§483.70 Physical Environment
The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public.

§483.70(a) Life Safety From Fire
§483.70(a)(1) Except as otherwise provided in this section –
§483.70(a)(1)(i) the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101® 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the FEDERAL REGISTER to announce the changes.
§483.70(a)(1)(ii) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the LSC does not apply to long-term care facilities.
§483.70(a)(2) After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code which, if rigidly applied, would result in unreasonable hardship upon the facility, but only if the waiver does not adversely affect the health and safety of the patients.
§483.70(a)(3) The provisions of the Life Safety Code do not apply in a State where CMS finds, in accordance with applicable provisions of sections 1819(d)(2)(B)(ii) and 1919(d)(2)(B)(ii) of the Act, that a fire and safety code imposed by State law adequately protects patients, residents and personnel in long term care facilities.
§483.70(a)(4) Beginning March 13, 2006, a long-term care facility must be in compliance with Chapter 19.2.9, Emergency Lighting.
§483.70(a)(5) Beginning March 13, 2006, Chapter 19.3.6.3.2, exception number 2 does not apply to long-term care facilities.
§483.70(a)(6) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, a long-term care facility may install alcohol-based hand rub dispensers in its facility if -
§483.70(a)(6)(i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities;
§483.70(a)(6)(ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;
§483.70(a)(6)(iii) The dispensers are installed in a manner that adequately protects against access by vulnerable populations; and
§483.70(a)(6)(iv) The dispensers are installed in accordance with chapter 18.3.2.7 or chapter 19.3.2.7 of the 2000 edition of the Life Safety Code, as amended by NFPA Temporary Interim Amendment 00-1(101), issued by the Standards Council of the National
§483.70(a)(7) A long-term care facility must:
§483.70(a)(7)(i) Install battery-operated smoke detectors in resident sleeping rooms and public areas by May 24, 2006.
§483.70(a)(7)(ii) Have a program for testing, maintenance, and battery replacement to insure the reliability of the smoke detectors.
§483.70(a)(7)(iii) Exception:
§483.70(a)(7)(iii)(A) The facility has a hard-wired AC smoke detection system in patient rooms and public areas that is installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code, for hard-wired AC systems; or
§483.70(a)(7)(iii)(B) The facility has a sprinkler system throughout that is installed, tested, and maintained in accordance with NFPA 13, Automatic Sprinklers.

Interpretive Guidelines: §483.70(a)
A waiver of specific provisions of the Life Safety Code is reviewed each time a facility is certified. The State fire authority will determine if the waiver continues to be justified, in that compliance with the requirement would result in an unreasonable hardship upon the facility and does not adversely affect the health and safety of residents or personnel. The State fire authority will forward its findings and recommendation as soon as possible to the State survey agency which will forward it to the CMS RO for a decision on granting a waiver.

Procedures: §483.70(a)
The survey for safety from fire is normally conducted by the designated State fire authority. The State agency must establish a procedure for the State fire authority to notify them whether the facility is or is not in compliance with the requirement. If the survey team observes fire hazards or possible deficiencies in life safety from fire, they must notify the designated State fire authority or the RO.

§483.70(b) Emergency Power
(1) An emergency electrical power system must supply power adequate at least for lighting all entrances and exits; equipment to maintain the fire detection, alarm, and extinguishing systems; and life support systems in the event the normal electrical supply is interrupted.

Interpretive Guidelines: §483.70(b)(1)
“Emergency electrical power system” includes, at a minimum, battery-operated lighting for all entrances and exits, fire detection and alarm systems, and extinguishing systems.
An “exit” is defined as a means of egress which is lighted and has three components: an exit access (corridor leading to the exit), an exit (a door), and an exit discharge (door to the street or public way). We define an entrance as any door through which people enter the facility.
Furthermore, when an entrance also serves as an exit, its components (exit access, exit, and exit
discharge) must be lighted. A waiver of lighting required for both exits and entrances is not permitted.

Procedures: §483.70(b)(1)
Review results of inspections by the designated State fire safety authority that the emergency power system has been tested periodically and is functioning in accordance with the Life Safety Code.

