Completing the Statement of Conditions™

One of the primary goals of the “Life Safety” (LS) chapter is to offer a straightforward way for organizations to navigate the *Life Safety Code*®, also known as NFPA 101-2000.* This National Fire Protection Association (NFPA) document specifies construction and operational conditions to minimize fire hazards and provide a system of safety in case of fire. To this end, the LS chapter includes an overview, which discusses the applicability of the standards† and how to resolve *Life Safety Code* deficiencies, as well as standards that address administrative topics, such as completing the Statement of Conditions™ and implementing interim life safety measures (ILSMs). The balance of the LS chapter is laid out by occupancy type and mirrors the flow of the *Life Safety Code*.

The focus of this article is on the first of the two administrative standards in the LS chapter: Standard LS.01.01.01. “The administrative standards are designed to establish parameters for the field on how to manage *Life Safety Code* compliance and protect individuals served from the risks of fire,” says George Mills, M.B.A., F.A.S.H.E., C.E.M., C.H.F.M., senior engineer, Standards Interpretation Group, The Joint Commission. “These two standards require organizations to assess buildings for *Life Safety Code* compliance, identify deficiencies, resolve deficiencies, implement measures to protect patients while deficiencies are resolved, and document fire safety efforts.”

* Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.

† The requirements in the “Life Safety” (LS) chapter are applicable to health care, ambulatory, and residential occupancies. Business occupancies are surveyed for fire safety under the “Environment of Care” (EC) chapter requirements. For help in determining which occupancy you fall under, see the article “About the Life Safety Code.”

The Statement of Conditions

Standard LS.01.01.01—the first of the administrative standards—requires organizations to design and manage the physical environment to comply with the *Life Safety Code*. The standard’s first three elements of performance (EPs) focus on the Statement of Conditions (SOC), a tool that helps organizations develop Plans for Improvement (PFIs) to correct deficiencies in *Life Safety Code* compliance, as identified through assessment of compliance with the LS requirements.

The Statement of Conditions has two parts:

1. **Basic Building Information (BBI).**
   This section enables an organization to clearly declare building occupancies, features of fire protection (such as sprinklers and fire alarm systems), and other related information.
2. Plan for Improvement (PFI).
This section allows organizations to outline their action plans to correct any identified Life Safety Code deficiencies. The Plan for Improvement portion of the SOC allows an organization to manage any Life Safety Code–related deficiencies that it discovers, bring its buildings into compliance through designated activities, set completion dates, and track progress. “Essentially, the PFI is the health care organization’s commitment to proceed with whatever corrections are necessary to bring its building(s) into compliance with the Life Safety Code,” says Mills.

The PFI process is designed to address deficiencies that involve longer time frames and special funding sources due to the nature and complexity of the required corrections. Minor deficiencies discovered in the course of a building inspection, such as burned-out exit bulbs or damaged hardware, are typically corrected by an organization via a work order system or Building Maintenance Program (BMP).

Assigning Individuals to Manage Compliance

In EP 1 of LS.01.01.01, the Joint Commission requires an organization to assign an individual or individuals to manage the Life Safety Code compliance process. “In previous versions of the standards, the Joint Commission required organizations to designate a competent individual to manage compliance, but the standards did not specify the areas in which the individual should be competent,” says Mills. “The 2009 standards delve more deeply into this topic, outlining three main areas of life safety management that an organization must assign a competent individual or individuals to manage.” The three areas are as follows:

1. Assessing the building for Life Safety Code compliance
2. Creating and maintaining the SOC
3. Managing the resolution of Life Safety Code deficiencies

“In some organizations, these three areas may be managed by three different people,” says Mills. “For example, an organization may determine that a building engineer should be in charge of assessing the building for Life Safety Code compliance; that an administrative professional should be in charge of creating, updating, and maintaining the SOC; and that the maintenance manager should be in charge of managing the resolution of any PFIs. Another organization may choose to place one individual in charge of all three areas. EP 1 does not define the process the organization chooses for compliance; either of the scenarios is acceptable.”

