

2012 CMS Tag #	Group	Assignment	2012 IBC/IFC Section	2018 IBC/IFC Section	2021 IBC/IFC Sections From Hospital matrix	Commentary
			S			General note about Ambulatory care. Most of the changes to The ICC regarding Ambulatory care over the past 15 years were engineered to be conceptually consistent with the CMS approach. However, since the approach of a use that exists in between Group I-2 and Group B was evolving through the 2000s the result is a mix of existing building that would not meet the minimum CMS standards for ambulatory care. This is a well-known situation. If one of these facilities that were built to the ICC codes in the early 2000/s were to seek Medicare reimbursement, there could be serious challenges, some of which are insurmountable for most small facilities. As such, it was difficult to design a minimum existing standard for AHC that would accommodate these older facilities. The result was to create an appendix in the IFC that could be used for CMS equivalency if needed.
K100	General	General Requirements – Other List in the REMARKS section, any LSC Section 20.1 and 20.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.			Table 1604.5 Risk category of buildings and other structures (Risk Category 4)	This is a "catch-all". Until we either do a much more comprehensive review of 101, or we start seeing what gets cited out of this section, it tough to determine if there is a gap. I would argue this needs to be monitored closely, however but we could present this as substantially equivalent.
K111	General	Building Rehabilitation	IEBC [A] 101.2 Scope. IEBC SECTION 301 ADMINISTRATION IEBC 301.1 General. IEBC 301.2 Repairs. IEBC 301.3 Alteration, change of occupancy, addition or relocation. IEBC 301.3.1 Prescriptive compliance method. IEBC 301.3.2 Work area compliance method. IEBC 301.3.3 Performance compliance method. IFC SECTION 1101 GENERAL IFC 1101.1 Scope. IFC 1101.2 Intent.	IEBC 101.2 Scope 301.1 Applicability 301.3.1 Prescriptive compliance method 301.3.2 Work area compliance method 301.3.3 Performance compliance method 302.2 Additional codes 302.3 Existing materials 302.4 New and replacement materials 302.5 Occupancy and use 302.2.1 Additional Codes in Healthcare 501.3 Healthcare facilities. 1002.3 Change of occupancy in Healthcare IFC 1101.1 Scope. 1101.2 Intent.	IFC APPENDIX K CONSTRUCTION REQUIREMENTS FOR EXISTING AMBULATORY CARE FACILITIES IFC SECTION K101 GENERAL IFC K101.1 Scope. IFC K101.2 Intent.	Minimal work required. This is essentially a scoping document instructing surveyors to acknowledge the existing requirements (IFC), renovation scoping requirements (IEBC) and new construction requirements (IBC). Conceptually both code families are consistent. We should review and monitor the approaches. Update IEBC to address the implications of adding ambulatory care use on an existing building, consistent with CMS Approaches. Compare with Appendix K in IFC.
				IFC APPENDIX K CONSTRUCTION REQUIREMENTS FOR EXISTING AMBULATORY CARE FACILITIES IFC SECTION K101 GENERAL IFC K101.1 Scope. IFC K101.2 Intent.	IFC APPENDIX K CONSTRUCTION REQUIREMENTS FOR EXISTING AMBULATORY CARE FACILITIES IFC SECTION K101 GENERAL IFC K101.1 Scope. IFC K101.2 Intent.	
		Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: • Requirements of Chapter 21 • Requirements of the applicable Sections 43.3,43.4, 43.5, and 43.6 20.1.1.4.3, 21.1.1.4.3, 4.6.7, 43.1.2.1	IEBC 202 Definitions REPAIR. [A] ALTERATION. IEBC 401.1 Scope. (Repair) IEBC 501.1 Scope. (Prescriptive method) IEBC 701.1 Scope. (Level 1 alterations) IEBC 801.1 Scope. (Level 2 alterations) IEBC 901.1 Scope. (Level 3 alterations) IFC 1101.1 Scope. IFC 1101.2 Intent. IFC SECTION 1105 CONSTRUCTION REQUIREMENTS FOR EXISTING GROUP I-2 IFC 1105.1 General.	IEBC 202 General Definitions REPAIR ALTERATION IEBC 401.1 Scope. (Repair) IEBC 501.1 Scope. (Prescriptive method) IEBC 701.1 Scope. (Level 1 alterations) IEBC 801.1 Scope. (Level 2 alterations) IEBC 901.1 Scope. (Level 3 alterations)	IFC 1101.1 Scope 1101.2 Intent 1105 Construction requirements for existing group I-2 1105.2 Applicability	Should consider adding language for new and existing ambulatory care uses. IFC Appendix K is only applicable for existing ambulatory care in existing building. What is not addressed is the addition of a new ambulatory care facilities in an existing building.
		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 20.1.1.4.2 or 21.1.1.4.2 20.1.1.4.2, 21.1.1.4.2, 43.1.2.2 (43.7)	IEBC 202 Definitions [A] CHANGE OF OCCUPANCY. IEBC 501.1 Scope. (Prescriptive method) IEBC 1001.1 Scope. (change of occupancy) IEBC SECTION 1002 SPECIAL USE AND OCCUPANCY IEBC 1002.1 Compliance with the building code.	IEBC 202 General Definitions CHANGE OF OCCUPANCY IEBC 501.1 Scope. (Prescriptive method) IEBC 1001.1 Scope. (change of occupancy) 1002.1 Compliance with the building code 1002.3 Change of occupancy in Healthcare.		No work needed. Not addressed unless change from Group I-2 to ambulatory care
		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 having at least a 2-hour fire resistance rating constructed of materials as required for the addition. 20.1.1.4.1, 21.1.1.4.1, 4.6.5, 4.6.7, 43.1.2.3 (43.8)	IEBC 202 Definitions ADDITION. IEBC 501.1 Scope. (Prescriptive method) IEBC 502.1 General. IEBC 1101.1 Scope. (addition)	IEBC 202 General Definitions ADDITION IEBC 501.1 Scope. (Prescriptive method) IEBC 502.1 General. IEBC 1101.1 Scope. (addition)		Some work needed. This portion of the KTAG is worded in a challenging way. Conceptually, the Ktag tries to acknowledge that non-compliant buildings (ie other occupancies) that are not compliant with the bare minimum requirements for the occupancy (IFC chapter 11 requirements) are separated from a new healthcare occupancy with a two hour separation. The building code works the same way – if you have portion of the building that

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						does not comply with ambulatory care, you will either get a separate occupancy, a tenant separation with 423 or a non-separated mixed use. With non-separated mixed uses, it's more difficult to state. We added a section into 2018 IBC 508 to deal with some of the opening protection issues for Group I – not ambulatory healthcare. This needs to be added into the chapter 11 IFC.
K131	General		Multiple Occupancies – Sections of Ambulatory Health Care Facilities Multiple occupancies shall be in accordance with 6.1.14.	IBC SECTION 508 MIXED USE AND OCCUPANCY IBC 508.1 General.		(Note: See the rest of Section 508 for additional criteria for separated and non-separated occupancies and accessory occupancies)
			Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following: • The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access • They are separated from the ambulatory health care occupancy by a 1-hour fire resistance rating	IBC SECTION 302 OCCUPANCY CLASSIFICATION AND USE DESIGNATION IBC 302.1 Occupancy classification. IBC 302.2 Use designation. IBC TABLE 508.4 REQUIRED SEPARATION OF OCCUPANCIES (HOURS)		Some work needed. This KTAG is also worded in a challenging way. THE IBC would trigger application of the AHC requirements in IBC423 whenever the definition of Ambulatory Healthcare is met. The KTAG asks us to check for occupant use and "customary use" neither one of these are indicators of a greater risk.
			Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following: • Walls have not less than 1-hour fire resistance rating and extend from floor slab to roof slab • Doors are constructed of not less than 1¾ in. thick, solid-bonded wood core or equivalent and is equipped with positive latches. • Doors are self-closing and are kept in the closed position, except when in use. • Windows in the barriers are of fixed fire window assemblies per 8.3.	IBC 422.2 Separation. IBC Section 707 FIRE BARRIERS IBC 707.5 Continuity IBC 707.6 Openings IBC 716.5 Fire door and shutter assemblies IBC 716.6 Fire-protection-rated glazing IFC K102.1 Separation.	422.2 Separation. 422.3 Smoke compartments.	G124-15 (AS) Interpretation now is that both the ACF has to be separated and the floor has to be divided.
			Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served.20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1,42 CFR 416.44	IBC 202 Definitions 24-HOUR BASIS. G124-15 (AS) AMBULATORY CARE FACILITY. CLINIC, OUTPATIENT. IBC SECTION 304 BUSINESS GROUP B IBC 304.1 Business	IBC 202 Definitions 24-HOUR BASIS. CLINIC, OUTPATIENT. INCAPABLE OF SELF-PRESERVATION. 304.1 Business Group B 304.3 Ambulatory care facilities	No work needed, this is the concept used by ICC.
K161	General		Building Construction Type and Height Building construction type and stories meet Table 20.1.6.1 or Table 21.1.6.1, respectively Construction Type 1. I (442), I (332), II (222), II (111), III (211), IV (2HH), V (111) - Any number of stories, non-sprinklered or sprinklered 2. II (000), III (200), V (000) - One story non-sprinklered, any number of stories sprinklered Any level below the level of exit discharge shall be separated by Type II (111), Type III (211), or Type V (111) construction unless both of the following are met: 1. Such levels are under the control of the ambulatory health care occupancy. 2. Hazardous spaces are protected per section 8.7. Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 20.3.5 or 21.3.5, respectively Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. 20.1.6.1, 20.1.6.2, 21.1.6.1, 21.1.6.2	IBC CHAPTER 5 GENERAL BUILDING HEIGHTS AND AREAS IBC Section 504 BUILDING HEIGHT AND NUMBER OF STORIES IBC Section 506 BUILDING AREA IBC Section 509 INCIDENTAL USES IBC Section 414 HAZARDOUS MATERIALS IBC Section 415 GROUPS H-1, H-2, H-3, H-4 AND H-5 IBC Section 903.2.6 Group I (sprinklers required) IFC 1105.2 Construction. IFC TABLE 1105.2 FLOOR LEVEL LIMITATIONS FOR GROUP I-2 CONDITION 2	IBC 414 Hazardous Materials 415 Groups H-1, H-2, H-3, H-4 and H-5 [F] 422.4 Automatic sprinkler systems. 504 Building Height and Number of Stories 506 Building Area 509 Incidental Uses IEBC 1002.2 Incidental uses IFC 903.2.2 Ambulatory care facilities.	No work needed- these building types are very similar.
K163	General		Interior Nonbearing Wall Construction Interior nonbearing walls in Type I or II construction are constructed of noncombustible or limited-combustible materials. Interior nonbearing walls required to have a minimum 2-hour fire resistance rating are fire-retardant-treated wood enclosed within noncombustible or limited-combustible materials, provided they are not used as shaft enclosures. 20.1.6.3, 20.1.6.4, 21.1.6.3, 21.1.6.4	IBC CHAPTER 6 TYPES OF CONSTRUCTION IBC SECTION 602 CONSTRUCTION CLASSIFICATIONS IBC 602.2 Types I and II IBC COMBUSTIBLE MATERIALS IN TYPES I AND II CONSTRUCTION	IBC CHAPTER 6 Types of Construction 602 Construction Classification 602.2 Types I and II	Some work needed. Not sure why they are referencing a 2 hour wall in this location
K200	General		Means of Egress Requirements – Other List in the REMARKS section any LSC Section 20.2 and 21.2 Means of Egress Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 20.2, 21.2	IBC MEANS OF EGRESS		This is a "catch-all". Until we either do a much more comprehensive review of 101, or we start seeing what gets cited out of this section, it tough to determine if there is a gap. I would argue this needs to be monitored closely, however but we could present this as substantially equivalent because the ICC family goes into much more detail about the arrangement of the means of egress.

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K211	General	Means of Egress – General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full instant use in case of emergency, unless modified by 20/21.2.2 through 20/21.2.11. 20.2.1, 21.2.1, 7.1.10.1	IBC [F] 1002.1 Maintenance. IBC 1003.3 Protruding objects IBC SECTION 1005 MEANS OF EGRESS SIZING IBC SECTION 1006 NUMBER OF EXITS AND EXIT ACCESS DOORWAYS IBC SECTION 1007 EXIT AND EXIT ACCESS DOORWAY CONFIGURATION IBC SECTION 1018 AISLES IBC SECTION 1020 CORRIDORS IBC SECTION 1024 EXIT PASSAGeways IBC SECTION 1028 EXIT DISCHARGE IFC SECTION 1031 MAINTENANCE OF THE MEANS OF EGRESS IFC 1031.1 General. IFC 1031.2 Reliability IFC 1031.5 Means of egress	IBC 1002 Maintenance and Plans 1003.3 Protruding objects 1005 Means of Egress Sizing 1006 Number of Exits and Exit Access Doorways 1007 Exit and Exit Access Doorway Configuration 1018 Aisles 1020 Corridors 1028 Exit Discharge IFC 1031.1 General 1031.2 Reliability IBC 422.3.1 Means of egress. 422.3.2 Refuge area. 422.3.3 Independent egress.	No work needed. This show is in section 1031 in the fire code. IBC says this is a defend-in-place scenario – not free egress.	
K222	General	Egress Doors Special locking arrangements are in accordance with section 7.2.1.6	IBC 407.4.1.1 Locking devices. IFC 1031.2.1 Security devices and egress locks.		No work needed. This is already covered in the building code Nothing special for locks in ambulatory care.	
		DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.	IBC 1010.1.9.8 Delayed egress. IBC 1010.1.9.8.1 Delayed egress locking system.	IBC 1010.2.13 Delayed egress 1010.2.13.1 Delayed egress locking system	(E66-15 AMPC1, E68-15 AM/AMPC1, E69-15 AS) This is essentially covered by the building code. Permitted in fully sprinklered Group B.	
		ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.	IBC 1010.1.9.7 Controlled egress doors in Groups I-1 and I-2.	IBC 1010.2.13 Delayed egress 1010.2.12 Sensor release of electrically locked egress doors.	This needs review to see if should apply to ambulatory	
		ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 20.2.2.2, 21.2.2.2, 7.2.1.6.1 through 7.2.1.6.3	G202-15 (AS) IBC 3006.4 Means of egress. IFC 1031.2.1 Security devices and egress locks.	IBC 1016.2 Egress through intervening spaces. 3006.4 Means of egress. (Elevator lobbies) IFC 1031.2.1 Security devices and egress locks	No work needed Concept is similar	
K223	General	Doors with Self-Closing Devices Doors required to be self-closing are permitted to be held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment, entire facility, and all stair enclosure doors upon activation of: • Required manual fire alarm system, and • Local smoke detectors designed to detect smoke passing through the • opening or a required smoke detection system; and • Automatic sprinkler system, if installed; and • Loss of power 20.2.2.4, 20.2.2.5, 21.2.2.4, 21.2.2.5	FS95-15(AS) G202-15 (AS) IBC 716.2.6.6 Smoke activated doors. F253-16 (AS) IFC 1105.5.2 Group I-2 occupancies.	IBC 709.5 Openings. 709.5.1 Group I-2 and ambulatory care facilities. 716.2.6.6 Smoke-activated doors	Review Significant work was done to align these two. Not sure why we are not listing loss of power, although that may be implied.	
K231	General	Means of Egress Capacity The capacity of required means of egress is in accordance with 7.3. 20.2.3.1, 21.2.3.1, 38.2.3, 39.2.3	IBC 1010.1.1 Size of doors IBC 1011.2 Width and capacity (stairways) IBC 1012.5.1 Width and capacity (ramps) IBC 1018.5 Aisles in other than assembly spaces and Groups B and M. IBC 1020.2 Width and capacity. (corridors) IBC 1024.2 Width (exit passageways) IBC 1028.2 Exit discharge width or capacity.	IBC 1010.1.1 Size of doors IBC 1011.2 Width and capacity (stairways) IBC 1012.5.1 Width and capacity (ramps) IBC 1018.3 Aisles in Groups B and M. IBC 1020.3 Width and capacity. (corridors) IBC 1024.2 Width (exit passageways) IBC 1028.3 Exit discharge width or capacity.	Review obviously there are some strong correlations between the two in concept. The specific should be compared more carefully. This KTAG is a great expansion of scope from the old one.	
