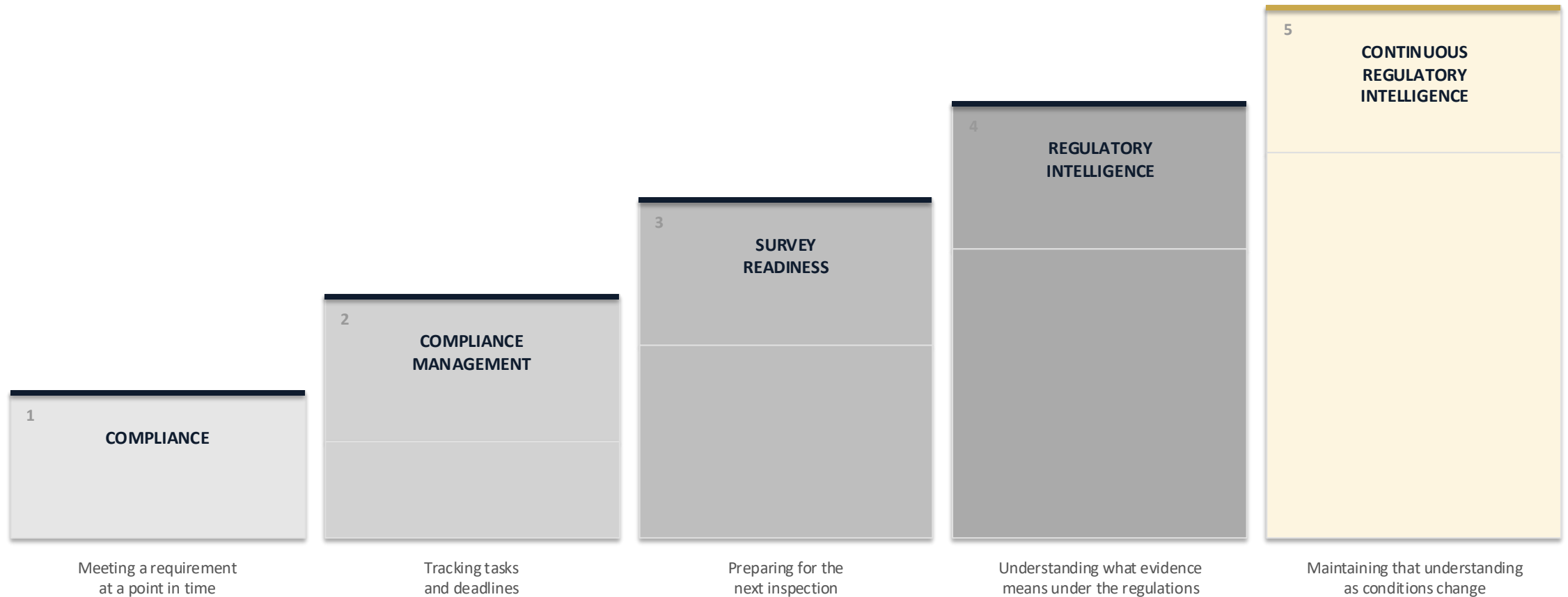
A Framework for Regulatory Systems Thinking

#	ELEMENT	QUESTION
1	REQUIREMENT	What regulation, code, or standard governs this system?
2	ASSET	What specific system or component does it apply to?
3	ACTION	What must someone do? Inspect, test, maintain, document, train?
4	EVIDENCE	What proves it happened? Where is the record? Is it current?
5	TIME	When must it occur? How often? What is overdue?
6	RESPONSIBILITY	Who owns it? What happens when that person leaves?
7	INTERACTION	What other systems or requirements depend on this?