No matter how an organization chooses to designate responsibility, the individual or individuals designated must be qualified for the task. The organization should carefully consider who is qualified and able to be in charge of these aspects of life safety and formally designate these individuals. “This EP is a scoring category “A” EP, which means all three designations must be in place in order for the organization to be compliant with the standard,” says Mills.
Maintaining the SOC

EP 2 requires an organization to keep its SOC up to date. This involves setting up the BBI and regularly entering new deficiencies, documenting PFIs, establishing time lines, closing completed PFIs, and maintaining accurate life safety drawings. An organization’s SOC should provide a current snapshot of Life Safety Code compliance efforts in the organization. The SOC must therefore be updated and maintained regularly.

“Although EP 2 may seem similar to EP 1, EP 1 focuses on assigning responsibility, and EP 2 focuses on doing the work,” says Mills. “Therefore, assigning an individual to complete the SOC is scored under EP 1, and actually doing the work to maintain the SOC is scored under EP 2.”

Meeting Established Time Lines for Compliance

A critical component of the Plan for Improvement process is establishing projected start and completion dates for each PFI. An organization cannot merely create a PFI and leave it. Although there is no specific formula for determining completion dates, they should be chosen judiciously so that they can be reasonably met but are not so far in the future as to suggest a less-than serious commitment. When a surveyor comes on site during a survey, he or she will review the SOC and its outstanding PFIs and accept those plans and their associated projected completion dates. The organization will then be held accountable for meeting those deadlines. EP 3 of Standard LS.01.01.01 requires organizations to meet the deadlines they establish for completing any PFIs.

Despite an organization’s best intentions, meeting a PFI’s projected completion date may not be possible. Therefore, the Joint Commission automatically allows a six-month grace period beyond the projected completion date and considers the organization to be in compliance if the work is done within that span. Beyond that, however, the organization must request an extension on any accepted PFI, or it is considered to have made insubstantial progress on its PFI and could receive a Conditional Accreditation decision as a result. If the PFI has not been previously accepted by the Joint Commission, the organization can modify the open PFI’s projected completion date as appropriate without contacting the Joint Commission. “When the Joint Commission accepts an SOC during an on-site survey, it is acknowledging the identified deficiencies and requiring an organization to resolve those deficiencies in the designated time frame,” says Mills. “If an organization goes beyond that designated time frame and six-month extension period, it has breached the agreement with the Joint Commission, which can result in negative consequences, such as a possible Conditional Accreditation decision.”
### “Life Safety” Chapter Outline and matching sections of the National Fire Protection Association (NFPA) *Life Safety Code*®

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**I. Administrative Activities**

A. Statement of Conditions (LS.01.01.01)  
B. Interim Life Safety Measures (LS.01.02.01)

**II. Health Care Occupancy**

A. All Health Care Occupancy Buildings
   1. General Building Requirements (LS.02.01.10)  
   2. Means of Egress Requirements (LS.02.01.20)  
   3. Protection (LS.02.01.30)  
      a. Fire Alarm (LS.02.01.34)  
      b. Extinguishment (LS.02.01.35)  
   4. Special Provisions (LS.02.01.40)  
   5. Building Services (LS.02.01.50)  
   6. Operating Features (LS.02.01.70)

**III. Ambulatory Health Care Occupancy**

A. All Ambulatory Health Care Occupancy Buildings
   1. General Building Requirements (LS.03.01.10)  
   2. Means of Egress Requirements (LS.03.01.20)  
   3. Protection (LS.03.01.30)  
      a. Fire Alarm (LS.03.01.34)  
      b. Extinguishment (LS.03.01.35)  
   4. Special Provisions (LS.03.01.40)  
   5. Building Services (LS.03.01.50)  
   6. Operating Features (LS.03.01.70)

**IV. Residential Occupancy**

A. Lodging or Rooming Houses
   1. Means of Escape Requirements (LS.04.01.20)  
   2. Protection Requirements (LS.04.01.30)  
   3. Building Services (LS.04.01.50)

B. Hotels and Dormitories
   1. Means of Egress Requirements (LS.04.02.20)  
   2. Protection Requirements (LS.04.02.30)  
   3. Special Provisions (LS.04.02.40)  
   4. Building Services (LS.04.02.50)

*Note: Please see your Comprehensive Accreditation Manual for specific applicability.*