Check placement of lighting system to ensure proper coverage of the listed areas. Test all batteries to ensure they work.

Probes: §483.70(b)(1)
Is emergency electrical service adequate?

Additional guidance is available in the National Fire Protection Association’s Life Safety Code 99 and 101 (NFPA 99 and NFPA 101), 12-5.1.3 which is surveyed in Tags K105 and K106 of the Life Safety code survey.

§483.70(b)(2) When life support systems are used, the facility must provide emergency electrical power with an emergency generator (as defined in NFPA 99, Health Care Facilities) that is located on the premises.

Interpretive Guidelines: §483.70(b)(2)
“Life support systems” is defined as one or more Electro-mechanical device(s) necessary to sustain life, without which the resident will have a likelihood of dying (e.g., ventilators suction machines if necessary to maintain an open airway). The determination of whether a piece of equipment is life support is a medical determination dependent upon the condition of the individual residents of the facility e.g. suction machine maybe required “life support equipment” in a facility, depending on the needs of its residents.

Procedures: §483.70(b)(2)
If life support systems are used determine if there is a working emergency generator at the facility, A generator is not required if a facility does not use life support systems. Check that the emergency generator starts and transfers power under load conditions within 10 seconds after interruption of normal power. Where residents are on life support equipment, do not test transfer switches by shutting off the power unless there is an uninterruptible power supply available.

Probes: §483.70(b)(2)
Is there a working generator if the facility is using life support systems?

§483.70(c) Space and Equipment
The facility must--

(1) Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident’s plan of care; and

Intent: §483.70 (c)(1)
The intent of this regulation is to ensure that dining, health services, recreation, activities and programs areas are large enough to comfortably accommodate the needs of the residents who usually occupy this space.

Dining, health services, recreation, and program areas should be large enough to comfortably accommodate the persons who usually occupy that space, including the wheelchairs, walkers, and other ambulating aids used by the many residents who require more than standard movement spaces. “Sufficient space” means the resident can access the area, it is not functionally off-limits, and the resident’s functioning is not restricted once access to the space is gained.
Program areas where resident groups engage in activities focused on manipulative skills and hand-eye coordination should have sufficient space for storage of their supplies and “works in progress.”
Program areas where residents receive physical therapy should have sufficient space and equipment to meet the needs of the resident’s therapy requirement.
Recreation/activities area means any area where residents can participate in those activities identified in their plan of care.

**Procedures: §483.70(c)(1)**
In the use of space, consider if available space allows residents to pursue activities and receive health services and programs as identified in their care plan.

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**F456**

§483.70(c)(2) Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.

**Probes: §483.70(c)(2)**
Is essential equipment (e.g., boiler room equipment, nursing unit/medication room refrigerators, kitchen refrigerator/freezer and laundry equipment) in safe operating condition?
Is equipment maintained according to manufacturers recommendations.

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**§483.70(d) Resident Rooms**

Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents.

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**F457**

§483.70(d)(1) Bedrooms must--

§483.70(d)(1)(i) Accommodate no more than four residents;

**Interpretive Guidelines: §483.70(d)(1)(i)**
See §483.70(d)(3) regarding variations.

**Probes: §483.70(d)(1)(i)**
Unless a variation has been applied for and approved under §483.70(d)(3), do the residents’ bedrooms accommodate no more than four residents?

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**F458**

§483.70(d)(1)(ii) Measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms;

**Interpretive Guidelines: §483.70(d)(1)(ii)**
See §483.70(d)(3) regarding variations.

The measurement of the square footage should be based upon the useable living space of the room. Therefore, the minimum square footage in resident rooms should be measured based upon the floor’s measurements exclusive of toilets and bath areas, closets, lockers, wardrobes, alcoves, or vestibules. However, if the height of the alcoves or vestibules reasonably provides useful living area, then the corresponding floor area may be included in the calculation.

