DEPARTMENT OF HEALTH & HUMAN SERVICES
WESTERN CONSORTIUM
DIVISION OF SURVEY AND CERTIFICATION

December 17, 2003

Survey and Certification Branch
STATE LETTER NO. 759

SUBJECT INDEX CATEGORY: 14

SUBJECT: S&C 04-15: Definitions of Terms Used in the Life Safety Code (LSC) of the National Fire Protection Association (NFPA)

Enclosed is a memorandum dated December 11, 2003, from the Director of the Survey and Certification group. This memorandum clarifies the definition of several terms used in the NFPA 101 LSC Manual.

Randy Poulsen, Manager
Survey and Certification Branch

Enclosure

RECEIVED
DEC 19 2003
FACILITY STANDARDS

Denver Regional Office
1600 Broadway, Suite 700
Denver, CO 80202

San Francisco Regional Office
75 Hawthorne Street, 4th Floor
San Francisco, CA 94105

Seattle Regional Office
2201 Sixth Avenue, RX-48
Seattle, WA 98121

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-12-25
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-04-15

DATE: **December 11, 2003**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Definitions of Terms Used in the Life Safety Code (LSC) of the National Fire Protection Association (NFPA)

The purpose of this memorandum is to clarify five commonly used terms in the LSC of the NPFA.

We have had numerous requests for definitions of the terms *"alteration," "modernization,"* and *"renovation,"*as well as a definition for *"major"* and *"minor,"* with respect to renovation. The definition of *"alteration," "modification,"* and *"renovation"* do not determine which requirements of the LSC, New or Existing, the rehabilitation of the facility must meet. However, understanding the terms *"major"* and *"minor"* will facilitate consistent application of the LSC by state surveyors. The definition of these terms often helps determine whether the section of the Code for New or Existing buildings would be applied to a particular health care facility.

The Committee writing this section of the 2000 NFPA LSC intended for the surveyor to use his or her judgment on an individual case basis to decide which section of the LSC the building is required to meet; New or Existing. The Centers for Medicare & Medicaid Services (CMS), as the Authority Having Jurisdiction, is responsible for interpreting and enforcing the Code, and for providing guidance to their surveyors. CMS guidance for determining if an alteration, modernization, or renovation is a *"major"* or *"minor"* rehabilitation of a building is as follows:

- **"Major"** means the modification of more than 50 percent, or more than 4,500 square feet, of the smoke compartment.

- **"Minor"** means the modification of less than 50 percent, or less than 4,500 square feet, of the smoke compartment.

The replacement of a system, such as a fire alarm system, would be ***"major"*** for that system only. Thus, that system would have to meet the requirements for New buildings, not the entire building itself.

Traditionally, when a renovation or modernization is more than fifty percent of the size of the area being renovated or modified it must comply with the requirements for New. However, cosmetic changes such as painting and wallpapering by themselves, would not constitute a **"major"** rehabilitation regardless of the size of the area affected. These general principles should be applied by surveyors to the particular circumstances of each case.

The following examples may be helpful in providing further guidance:

- When an entire floor is gutted, the renovation of that floor should be considered **"major"** and meet the requirements for New.

- If corridor walls or partition walls between rooms are removed in their entirety (to make additional space or to reconfigure rooms), the replacement wall should meet New requirements. In such a case, it may not be necessary for the entire building to be upgraded to New requirements, merely the replacement area.

- Any sprinklers installed in a patient sleeping zone should be of the quick response type (i.e., those which are tested under the same product testing criteria as standard sprinklers, but also exhibit the fast response characteristics of listed residential sprinklers).

We hope this guidance is helpful to you. If you have any questions, please contact Mayer Zimmerman at 410-786-6839 or via E-mail at mzimmerman@cms.hhs.gov.

Sincerely,

/s/
Thomas E. Hamilton
Director

cc: Survey and Certification Regional Office Management (G-5)