K232	General	Aisle, Corridor or Ramp Width The clear width of any corridor or passageway required for egress shall be not less than 44 inches wide. Where a corridor is 6 feet wide, projections of not more than 6 inches from the corridor wall above the handrail height are permitted for alcohol-based hand rub dispensers. 20.2.3.2, 20.2.3.3, 21.2.3.2, 21.2.3.3	IFC K104.2 Corridor and aisle width. IBC 407.4.3 Projections in nursing home corridors. (E1-15-AM) IBC 1003.3.3 Horizontal projections. (E1-15-AM) IBC 1003.4 Slip-resistant surface. IBC 1018.5 Aisles in other than assembly spaces and Groups B and M. IBC [BE] 1020.2 Width and capacity. (E106-15 AS) IBC TABLE 1020.2 MINIMUM CORRIDOR WIDTH IBC 1020.3 Obstruction. IBC 1024.2 Width and capacity.	IFC 1031.3 Obstructions. IFC 1104.15 Width of ramps. IFC K104.2 Corridor and aisle width IBC 1005.7 Encroachment. 1005.7.2 Other projections. 1005.7.3 Protruding objects. 1011.2 Width and capacity (stairways) 1012.5 Minimum dimensions. TABLE 1020.3 MINIMUM CORRIDOR WIDTH 1024.2 Width (exit passageways) 1028.3 Exit discharge width or capacity.	Some work needed. Significant work achieved with regard to obstructions and equipment used in hospitals. Clear width in ambulatory care needs review. The approach is similar, however the allowed projection of 6" is greater in the KTAGs. CMS acknowledges that the ADA may be more restrictive. Minimum corridor width for less than 50 occupants can be 36 inches. Protruding objects area 4-1/2", but on all corridors, not jus greater than 6 feet.	

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				IFC 1031.3 Obstructions. IFC 1104.15 Width of ramps. IFC 1105.5.3 Ramps. IFC 1105.5.4 Corridor width. IFC 1105.5.7 Aisles.		
K233	General	Clear Width of Exit and Exit Access Doors 2012 EXISTING Doors in the means of egress from diagnostic or treatment areas, such as x-ray, surgical, or physical therapy, shall provide a clear width of not less than 32", unless the doors are existing 34" wide doors. 21.2.3.4	F244-16 (AM) IFC 1104.7.1 Group I-2. F244-16 (AM) IFC 1104.7.2 Ambulatory Care. IFC 1105.5.1-1105.5. F243-16 (AM) IFC K104.1 Size of doors.	IFC K104.1 Size of doors. IFC 1104.7.2 Ambulatory Care	Work needed. Number in the IFC Appendix K and this KTAG are different, should be reviewed in detail. Note the scope of KTAG only applies to a specific set of doors.	
K233	General	Clear Width of Exit and Exit Access Doors 2012 NEW Doors in the means of egress from diagnostic or treatment areas, such as x-ray, surgical, or physical therapy, shall provide a clear width of not less than 32". 20.2.3.4,	(E47-15 AM, E49-15 AM) IBC 1010.1.1 Size of doors.	IBC 1010.1.1 Size of doors IFC 1104.7.2 Ambulatory care.	Work needed – Same issue as above, although the IBC does not specifically call out a door width for these doors.	
K241	General	Number of Exits – Story and Compartment 2012 EXISTING Single means of egress is allowed from a mezzanine or balcony if one of the following exist: 1. Common path of travel is under 100 ft. if in a sprinklered building 2. Common path of travel 75 ft. if in a non-sprinklered building 3. Common path of travel is not limited if occupant load is under 30 Not less than 2 exits, as described in 38.2.2, are remotely located for each fire section or patient care area of the building and are accessible from each smoke compartment. Patient care suites larger than 2500 square feet have 2 exits remotely located from each other. Egress from smoke compartments, if installed, shall be permitted through adjacent compartments provided the egress does not return through the compartment of fire origin. 21.2.3.1 through 21.2.3.5, 7.4.1.1, 7.4.1.3 through 7.4.1.6	IFC 1104.20 Common path of egress travel. IFC 1105.5.6 Separation of exit access doors. IFC 1105.6 Smoke compartments. IFC 1105.6.1 Design. IFC 1105.6.1.1 Refuge areas. IFC 1105.7 Group I-2 care suites. IFC K102.2.7 Independent egress. IEBC 503.12 Refuge areas. IEBC 503.12.1 Smoke compartments. IEBC 503.12.2 Ambulatory care. IEBC 802.3 Smoke compartments. IEBC 804.4.1.2 Group I-2.	IBC 422.3 Smoke compartment 422.2 Separation 1006.2.1 Egress based on occupant load and common path of egress travel distance Table 1006.2.1 Spaces with one exit or exits access doorway 1007.1 General 1007.1.1 Two exits or exit access doorways IFC K102.2.7-Independent egress. IEBC 503.15 Refuge areas. 805.11 Refuge areas.	Needs significant work. This is not addressed in appendix K, therefore would default back to the requirements at the time of construction	
K241	General	Number of Exits – Story and Compartment 2012 NEW Meets the requirements of section 7.4. Not less than 2 exits, as described in 38.2.2, are remotely located for each fire section or patient care area of the building and are accessible from each smoke compartment. Patient care suites larger than 2500 square feet have 2 exits remotely located from each other. Egress from smoke compartments, if installed, shall be permitted through adjacent compartments provided the egress does not return through the compartment of fire origin. 20.2.4.1 through 20.2.4.5, 7.4	IBC SECTION 422 AMBULATORY CARE FACILITIES IBC 422.1 General. G124-15 (AS) IBC 422.2 Separation. IBC 422.3 Smoke compartments. IBC 422.3.1 Means of egress. IBC 422.3.2 Refuge area. IBC 422.3.3 Independent egress.	IBC 422.3 Smoke compartments. IBC 422.3.1 Means of egress. IBC 422.3.2 Refuge area. IBC 422.3.3 Independent egress. 1006.2.1 Egress based on occupant load and common path of egress travel distance Table 1006.2.1 Spaces with one exit or exits access doorway 1007.1 General 1007.1.1 Two exits or exit access doorways 1026.4 Refuge areas 1026.4.1 Capacity 1026.4.2 Number of exits	Work needed – Same issue as above, although the IBC does not specifically call out a door width for these doors.	
K251	General	Dead-End Corridors and Common Path of Travel 2012 EXISTING Dead end corridors shall not exceed 50 feet. Common path of travel is no more than 75 feet, and no more than 100 feet on a sprinklered story. Common path of travel is not limited in single tenant space with an occupant load not exceeding 30 persons. 21.2.5, 39.2.5.2	IFC 1104.18 Dead end corridors. IFC TABLE 1104.18 COMMON PATH, DEAD-END AND TRAVEL DISTANCE LIMITS (by occupancy) IFC 1104.20 Common path of egress travel. IFC 1105.5.5 Dead-end corridors. IEBC 804.6 Dead-end corridors.	IFC 1104.18 Dead ends TABLE 1104.18 COMMON PATH, DEAD-END AND TRAVEL DISTANCE LIMITS (by occupancy) 1104.20 Common path of egress travel 1105.6.6 Dead-end corridors IEBC 804.7 Dead-end corridors	Needs significant work. This is not addressed in appendix K, therefore would default back to the requirements at the time of construction	
K251	General	Dead-End Corridors and Common Path of Travel 2012 NEW Dead-end corridors are no more than 50 feet in sprinklered buildings, and no more than 20 feet in non-sprinklered buildings. Common path of travel is no more than 75 feet, and no more than 100 feet in sprinklered buildings or single tenant space with an occupant load not exceeding 30 persons. 20.2.5, 38.2.5.2, 38.2.5.3	(E16-15 AM, E17-15 AS) IBC 1006.2.1 Egress based on occupant load and common path of egress travel distance. (E17-15 AS, G133-15 AM) IBC TABLE 1006.2.1 SPACES WITH ONE EXIT OR EXIT ACCESS DOORWAY (E107-15 AS) IBC 1020.4 Dead ends.	IBC 1006.2.1 Egress based on occupant load and common path of egress travel distance. IBC TABLE 1006.2.1 SPACES WITH ONE EXIT OR EXIT ACCESS DOORWAY IBC 1020.5 Dead ends.	No work needed – requirements for new construction are similar.	