The space occupied by movable wardrobes should be excluded from the useable square footage in a room unless it is an item of the resident’s own choice and it is in addition to the individual...
closet space in the resident’s room. Non-permanent items of the resident’s own choice should have no effect in the calculation of useable living space.
Protrusions such as columns, radiators, ventilation systems for heating and/or cooling should be ignored in computing the useable square footage of the room if the area involved is minimal (e.g., a baseboard heating or air conditioning system or ductwork that does not protrude more than 6 to 8 inches from the wall, or a column that is not more than 6 to 8 inches on each side) and does not have an adverse effect on the resident’s health and safety or does not impede the ability of any resident in that room to attain his or her highest practicable well-being. If these protrusions are not minimal they would be deducted from useable square footage computed in determining compliance with this requirement.
The swing or arc of any door which opens directly into the resident’s room should not be excluded from the calculations of useable square footage in a room.

**Procedures: §483.70(d)(1)(ii)**
The facility layout may give square footage measurements. Carry a tape measure and take measurements if the room appears small.

**Probes: §483.70(d)(1)(ii)**
Unless a variation has been applied for and approved under §483.70(d)(3), are there at least 80 square feet per resident in multiple resident rooms and at least 100 square feet for single resident rooms?

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**F459**

§483.70(d)(1)(iii) Have direct access to an exit corridor;

**Interpretive Guidelines: §483.70(d)(1)(iii)**
There is no authority under current regulations to approve a variation to this requirement. Additional guidance is available in the National Fire Protection Association’s Life Safety Code 101 (NFPA 101), 12-2.5.1, which is Tag K41 of the Life Safety Code Survey

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**F460**

§483.70(d)(1)(iv) Be designed or equipped to assure full visual privacy for each resident;

**Interpretive Guidelines: §483.70(d)(1)(iv)**
“Full visual privacy” means that residents have a means of completely withdrawing from public view while occupying their bed (e.g., curtain, moveable screens, private room). The guidelines do not intend to limit the provisions of privacy to solely one or more curtains, movable screens or a private room. Facility operators are free to use other means to provide full visual privacy, with those means varying according to the needs and requests of residents. However, the requirement explicitly states that bedrooms must “be designed or equipped to assure full visual privacy for each resident.” For example, a resident with a bed by the window cannot be required to remain out of his or her room while his/her roommate is having a dressing change. Room design or equipment must provide privacy. Surveyors will assess whether the means the facility is using to assure full visual privacy meets this requirement without negatively affecting any other resident rights.

**Procedures: §483.70(d)(1)(iv)**
There are no provisions for physician statements to be used as a basis for variation of the requirements for full visual privacy.

**Probes: §483.70(d)(1)(iv)**
Observe whether each resident selected for a comprehensive or focused review has a means to achieve full visual privacy.

§483.70(d)(1)(v) In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains;
Interpretive Guidelines: §483.70(d)(1)(v)
The term “initially certified” is defined as all newly certified nursing facilities (NFs) or SNFs as well as NFs and SNFs after March 31, 1992, which re-enter the Medicare or Medicaid programs, whether they voluntarily or involuntarily left the program.
It is not necessary for the bed to be accessible from both sides when the privacy curtain is pulled.

F461
(Rev. 48; Issued: 06-12-09; Effective/Implementation Date: 06-12-09)
§483.70(d)(1)(vi) - Resident Rooms
Bedrooms must --
§483.70(d)(1)(vi) - Have at least one window to the outside; and
Interpretive Guidelines §483.70(d)(1)(vi)
A facility with resident room windows, as defined by Section 18.3.8 of the 2000 edition of the Life Safety Code, or that open to an atrium in accordance with Life Safety Code can meet this requirement for a window to the outside.
In addition to conforming with the Life Safety Code, this requirement was included to assist the resident’s orientation to day and night, weather, and general awareness of space outside the facility. The facility is required to provide for a “safe, clean, comfortable and homelike environment” by deemphasizing the institutional character of the setting, to the extent possible.
Windows are an important aspect in assuring the homelike environment of a facility. The allowable window sill height shall not exceed 36 inches. The window may be operable.
Probes: §483.70(d)(1)(vi)
Is there at least one window to the outside?