Applied: Sprinkler System

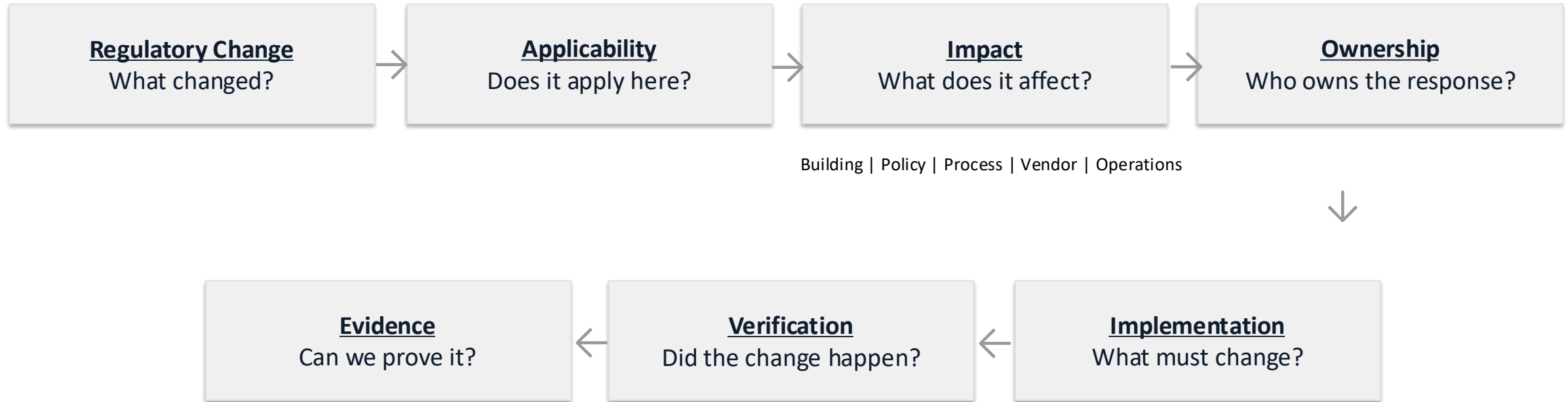
#	ELEMENT	ANSWER
1	REQUIREMENT	NFPA 25 (referenced by NFPA 101 via CMS)
2	ASSET	Wet pipe sprinkler system, 3 zones, 847 heads
3	ACTION	Weekly visual, monthly valve, quarterly, semiannual, annual, 5-year
4	EVIDENCE	Vendor ITM reports, internal inspection logs
5	TIME	Last annual: April 2026. Last 5-year: 2023. Next 5-year: 2028.
6	RESPONSIBILITY	Vendor: testing. Maint Dir: deficiency correction. Admin: contract oversight.
7	INTERACTION	Alarm monitoring, FDC, fire pump, standpipe, water supply, generator, smoke barriers

From Compliance to Continuous Regulatory Intelligence



Continuous regulatory intelligence connects requirements, facility context, ownership, evidence, and change over time.

What happens when the requirement changes?



Every handoff is a potential point of regulatory failure.

A regulatory change is not managed when someone reads it. It is managed when its impact is understood, implemented, verified, and preserved.

What Happens When Your Most Experienced Person Leaves?

WHAT THAT PERSON KNOWS

- Where barriers actually run
- Which renovations changed the building
- Why systems were designed a particular way
- Which vendors understand the building
- Which drawings are reliable
- What deficiencies have occurred before