K261	General	Travel Distance to Exits Travel distance between any point in a room and an exit is not more than 150 feet or 200 feet in sprinklered buildings. 20.2.6, 21.2.6	IBC SECTION 1017 EXIT ACCESS TRAVEL DISTANCE IBC 1017.1 General. IBC 1017.2 Limitations. (E23-15 AS, G133-15 AM) IBC TABLE 1017.2 EXIT ACCESS TRAVEL DISTANCE IFC 407.4.2 Distance of travel.	IBC 407.4.2 Distance of travel 1017 Exit Access Travel Distance 1017.1 General 1017.2 Limitations Table 1017.2 Exit Access Travel Distance IFC	Needs work Appendix K has no mention – defaults to code at time of construction and chapter 11.	

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				IFC 1104.19 Exit access travel distance. IFC Table 1104.18 COMMON PATH, DEAD-END AND TRAVEL DISTANCE LIMITS (by occupancy)	1104.19 Exit access travel distance Table 1104.18 COMMON PATH, DEAD-END AND TRAVEL DISTANCE LIMITS (by occupancy)	
K271	General		Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38. 20.2.7, 21.2.7, 38.2.7, 39.2.7, 7.7	IBC 1003.4 Floor surface. IBC 1003.5 Elevation change. IBC 1003.6 Means of egress continuity. IBC 1028.5 Access to a public way.	IBC 1003.4 Slip-resistant surface 1003.5 Elevation change 1003.6 Means of egress continuity 1006.3 Egress from stories or occupied roofs 1028.5 Access to a public way	Needs work. The concepts are similar enough to be consistent. Should review the all-weather surface concepts. Section 1003.6 generally addresses the concept, but is not as specific as the CMS S&C letter.
K281	MEP	Pier	Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 20.2.8, 21.2.8, 7.8	IBC SECTION 1008 MEANS OF EGRESS ILLUMINATION IBC 1008.1 Means of egress illumination. IBC 1008.2 Illumination required. IBC 1008.2.1 Illumination level under normal power. (E32-AMPC1, E33-15 AM) IBC 1008.2.2 Group I-2. (E33-15 AM) IBC 1008.2.3 Exit Discharge. IBC 1008.3 Emergency power for illumination. IBC 1008.3.1 General. IBC 1008.3.2 Buildings. IBC 1008.3.3 Rooms and spaces. IEBC 805.7 Means-of-egress lighting. IEBC 805.7.1 Artificial lighting required. IEBC 805.7.2 Supplemental requirements for means-of-egress lighting. IEBC 905.2 Means-of-egress lighting. IFC 1104.5 Illumination emergency power.	IBC 1008 Means of Egress Illumination 1008.1 Means of egress illumination 1008.2 Illumination required 1008.2.1 Illumination level under normal power 1008.2.2 Group I-2 1008.2.3 Exit discharge 1008.3 Emergency power for illumination 1008.3.1 General 1008.3.2 Buildings 1008.3.3 Rooms and spaces IEBC 804.8 Means-of-egress lighting. 804.8.1 Artificial lighting required. 804.8.2 Supplemental requirements for means-of-egress lighting. 905.2 Means-of-egress lighting. IFC 1104.5 Illumination emergency power	Review only – should be pretty close
K291	MEP	Pier	Emergency Lighting Emergency lighting of at least 1½-hour duration is provided automatically in accordance with 7.9. 20.2.9.1, 21.2.9.1, 7.9	IBC 1008.3.4 Duration. F242-16 (AS) IFC 1104.5.1 Emergency power duration and installation.	IBC 1008.3.4 Duration IFC 1104.5 Illumination emergency power	No work needed.
K292	MEP	Pier	Life Support Means of Egress 2012 NEW (INDICATE N/A FOR EXISTING) Where general anesthesia or life-support equipment is used, each ambulatory health care facility shall be provided with an essential electric system in accordance with NFPA 99. (Indicate N/A if life support equipment is for emergency purposes only.) 20.2.9.2	F26-16 (AM) IFC 1203.4.1 Group I-2. IFC 1105.10 Essential electrical systems. F255-16 (AS) IFC 1105.10.1 Where required. IFC 1105.10.2 Installation and duration.	IFC 1105.11 Essential electrical systems 1105.11.1 Where required 1105.11.2 Installation and duration IBC 422.6 Electrical systems 2702.2.1 Ambulatory care facilities 2702.2.6 Exit signs	Needs significant work. While described for group I-2, the IBC does not address AHCs.
K293	MEP	Pier	Exit Signage Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 20.2.10, 21.2.10, 7.10	IBC 1013.3 Illumination. IBC 1013.5 Internally illuminated exit signs. IBC 1013.6 Externally illuminated exit signs. (E90-15 AS) IBC 1013.6.3 Power source. IEBC 805.8 Exit signs. IEBC 805.8.1 Work areas. IEBC 805.8.2 Supplemental requirements for exit signs. IEBC 905.3 Exit signs. IFC 1104.3 Exit sign illumination. IFC 1104.4 Power source. E148-15 (AS) IFC [BE] 1031.4 Exit signs.	IFC 1104.3 Exit sign illumination 1104.4 Power source 1031.4 Exit signs IEBC 804.9 Exit signs 804.9.1 Work areas 804.9.2 Supplemental requirements for exit signs 905.3 Exit signs	REVIEW ONLY This is another area where there is broad agreement.
K300	General		Protection – Other List in the REMARKS section any LSC Section 20.3 and 21.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.			This is a catch all.
K311	Fire	Wayne/E d	Vertical Openings – Enclosure 2012 EXISTING Vertical openings shall be enclosed or protected per 8.6, unless one of the following conditions exist: 1. Unenclosed vertical openings per 8.6.9.1 are permitted 2. Unenclosed openings which do not serve as a required means of egress are permitted 3. Exit access stairs may be unenclosed if they meet the following conditions: Two stories or less	IEBC EB16-15 (AS) 501.2 Fire resistance ratings. IEBC 802.2 Vertical openings. IEBC 802.2.1 Existing vertical openings. IEBC 802.2.2 Supplemental shaft and floor opening enclosure requirements. IEBC 802.2.3 Supplemental stairway enclosure requirements. IEBC 903.1 Existing shafts and vertical openings.	IEBC 501.2 Fire-resistance ratings 802.2 Vertical openings 802.2.1 Existing vertical openings 802.2.2 Supplemental shaft and floor opening enclosure requirements 802.2.3 Supplemental stairway enclosure requirements 903.1 Existing shafts and vertical openings	Needs work CMS rules and the ICC differ in subtle but significant ways. Much work was done to resolve these issues for hospitals. This should be reviewed for ambulatory care facilities.

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			throughout by a supervised sprinkler system per 9.7.1.1(1) b. Total travel distance to outside does not exceed 100 feet. Two stories or less story does not exceed 15 people b. Building is sprinkler protected throughout per 9.7.1.1(1) c. Building contains an automatic smoke detection system per 9.6 d. Activation of the sprinkler system or smoke detection system notifies all occupants of the building e. Total travel distance to outside does not exceed 100 feet. Floors that are below the street level and are used for storage or any use other than a business occupancy, shall not have any unprotected openings to the business occupancy floors. 21.3.1, 39.3.1.1, 39.3.1.2	IFC 1103.4 Vertical openings. IFC 1103.4.1 Group 1-2 and 1-3 occupancies.	IFC 1103.4 Vertical openings IBC [F] 422.4 Automatic sprinkler systems. IFC 903.2.2 Ambulatory care facilities.	
K311	Fire	Wayne/Ed	Vertical Openings – Enclosure 2012 NEW Vertical openings shall be enclosed or protected per 8.6, unless one of the following conditions exist: 1. Unenclosed vertical openings per 8.6.9.1 are permitted 2. Exit access stairs may be unenclosed if they meet the 2 conditions a. Building is sprinkler protected throughout b. Total travel distance to outside does not exceed 100 feet. Floors that are below the street level and are used for storage or any use other than a business occupancy, shall not have any unprotected openings to the business occupancy floors. 20.3.1, 38.3.1.1, 38.3.1.2	IBC SECTION 712 VERTICAL OPENINGS IBC SECTION 713 SHAFT OPENINGS	IBC 712 Vertical Openings 713 Shaft Enclosures	This needs review. Appendix K does not address vertical opening, so this defaults back to Chapter 11. While there was significant work made on Group I-2 in the last cycle, we should review for Ambulatory Health Care.