§483.70(d)(1)(vii) Have a floor at or above grade level.
Interpretive Guidelines §483.70(d)(1)(vii)
“At or above grade level” means a room in which the room floor is at or above the surrounding exterior ground level.
Probes: §483.70(d)(1)(vii)
Are the bedrooms at or above ground level?
§483.70(d)(2) - The facility must provide each resident with --
(i) A separate bed of proper size and height for the convenience of the resident;
(ii) A clean, comfortable mattress;
(iii) Bedding, appropriate to the weather and climate; and
Probes: §483.70(d)(2)(i), (ii), and (iii)
Are mattresses clean and comfortable?
Is bedding appropriate to weather and climate?
§483.70(d)(2)(iv) Functional furniture appropriate to the resident’s needs, and individual closet space in the resident’s bedroom with clothes racks and shelves accessible to the resident.
§483.15(h)(4) Private closet space in each resident room, as specified in §483.70 (d)(2)(iv) of this part;
Interpretive Guidelines: §483.70(d)(2)(iv) and §483.15(h)(4)
“Functional furniture appropriate to the resident’s needs” means that the furniture in each resident’s room contributes to the resident attaining or maintaining his or her highest practicable level of independence and well-being. In general, furnishings include a place to put clothing away in an organized manner that will let it remain clean, free of wrinkles, and accessible to the resident while protecting it from casual access by others; a place to put personal effects such as pictures and a bedside clock, and furniture suitable for the comfort of the resident and visitors (e.g., a chair).
For issues with arrangement of room furniture according to resident needs and preferences, see §483.15(e), Accommodation of Needs, Tag F246.
“Clothes racks and shelves accessible to the resident” means that residents can get to and reach their hanging clothing whenever they choose.
“Private closet space” means that each resident’s clothing is kept separate from clothing of roommate(s).
The term “closet space” is not necessarily limited to a space installed into the wall. For some facilities without such installed closets, compliance may be attained through the use of storage furniture such as wardrobes. Out-of-season items may be stored in alternate locations outside the resident’s room.
Probes: §483.70(d)(2)(iv) and §483.15(h)(4)
Functional furniture: Is there functional furniture, appropriate to resident’s needs?
Closet space: Is there individual closet space with accessible clothes racks and shelves? If the resident is able to use a closet, can the resident get to and reach her/his hanging clothing as well as items from shelves in the closet?
§483.70(d)(3) - CMS, or in the case of a nursing facility the survey agency, may permit variations in requirements specified in paragraphs (d)(1)(i) and (ii) of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations--
(i) Are in accordance with the special needs of the residents; and
(ii) Will not adversely affect residents’ health and safety.
Interpretive Guidelines: §483.70(d)(3)
A variation must be in accordance with the special needs of the residents and must not adversely affect the health or safety of residents. Facility hardship is not part of the basis for granting a variation. Since the special needs of residents may change periodically, or different residents may be transferred into a room that has been granted a variation, variations must be reviewed and considered for renewal whenever the facility is certified. If the needs of the residents within the room have not changed since the last annual inspection, the variance should continue if the facility so desires.
Interpretive Guidelines: §483.70(d)(1)(i):
As residents are transferred or discharged from rooms with more than four residents, beds should be removed from the variance until the number of residents occupying the room does not exceed four.

F462
§483.70(e) Toilet Facilities
Each resident room must be equipped with or located near toilet facilities.
Interpretive Guidelines: §483.70(e)
“Toilet facilities” is defined as a space that contains a lavatory and a toilet. If the resident’s room is not equipped with an adjoining toilet facility, then “located near” means residents who are independent in the use of a toilet, including chairbound residents, can routinely use a toilet in the unit.

Probes: §483.70(e)
Are resident rooms equipped with or located near toilet and bathing facilities?

F463
(Rev. 48; Issued: 06-12-09; Effective/Implementation Date: 06-12-09)

§483.70(f) Resident Call System
The nurses’ station must be equipped to receive resident calls through a communication system from--
(1) Resident rooms; and
(2) Toilet and bathing facilities.