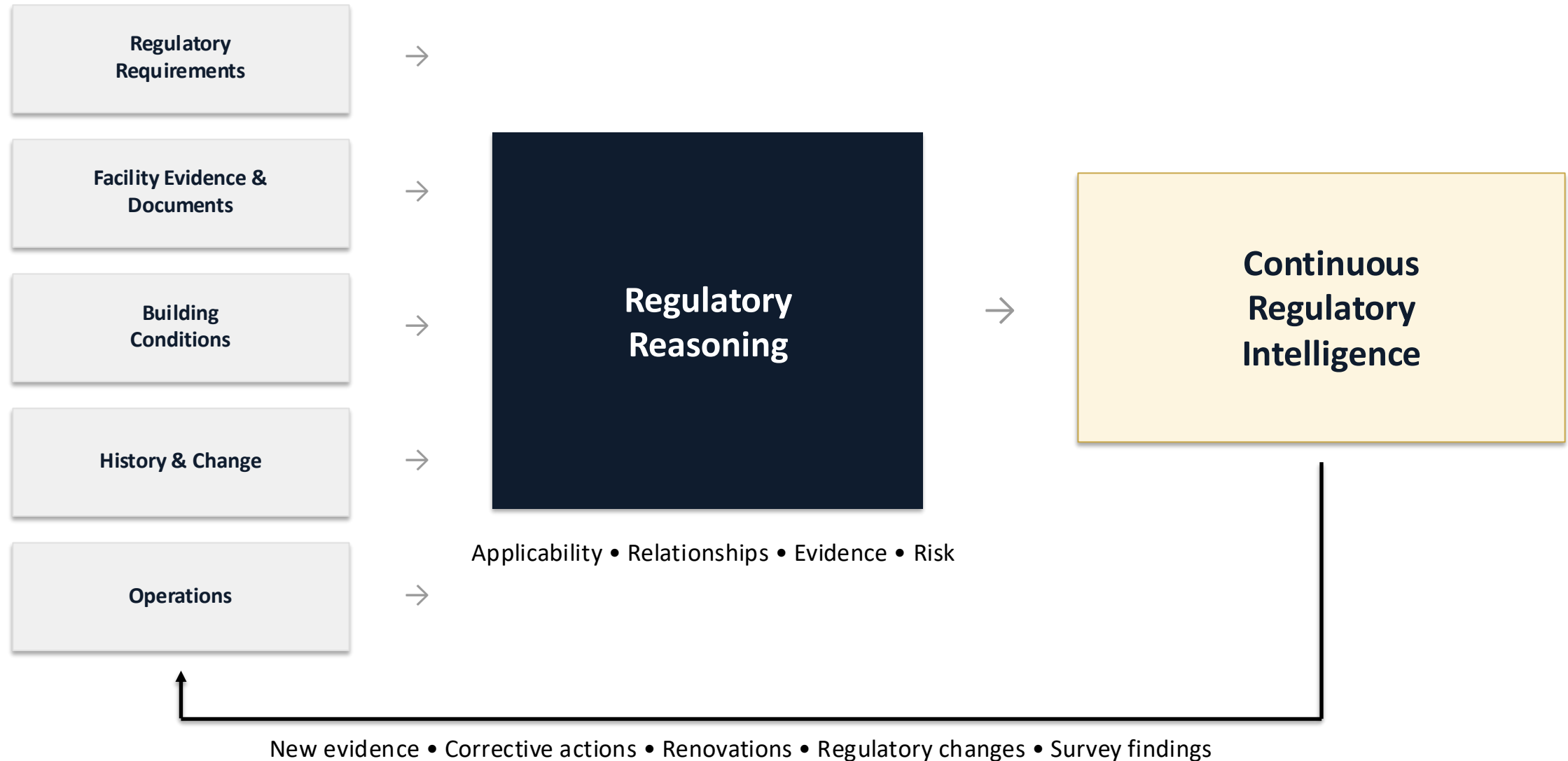


WHERE THAT KNOWLEDGE SCATTERS

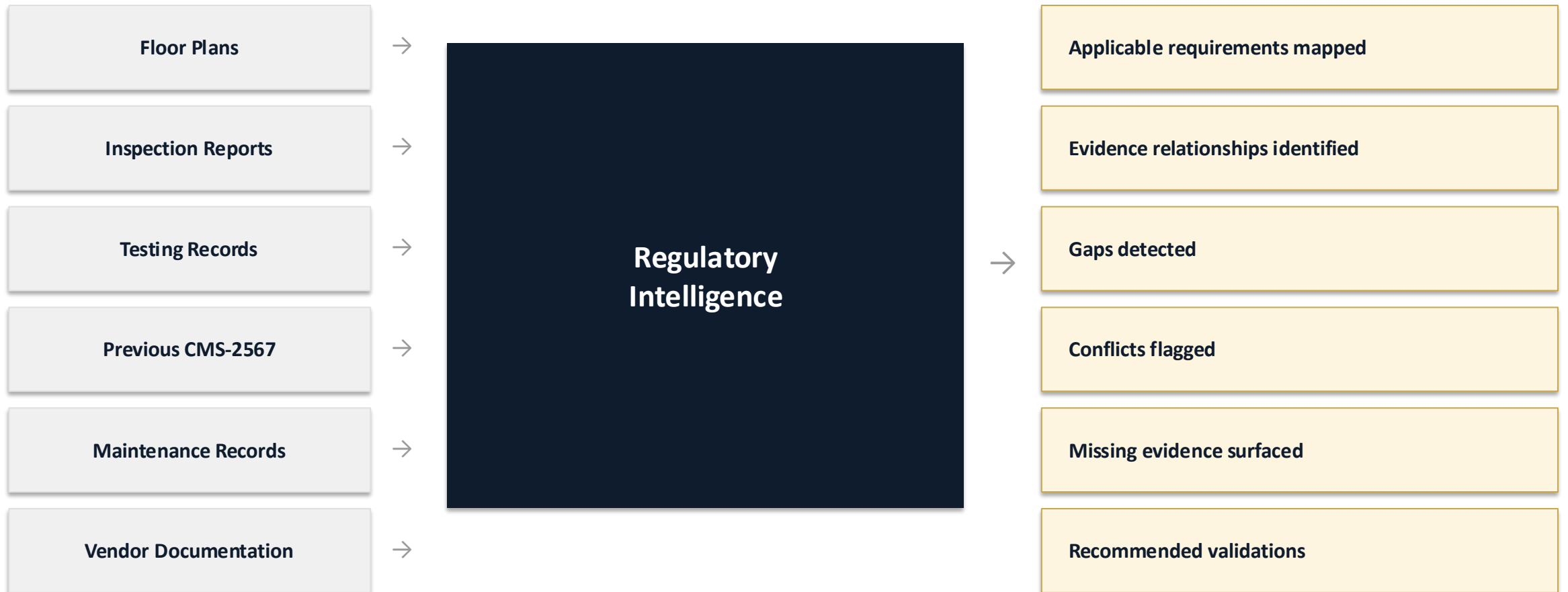
- Paper binders
- Outdated drawings
- Emails
- Vendor files
- CMMS fragments
- Institutional memory — gone

What if the building could retain its own regulatory memory?

What does Regulatory Intelligence look like?