K321	Fire	Maggie	Hazardous Areas – Enclosure Hazardous areas must meet one of the following: - Contain 1 hour rated enclosure when non-sprinklered - Sprinkler protected with smoke resistive separation - Severe Hazard locations contain sprinkler protection and 1-hour separation with 3/4 hour rated self-closing doors 20.3.2, 21.3.2, 38.3.2, 38.3.2.2, 39.3.2.1, 39.3.2.2, 8.7	IBC SECTION 509 INCIDENTAL USES IBC TABLE 509 INCIDENTAL USES IFC 4105.3 Incident uses in existing Group 1-2 IFC 4105.3.1 Occupancy classification. IFC 4105.3.2 Area limitations. IFC 4105.3.3 Separation and protection. IEC 4105.3.3.1 Separation. IEC 4105.3.3.2 Protection. IFC 4105.3.3.2.1 Protection limitation. IFC TABLE 4105.3 INCIDENTAL USES IN EXISTING GROUP I-2 OCCUPANCIES IFC SECTION K103 INCIDENTAL USES IN EXISTING AMBULATORY CARE FACILITIES IFC K103.1 General. IFC TABLE K103.1 INCIDENTAL USES IN EXISTING AMBULATORY CARE FACILITIES IFC K103.2 Occupancy classification. IFC K103.3 Area limitations. IFC K103.4 Separation and protection. IFC K103.4.1 Separation. IFC K103.4.2 Protection. IFC K103.4.2.1 Protection limitation. IEBC 902.2 Boiler and furnace equipment rooms.	IFC IFC SECTION K103 INCIDENTAL USES IN EXISTING AMBULATORY CARE FACILITIES IFC K103.1 General. IFC TABLE K103.1 INCIDENTAL USES IN EXISTING AMBULATORY CARE FACILITIES IFC K103.2 Occupancy classification. IFC K103.3 Area limitations. IFC K103.4 Separation and protection. IFC K103.4.1 Separation. IFC K103.4.2 Protection. IFC K103.4.2.1 Protection limitation. IEBC 902.2 Boiler and furnace equipment rooms. 1002.4 Storage.	
K322	Fire	Jeff	Laboratories Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered a severe hazard are protected by 1-hour fire resistance-rated separation, automatic sprinkler system, and are in accordance with 8.7 and with NFPA 99. Laboratories not considered a severe hazard are protected as hazardous areas (see K321). Laboratories using chemicals are in accordance with NFPA 45. Gas appliances are of appropriate design and installed in accordance with NFPA 54. Shutoff valves are marked to identify material they control. Devices requiring medical grade oxygen from the piped distribution system meet the requirements under 11.4.2.2 (NFPA 99). 20.3.2.2, 21.3.2.2 9.3.1.2, 11.4.3.2, 15.4 (NFPA 99)	IFC TABLE 1105.3 INCIDENTAL USES IN EXISTING GROUP I-2 OCCUPANCIES IFC 5003.8 Construction requirements. IFC 5003.8.1 Buildings. IFC 5003.8.2 Required detached buildings. F340-16 (AS) IFC 5003.8.3 Control areas. IFC 5003.8.3.1 Construction requirements. F354-16 (AS) IFC 5003.8.3.2 Percentage of maximum allowable quantities. IFC 5003.8.3.3 Number. F355-16 (AS) IFC 5003.8.3.4 Fire-resistance-rating requirements. IFC 5003.9 General safety precautions. IFC 5003.9.1 Personnel training and written procedures. IFC 5003.9.1.1 Fire department liaison. IFC 5003.9.2 Security. IFC 5704.3 Container and portable tank storage. IFC 5704.3.1 Design, construction and capacity of containers and portable tanks. IFC 5704.3.1.1 Approved containers. IFC 5704.3.2 Liquid storage cabinets. IFC 5704.3.2.1 Design and construction of storage cabinets.	IFC 5003.8 Construction requirements 5003.8.1 Buildings 5003.8.3 Control areas 5003.8.3.1 Construction requirements 5003.8.3.2 Percentage of maximum allowable quantities 5003.8.3.3 Number 5003.8.3.4 Fire-resistance rating requirements 5003.9.2 Security 5704.3 Container and portable tank storage 5704.3.1 Design, construction and capacity of containers and portable tanks 5704.3.1.1 Approved containers 5704.3.2 Liquid storage cabinets 5704.3.2.1 Design and construction of storage cabinets 5704.3.2.1.1 Materials 5704.3.2.1.2 Labeling 5704.3.2.1.3 Doors 5704.3.2.1.4 Bottom 5704.3.2.2 Capacity 603 Electrical equipment, wiring and systems 603.1 General 603.1.1 Equipment and wiring	Review. This KTAG is essentially covered in the ICC by the concept of incidental uses, hazardous materials and permit amounts. NFPA 99 moved away from prescribing laboratory requirements and left regulation to NFPA 45. We should review these and compare 2018 ICC changes for lab areas. The basic labs are consistent, with ICC possibly being more stringent. Larger educational or production labs may adequately be addressed in 2018. Unclear if it covers all teaching and production context that might be seen in a hospital. Gas appliance language is very specific and needs to be reviewed.

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				<p>IFC 5704.3.2.1.1 Materials. IFC 5704.3.2.1.2 Labeling. IFC 5704.3.2.1.3 Doors. IFC 5704.3.2.1.4 Bottom. IFC 5704.3.2.2 Capacity.</p> <p>IMC SECTION 510 HAZARDOUS EXHAUST SYSTEMS IMC 510.1 General. IMC 510.2 Where required.</p> <p>IPC SECTION 411 EMERGENCY SHOWERS AND EYEWASH STATIONS IPC 411.1 Approval. IPC 411.2 Waste connection. P63-15 AM IPC 411.3 Water supply.</p>	<p>603.1.2 Healthcare facilities IMC 510 HAZARDOUS EXHAUST SYSTEMS 510.1 General 510.2 Where required IPC 411 EMERGENCY SHOWERS AND EYEWASH STATIONS 411.1 Approval 411.2 Waste connection 411.3 Water supply IBC 509 Incidental Uses TABLE 509 Incidental Uses ICCPC 2201.3.10 Ventilation</p>	
K323	MEP	Jeff	<p>Anesthetizing Locations Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) are in accordance with 8.7 and NFPA 99. Zone valves are located immediately outside each anesthetizing location for medical gas or vacuum; readily accessible in an emergency; and arranged so shutting off any one anesthetizing location will not affect others. Area alarm panels are provided to monitor all medical gas, medical-surgical vacuum, and piped WAGD systems. Panels are at locations that provide for surveillance indicate medical gas pressure decreases of 20% and vacuum decreases of 12 in. gauge HgV, and provide visual and audible indication. Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve assemblies. The EES critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits, and EES equipment system supplies power to ventilation system. Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturer's instructions for use are considered before reducing humidity levels to those allowed by ASHRAE, per S&C 13-58. 20.3.2.3, 21.3.2.3, NFPA 99 5.1.4.8.7, 5.1.4.8.7.2, 5.1.9.3.4, 6.4.2.2.4.2</p>	IFC 5306.5 Medical gas systems..	IFC 5306.5 Medical gas systems and equipment	The reference to NFPA 99 is adequate for this k-tag, and needs to be maintained.