Intent: §483.70(f)
The intent of this requirement is that residents, when in their rooms and toilet and bathing areas, have a means of directly contacting caregivers. In the case of an existing centralized nursing station, this communication may be through audible or visual signals and may include “wireless systems.” In those cases in which a facility has moved to decentralized nurse/care team work areas, the intent may be met through other electronic systems that provide direct communication from the resident to the caregivers.

Interpretive Guidelines: §483.70(f)
This requirement is met only if all portions of the system are functioning (e.g., system is not turned off at the nurses’ station, the volume too low to be heard, the light above a room or rooms is not working), and calls are being answered. For wireless systems, compliance is met only if staff who answer resident calls, have functioning devices in their possession, and are answering resident calls.

Probes: §483.70(f)
Is there a functioning communication system from rooms, toilets, and bathing facilities in which resident calls are received and answered by staff?

F464

§483.70(g) Dining and Resident Activities
The facility must provide one or more rooms designated for resident dining and activities. These rooms must--
§483.70(g)(1) Be well lighted;

Interpretive Guidelines: §483.70(g)(1)
“Well lighted” is defined as levels of illumination that are suitable to tasks performed by a resident.

Probes: §483.70(g)(1)
Are there adequate and comfortable lighting levels?
Are illumination levels appropriate to tasks with little glare?
Does lighting support maintenance of independent functioning and task performance?
§483.70(g)(2) Be well ventilated, with nonsmoking areas identified;

Interpretive Guidelines: §483.70(g)(2)
“Well ventilated” is defined as good air circulation, avoidance of drafts at floor level, and adequate smoke exhaust removal.

“Nonsmoking areas identified” is defined as signs posted in accordance with State law regulating indoor smoking policy and facility policy.

Probes: §483.70(g)(2)
How well is the space ventilated?
Is there good air movement?
Are temperature, humidity, and odor levels all acceptable?
Are non-smoking areas identified?

§483.70(g)(3) Be adequately furnished; and
Interpretive Guidelines: §483.70(g)(3)
An “adequately furnished” dining area accommodates different residents’ physical and social needs. An adequately furnished organized activities area accommodates the specific activities offered by the facility.

Probes: §483.70(g)(3)
How adequate are furnishings?
Are furnishings structurally sound and functional (e.g., chairs of varying sizes to meet varying needs of residents, wheelchairs can fit under the dining room table)?

§483.70(g)(4) Have sufficient space to accommodate all activities.
Interpretive Guidelines: §483.70(g)(4)
“Sufficient space to accommodate all activities” means that the space available is adaptable to a variety of uses and residents’ needs.

Probes: §483.70(g)(4)
How sufficient is space in dining, health services, recreation and program areas to accommodate all activities?
Are spaces adaptable for all intended uses?
Is resident access to space limited?
Do residents and staff have maximum flexibility in arranging furniture to accommodate residents who use walkers, wheelchairs, and other mobility aids?
Is there resident crowding?

F465
§483.70(h) Other Environmental Conditions
The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.

F466
The facility must—
§483.70(h)(1) Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply;
Interpretive Guidelines: §483.70(h)(1)
The facility should have a written protocol which defines the source of water, provisions for storing the water, both potable and non-potable, a method for distributing water, and a method for estimating the volume of water required.
Procedures §483.70(h)(1)
During the entrance conference, ask the administrator the facility’s procedure to ensure water availability.
§483.70(h)(2) Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two;
Probes: §483.70(h)(2)
How well is the space ventilated?
Is there good air movement?
Are temperature, humidity, and odor levels all acceptable?

§483.70(h)(3) Equip corridors with firmly secured handrails on each side; and
Interpretive Guidelines §483.70(h)(3)
“Secured handrails” means handrails that are firmly affixed to the wall.
Probes: §483.70(h)(3)
Are handrails secure?

§483.70(h)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.
Interpretive Guidelines: §483.70(h)(4)
An “effective pest control program” is defined as measures to eradicate and contain common household pests (e.g., roaches, ants, mosquitoes, flies, mice, and rats).
Procedures: §483.70(h)(4)
As part of the overall review of the facility, look for signs of vermin. Evidence of pest infestation in a particular space is an indicator of noncompliance.
Probes: §483.70(h)(4)
Is area pest free?