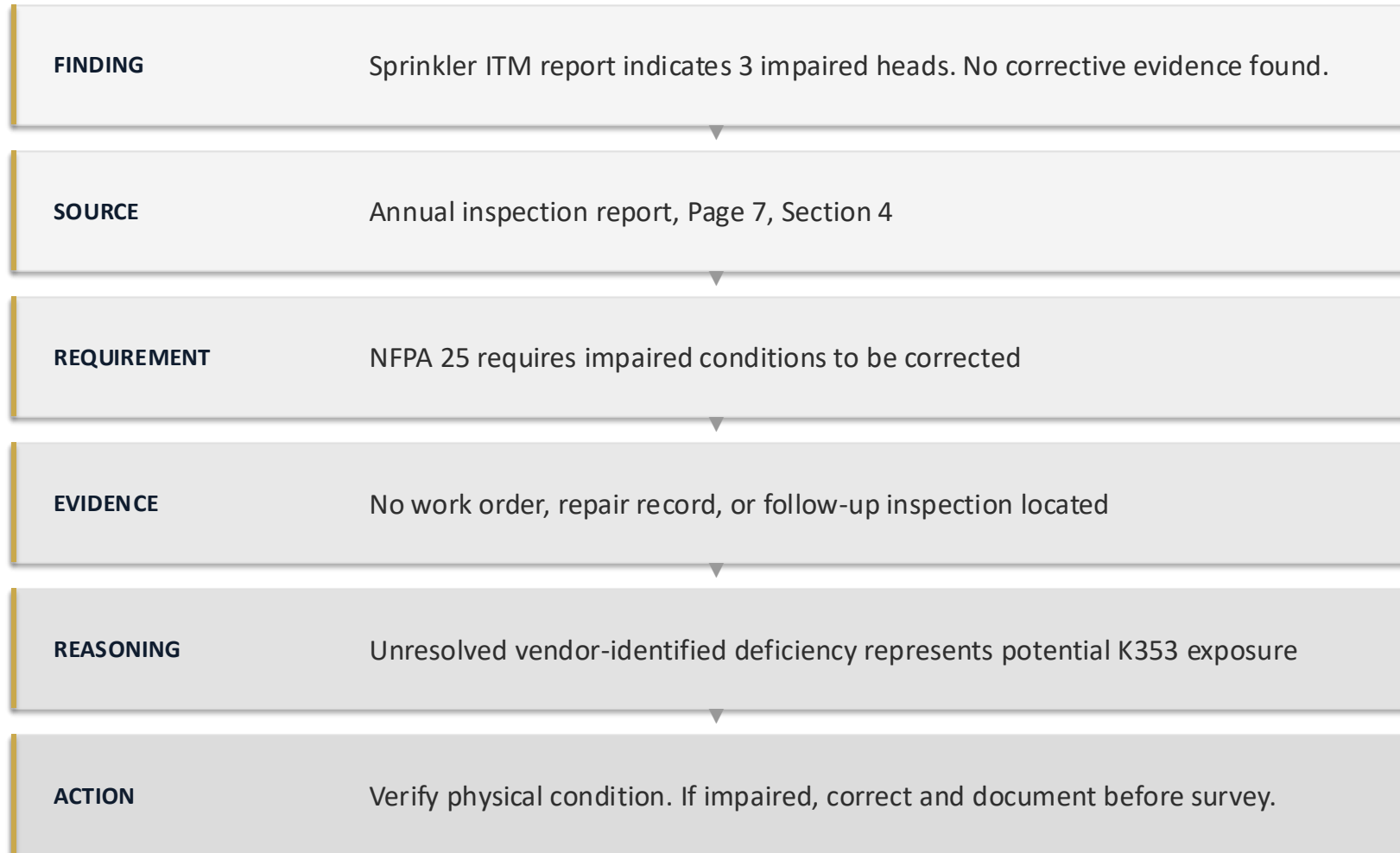


Cross-Document Reasoning



The value is not document upload. It is what the system determines from the relationships among documents.

Every Finding Has a Source



Seven Things You Can Do Monday

- 1.** MAP REGULATORY OWNERSHIP — For your 10 highest-risk systems, create a matrix: requirement, asset, who performs work, who reviews documentation, who corrects deficiencies, where evidence is stored.
- 2.** READ YOUR OWN VENDOR REPORTS — Before filing, read the deficiency section. Assign, track, and verify every corrective item.
- 3.** CROSS-DEPARTMENT EVIDENCE REVIEW — Once a year, trace the chain: requirement, action, evidence, deficiency, correction. Find disconnections.
- 4.** PRESERVE BUILDING HISTORY — When someone leaves, document: major renovations, system changes, barrier modifications, significant findings, and reasoning.

Seven Things You Can Do Monday (continued)

5. CONNECT RENOVATION TO OPERATIONS — After every project, update: floor plans, barrier docs, ITM vendor scope, CMMS inventory, fire protection drawings.
6. EXAMINE REPEAT CITATIONS — If the same K-tag appeared twice, the POC addressed the finding but not the cause.
7. TEST YOUR REASONING — Pick one system. Follow the reasoning framework. If you can answer all seven without leaving your desk, your program is connected.

Don't ask: 'Are our inspections complete?'

Ask: 'Can we connect the requirement, the asset, the inspection, the deficiency, the correction, and the evidence?'

If the chain breaks anywhere, you've found where your next citation could come from.

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