K324	MEP	Jonathan	<p>Cooking Facilities Commercial cooking equipment shall be installed per NFPA 96 unless used for food warming or limited cooking. 20.3.2.4, 20.3.2.5, 21.3.2.4, 21.3.2.5, 9.2.3</p>	<p>M30-15 (AM) IMC 507.1 General. F178-16 (AS), F179-16 (AS) IFC 904.13 Domestic cooking systems in Group I-2 Condition 1.</p>	<p>IMC 507 COMMERCIAL KITCHEN HOODS 507.1 General. IFC 904.14 Domestic cooking systems IBC 422.7 Domestic cooking</p>	<p>G58-18 AS This IMC section more clearly defines the difference in commercial cooking and ranges, and adequately covers the Hospital requirements for ADL kitchens, and cooking education. The IFC section was added to satisfy nursing home requirements, to allow open cooking serving multiple resident rooms.</p>
K325	Fire	Maggie	<p>Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: • Corridor is at least 6 feet wide • Maximum individual dispenser capacity is 0.32 gal. (0.53 gal. in suites) of fluid and 18 oz. of Level 1 aerosols • Dispensers shall have a minimum of 4-foot horizontal spacing • Not more than an aggregate of 10 gallons of fluid or 135 oz. aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room • Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 • Dispensers are not installed within 1 inch of an ignition source • If floor is carpeted, the building is fully sprinkler protected • ABHR does not exceed 95% alcohol • Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) • ABHR is protected against inappropriate access 20.3.2.6, 21.3.2.6, 8.7.3.1, CFR 416.44</p>	<p>IFC 5705.5 Alcohol-based hand rubs classified as Class I or II liquids. IFC 5705.5.1 Corridor installations.</p>	<p>IFC 5705.5 Alcohol-based hand rubs classified as Class I or II liquids 5705.5.1 Corridor installations IBC 407.4.3 Projections in nursing home corridors 1003.3.3 Horizontal projections</p>	These requirements were found to match up to those in the Fire Code. No changes were needed.
K331	Fire	Maggie	<p>Interior Wall and Ceiling Finish Interior wall and ceiling finishes in exits and exit access corridors shall have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. All other areas may be class C rated material. Indicate flame spread rating(s) walls. 20.3.3, 21.3.3, 38.3.3, 39.3.3, 10.2</p>	<p>IFC 803.3 Interior finish requirements based on occupancy. IFC TABLE 803.3 INTERIOR WALL AND CEILING FINISH REQUIREMENTS BY OCCUPANCY IFC 1031.6 Finishes, furnishings and decorations. IEBC 802.4 Interior finish. IEBC 802.4.1 Supplemental interior finish requirements. IEBC 903.3 Interior finish.</p>	<p>IBC 803 Wall and Ceiling Finishes Table 803.13 INTERIOR WALL AND CEILING FINISH REQUIREMENTS BY OCCUPANCY IFC 803.3 Interior finish requirements based on occupancy Table 803.3 INTERIOR WALL AND CEILING FINISH REQUIREMENTS BY OCCUPANCY 1031.6 Finishes, furnishings and decorations IEBC 802.4 Interior finish</p>	This is also covered in IFC table 803.3. Interior finishes remains a big issue with the I-2, Condition 1 (nursing home) group. More and more facilities are taking a consumer based approach, and need to be more upgraded and more like a home-environment, or higher end hotel.

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					802.4.1 Supplemental interior finish requirements 903.3 Interior finish	
K332	Fire	Maggie	Interior Floor Finish 2012 NEW (Indicate N/A for 2012 EXISTING) Interior floor finish in exit enclosures must meet 10.2 and be Class I or Class II. All other areas must meet 10.2.7.1 or 10.2.7.2. Indicate rating(s) for floors 20.3.3, 21.3.3, 38.3.3, 39.3.3, 10.2	IFC 804.3 New interior floor finish. F125-16 (AS) IFC 804.3.1 Classification. IFC 804.3.3.2 Minimum critical radiant flux.	IBC 804 Interior Floor Finish IFC 804.3 New interior floor finish 804.3.1 Classification 804.3.3.2 Minimum critical radiant flux	Same comment as in K331.
K341	Fire	Andrew/Justin	Fire Alarm - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 20.3.4.2.1, 21.3.4.1, 9.6	G112-15 (AS) IBC [F] 407.8 Fire alarm system. IBC [F] 422.5 Fire alarm systems. F204-16 (AS) IFC 907.4.2.1 Location. IFC 907.6.2 Power supply. IFC 907.6.6 Monitoring. IFC 907.6.6.1 Automatic telephone-dialing devices. IFC 907.6.6.2 Termination of monitoring service. IFC 907.8.5 Inspection, testing and maintenance. IFC 1103.7 Fire alarm systems. IFC 1103.7.2 Group I-1. IFC 1103.7.3 Group I-2. IFC 1103.7.3 Group I-2. IFC 1103.7.3 Group I-2 automatic fire alarm system. IFC K102.4 Automatic fire alarm system. IEBC 803.4.1.3 Group I-2 IEBC 904.2.1 Manual fire alarm systems.	IBC 422.5 Fire alarm systems 914.11.2 Manual fire-alarm systems (ambulatory care) IFC 907.2.2 Group B (Item 3) 907.2.2.1 Ambulatory care facilities. 907.4.2.1 Location 907.4.2.2 Power supply 907.6.6 Monitoring 907.6.6.1 Transmission of alarm signals 907.6.6.2 MIY monitoring 907.8.4 Inspection, testing and maintenance 1103.7 Fire alarm systems IEBC 904.2.1 Manual fire alarm systems	Generally, meets requirement. However, the IFC does not cover a new provision in 9.6.1.8.1 of the 2012 LSC to address areas that are not continuously occupied. It also effects where the notification reaches. This is important in hospitals at mechanical rooms, storage areas, and OR core areas.
K342	Fire	Andrew/Justin	Fire Alarm - Initiation Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit and 200' travel distance is not exceeded. 20.3.4.2, 21.3.4.2, 9.6.2		IFC 907.4 Initiating devices 907.4.2.1 Location	For new, this is now addressed in the IBC, per a change in the 2012 code.
K343	Fire	Andrew/Justin	Fire Alarm – Notification 2012 EXISTING A positive alarm sequence in accordance with 9.6.3.4 is permitted. Occupant notification is provided automatically, without delay, in accordance with 9.6.3. Fire department notification is accomplished automatically per 9.6.4. Smoke detection devices or systems equipped with reconfirmation features shall not be required to automatically notify the fire department, unless the alarm condition is reconfirmed within 120 seconds (2 minutes) 21.3.4.3 through 21.3.4.3.2.2, 9.6.3, 9.6.4		IFC 907.2 Where required -- new buildings and structures 907.2.2.1 Ambulatory care facilities. 907.5 Occupant notification 907.5.2.1 Audible alarms	This also addresses the Silent Mode issue, which we have covered in the 2012 cycle.
K343	Fire	Andrew/Justin	Fire Alarm – Notification 2012 NEW A positive alarm sequence in accordance with 9.6.3.4 is permitted. Occupant notification is provided automatically, without delay, in accordance with 9.6.3. Fire department notification is accomplished automatically per 9.6.4. 20.3.4.3 through 20.3.4.3.2.1, 9.6.3, 9.6.4	G112-15 (AS) IBC [F] 407.9 Automatic fire detection. IFC 907.2.6.2 Group I-2. IFC 907.5.2 Alarm notification appliances. IFC 907.5.2.1 Audible alarms. IFC 907.5.2.2 Emergency voice/alarm communication systems. IFC 907.5.2.2.1 Manual override. IFC 907.5.2.2.2 Live voice messages. IFC 907.5.2.2.3 Alternate uses. IFC 907.5.2.3 Visible alarms. IFC 907.5.2.3.1 Public use areas and common use areas.	IBC 422.5 Fire alarm systems IFC 907.2.2.1 Ambulatory care facilities. 907.5.2 Alarm notification appliances 907.5.2.1 Audible alarms 907.5.2.2 Emergency voice/alarm communication systems 907.5.2.2.1 Manual override 907.5.2.2.2 Live voice messages 907.5.2.2.3 Alternative uses 907.5.2.3 Visible alarms 907.5.2.3.1 Public use areas and common use areas	This requirement is adequately addressed in the IBC, but the expansion of spaces for I-2, Condition 1 (nursing homes) differs slightly from hospitals. Federal requirements particularly allow food prep areas, where nursing home residents can cook, but this is unlikely in a hospital. These requirements were successfully added in the 2012 cycle.
K344	Fire	Andrew/Justin	Fire Alarm – Control Functions The fire alarm automatically activates required control functions and is provided with an alternative power supply in accordance with NFPA 72. 20.3.4.4, 21.3.4.4	IFC 907.5.2.2.5 Emergency power.	IFC 907.5.2.2.5 Standby power	Also look at K51
K345	Fire	Andrew/Justin	Fire Alarm Systems – Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5	IFC 907.6.5 Access.	IFC 907.6.5 Access 904.4.2 Alarm testing 907.8 Inspection, testing and maintenance	This requirement matches well, but the word "periodic" is likely to evolve in the future for I-2.
K346	Fire	Andrew/Justin	Fire Alarm – Out of Service Fire alarms that are out of service for 4-hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the	IFC 901.7 Systems out of service.	IFC 901.8 Systems out of service	Action needs to be taken on this topic. The question of "immediately" in the IFC, and the 4-hour period over 24 hours in the LSC needs to be resolved.

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			shutdown until the fire alarm system has been returned to service. 9.6.1.6			
K351	Fire	Andrew/Justin	Sprinkler System – Installation Sprinkler systems (if installed) are installed per NFPA 13. Where more than 2 sprinklers are installed in a single area for protection, waterflow devices shall be provided to sound the building fire alarm system or to notify a constantly attended location such as a PBX, security office, or emergency room. 20.3.5.1, 20.3.5.2, 21.3.5.1, 21.3.5.2, 9.7.1.2, 9.7, NFPA 13	G412-15 (AS) IBC [F] 407.7 Automatic sprinkler system. IBC [F] 422.4 Automatic sprinkler systems. IFC 903.3 Installation requirements. IFC 903.3.1 Standards. IFC 903.3.1.1 NFPA 13 sprinkler systems. IFC 1103.5 Sprinkler systems. IFC 1103.5.2 Group I-2. IFC 1103.5.3 Group I-2 Condition 2. IFC 1105.8 Group I-2 automatic sprinkler system. IFC F406-(AS) K102.3 Automatic sprinkler system. F406-(AS) IFC K02.3.1 Type IIB, IIB and VB construction .	IBC [F] 422.4 Automatic sprinkler systems. IFC 903.3 Installation requirements. IFC 903.3.1 Standards. IFC 903.3.1.1 NFPA 13 sprinkler systems. 903.2.2 Ambulatory care facilities 903.3.2 Quick response and residential sprinklers SECTION 914 FIRE PROTECTION BASED ON SPECIAL DETAILED REQUIREMENTS OF USE AND OCCUPANCY 914.11 Ambulatory care facilities. 914.11.2 Automatic sprinkler system. IFC 1103.5 Sprinkler systems. IFC K102.3 Automatic sprinkler system. K102.3.1 Type IIB, IIB and VB construction .	Action needs to be taken on this topic. Monitoring of this requirement is crucial to track in future code cycles. This is a key new federal requirement, and must remain aligned in the codes to be effective.
K353	Fire	Andrew/Justin	Sprinkler System – Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	IFC 903.5 Testing and maintenance. IFC 901.4 Installation.	IFC 903.5 Testing and maintenance 901.4 Fire protection and Life safety systems	This provision is adequately aligned.
K354	Fire	Andrew/Justin	Sprinkler System – Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service. 9.7.5, 15.5.2 (NFPA 25)	IFC 901.7 Systems out of service.	IFC 901.7 Systems out of service.	Action needs to be taken on this topic. Current federal standards allow for the system to be out for 10 hours (or one shift) before formal notification. Work needs to be done to align.
K355	Fire	Andrew/Justin	Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 20.3.5.3, 21.3.5.3, 9.7.4.1, NFPA 10	F176-16 (AS) IFC 906.1 Where required. IFC 906.2 General requirements. IFC 906.2.1 Certification of service personnel for portable fire extinguishers.	IFC 906.1 Where required 906.2 General requirements 906.2.1 Certification of service personnel for portable fire extinguishers	Placement of fire extinguishers is well aligned, particularly with the reference to NFPA 10. However, as noted in exception 3 of 906.1, there will potentially be emerging exceptions coming as a result of trade-offs with other conditions (one could consider this exception a trade-off for food prep in open corridors in I-2, Condition 1. These aspects need to be monitored.
K362	Fire	Jeff/Jim	Corridors – Construction of Corridor Walls 2012 NEW (Indicate N/A for 2013 EXISTING) Where access to exits is provided by corridors, such corridors shall be separated from use areas by a minimum 1-hour fire barrier constructed per section 8.3, unless one of the following exists: 1. Where exits are available from an open floor area 2. Where the entire space is a single tenant 3. Where the building is protected throughout by an approved automatic sprinkler system installed per 9.7.1.1(1) If the walls have a fire resistance rating, give the rating 20.3.6.1, 38.3.6.1, 38.3.6.2	IBC SECTION 407 GROUP I-2 IBC 407.1 General. IBC 407.2 Corridors continuity and separation. G104-18 (AS) IBC 407.2.1 Waiting and similar areas. IBC 407.2.2 Care providers' stations. IBC 407.2.3 Psychiatric treatment areas. IBC 407.2.4 Gift shops. IBC 407.2.5 Nursing home housing units. G105-15 (AS) IBC 407.2.6 Nursing home cooking facilities. IBC 407.3 Corridor wall construction. IBC 1020 Corridors IFC 1104.17 Corridor construction. IFC 1105.4 Corridor construction. IFC 1105.4.1 Materials. IFC 1105.4.2 Fire resistance rating. F252-16 (AM) IFC 1105.4.3 Corridor wall continuity.	IFC 1104.17 Corridor construction IBC 708.1 General (Item 6) 708.4.1 Supporting construction	Action needs to be taken on this topic. This is one of the larger issues dealing with corridors, and maintaining effective operations. We need to build the case to align the concept that the lay-in acoustic tile ceiling is effective for smoke control. The fire code has this in the retroactive requirements. Work is needed to bring it into the IBC.
K364	Fire	Jeff/Jim	Corridor – Openings 2012 NEW (Indicate N/A for 2012 EXISTING) Corridor – Openings Transfer grilles are not used in corridor walls or doors. Auxiliary spaces that do not contain flammable or combustible materials are permitted to have louvers	F574-16 (AS) IBC 407.3.1 Corridor doors. IEBC 804.5.2 Transoms. IFC 1105.4.4 Openings in corridor walls.	IEBC 804.6.2 Transoms	See above regarding Chapter 11 requirements.

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			or be undercut. In other than smoke compartments containing patient sleeping rooms, miscellaneous openings are permitted in vision panels or doors, provided the openings per room do not exceed 20 in² and are at or below half the distance from floor to ceiling. In sprinklered rooms, the openings per room do not exceed 80 in². Vision panels in corridor walls or doors shall be fixed window assemblies in approved frames. (In fully sprinklered smoke compartments, there are no restrictions in the area and fire resistance of glass and frames.) 18.3.6.5.1, 19.3.6.5.2, 8.3	IFC 1105.4.4.1 Windows. IFC 1105.4.4.2 Doors. IFC 1105.4.4.2.1 Louvers. IFC 1105.4.4.2.2 Corridor doors. IFC 1105.4.4.2.3 Dutch doors. IFC 1105.4.4.2.4 Self- or automatic-closing doors. IFC 1105.4.4.3 Openings in corridor walls and doors. IFC 1105.4.5 Penetrations. IFC 1105.4.6 Joints. IFC 1105.4.7 Ducts and air transfer openings.		
K371	Fire	Wayne/Ed	Subdivision of Building Spaces - Smoke Compartments Smoke compartments do not exceed 25,000 square feet in size. Every story shall be divided into not less than 2 smoke compartments unless one of the following conditions occur: - Facility is less than 5,000 square feet protected by an approved smoke detection system - Facility is less than 10,000 square feet protected by an approved, supervised sprinkler system per 9.7 - Adjoining occupancy is used as a smoke compartment if all of the following are met: a. Separating wall is 1-hour fire resistive rated b. Doors in the 1 hour rated wall at 1 3/4" thick c. Doors in the 1 hour rated wall are self-closing d. Windows in the 1 hour rated wall are fixed fire window assemblies per 8.3 e. The ambulatory health care facility is less than 22,500 square feet f. Access from the ambulatory health care facility is unrestricted to another occupancy 20.3.7.2, 21.3.7.2	G107-15 (AS) IBC 407.5 Smoke barriers. G107-15 (AS) (G109-15 AMPC1) IBC 407.5.1 Smoke compartment size. G107-15 (AS) IBC 407.5.2 Exit access travel distance. G107-15 (AS) IBC 407.5.3 Refuge area. G107-15 (AS) G111-15 (AS) IBC 407.5.4 Independent egress.	IFC K102.2 Smoke compartments. IBC 914.11.3 Fire alarm systems. (ambulatory care) Section 1026 Horizontal exits 1026.4 Refuge areas 1026.4.1 Capacity 1026.4.2 Number of exit IMC 513.5 Smoke barrier construction. [F] 513.5.1 Total leakage area. [F] 513.5.2 Testing of leakage area. [F] 513.5.3 Opening protection. [F] 513.5.3.1 Group I-1 Condition 2; Group I-2 and ambulatory care facilities. [F] 513.5.3.2 Ducts and air transfer openings.	Action needs to be taken on this topic. This is a critical piece of the future construction in healthcare. Strides are being made to align federal requirements to this. Next steps will include: Taking into account any provisions passed with the LSC Working with the occupant load for I-2. Due to space requirements and equipment, we need to increase the square footage per occupant to match contemporary standards. This will take a lot of collaboration and interface with fire and building officials to make sure we get things right.
		Wayne/Ed		IFC 1105.6.2 Smoke barriers. F254-16 (AS) IFC 1105.6.3 Opening protectives. IFC 1105.6.4 Penetrations. IFC 1105.6.5 Joints. IFC 1105.6.6 Duct and air transfer openings. IEBC 802.3 Smoke compartments. IEBC 804.10.1.1 Group I-2. IEBC 503.16.2 Ambulatory care (refuge areas)	IBC SECTION 422 AMBULATORY CARE FACILITIES IBC 422.1 General. IBC 422.2 Separation. IBC 422.3 Smoke compartments. IBC 422.3.1 Means of egress. IBC 422.3.2 Refuge area. IBC 422.3.3 Independent egress.	
		Wayne/Ed		IFC K102.2 Smoke compartments. IFC K102.2.1 Refuge area. F405-16(AS) IFC K102.2.2 Smoke barriers. F405-16(AS) IFC K102.2.3 Opening protectives. F405-16(AS) IFC K102.2.4 Penetrations. F405-16(AS) IFC K102.2.5 Joints. F405-16(AS) IFC K102.2.6 Duct and air transfer openings. 2015 IEBC 805.10.1.3 Ambulatory care.	IFC K102.2 Smoke compartments. IFC K102.2.1 Refuge area. IFC K102.2.2 Smoke barriers. IFC K102.2.3 Opening protectives. IFC K102.2.4 Penetrations. IFC K102.2.5 Joints. IFC K102.2.6 Duct and air transfer openings. IEBC 805.10.1.3 Ambulatory care.	
K372	Fire	Wayne/Ed	Subdivision of Building Spaces – Smoke Barrier Construction 2012 NEW Smoke barriers shall be constructed to provide at least a 1-hour fire resistance rating and constructed in accordance with 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations of fully ducted HVAC systems 20.3.7.5, 20.3.7.6, 8.5	G107-15 (AS) IBC 407.5.5 Horizontal assemblies. IBC SECTION 709 SMOKE BARRIERS IBC 709.1 General. IBC 709.2 Materials. IBC 709.3 Fire-resistance rating. IBC 709.4 Continuity. IBC 709.4.1 Smoke-barrier walls separating smoke compartments. IBC 709.4.2 Smoke-barrier walls enclosing areas of refuge or elevator lobbies. IBC 709.8 Ducts and air transfer openings. IBC 717.5.5 Smoke barriers. IFC 909.5.3.2 Ducts and air transfer openings.	IBC 422.3 Smoke compartments.	Action needs to be taken on this topic. Smoke dampers in smoke barriers remains a controversial issue, although not required in federal standards since the early 1990s. great strides have been made between the interested industry groups to focus these requirements on the science, so it is critical the healthcare industry stay at the table to engage on this issue.
K374	Fire	Wayne/Ed	Subdivision of Building Spaces – Smoke Barrier Doors 2012 EXISTING Smoke barrier doors shall be a minimum of 1 3/4" thick, solid-bonded wood core or equivalent with self-closing or automatic-closing devices in accordance with 21.2.2.4. Latching hardware is not required. Doors are not required to swing in the direction of egress travel 21.3.7.9, 21.3.7.10	F254-16 (AS) IFC 1105.6.3 Opening protectives.	IBC 407.7 Automatic sprinkler system 709.5 Openings 709.5.1 Group I-2 and ambulatory care facilities IFC 909.5.3 Opening protection 909.5.3.1 Group I-1, Condition 2; Group I-2; and ambulatory care facilities IMC 513.5.3 Opening protection	

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					513.5.3.1 Group I-1 Condition 2; Group I-2 and ambulatory care facilities	
K374	Fire	Wayne/Ed	Subdivision of Building Spaces – Smoke Barrier Doors 2012 NEW Smoke barrier doors shall be a minimum of 1 3/4" thick, solid-bonded wood core or equivalent with self-closing or automatic-closing devices in accordance with 21.2.2.4. Latching hardware is not required. Doors are required to swing in the direction of egress travel. Rabbits, bevels, or astragals are at meeting edges, and stops are at the head and sides of door frames. Center mullions are prohibited in smoke barrier door openings 20.3.7.9, 20.3.7.10, 20.3.7.13, 20.3.7.14	G112-15 (AS) IBC 407.6 Automatic closing doors. IFC 909.5.3 Opening protection. F217-16 PART I (AS) IFC 909.5.3.1 Group I-1 Condition 2, Group I-2 and ambulatory care facilities.	IBC 407.7 Automatic sprinkler system 709.5 Openings 709.5.1 Group I-2 and ambulatory care facilities IFC 909.5.3 Opening protection 909.5.3.1 Group I-1, Condition 2; Group I-2; and ambulatory care facilities IMC 513.5.3 Opening protection 513.5.3.1 Group I-1 Condition 2; Group I-2 and ambulatory care facilities	Action needs to be taken on this topic. Door issues become very complicated in the hospital setting, and are key to proper operations. Although there is alignment on these now, they continually evolve and need maintenance in the future.
K379	General		Smoke Barrier Door Glazing 2012 NEW (Indicate N/A for 2012 EXISTING) Cross-corridor swinging doors or cross corridor horizontal-sliding doors, contain a vision panel consisting of fire-rated glazing in approved frames in each door. Vision panels in any other door in the smoke barrier, if provided, shall be fire-rated glazing in approved frames. 20.3.7.11, 20.3.7.12, 21.3.7.7, 8.3	IBC 716.2.5.3 Glazing in door assemblies in corridors and smoke barriers. FS82-15 (AS) IBC 716.2.5.4 Fire door frames with transom lights and sidelights.	IBC 716.2.5.3 Glazing in door assemblies air corridors and smoke barriers 716.5.7 Smoke partitions	Action needs to be taken on this topic. The requirement was IF glass was in the door. Now, windows are required, so action is needed.
K400	General		Special Provisions – Other List in the REMARKS section any LSC Section 20.4 and 21.4 Special Provisions requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.			
K421	General		High-Rise Buildings 2012 EXISTING High-rise buildings are protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.1.1(1), or an engineered life safety system complying with 39.4.2.1(2). 21.4, 39.4.2	IBC 803.2 Automatic sprinkler systems. IBC 803.2.1 High-rise buildings. IBC 803.2.1.1 Supplemental automatic sprinkler system requirements. IBC 803.2.2 Groups A, B, E, F-1, H, I, M, R-1, R-2, R-4, S-1 and S-2. IBC 803.2.2.1 Mixed uses. F406-(AS) IFC K102.3.2 High rise buildings	IBC 403.3 Automatic sprinkler system IFC K102.3.2 High-rise buildings. (ambulatory care)	Action needs to be taken on this topic. Although adequately addressed, this item needs to be tracked in terms of implementation based on CMS adoption of the 2012 LSC. It will inform future code changes.
K421	General		High-Rise Buildings 2012 NEW High-rise buildings comply with section 11.8. 20.4, 38.4.2	IBC SECTION 403 HIGH-RISE BUILDINGS	IBC SECTION 403 HIGH-RISE BUILDINGS	Most hospitals in urban areas are high-rises. All of these requirements must be monitored to ensure the concept of defend-in-place for patients is adequately recognized.
K500	General		Building Services – Other List in the REMARKS section any LSC Section 20.5 and 21.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.		IBC Table 2902.1 Minimum number of required plumbing fixtures IPC Table 403.1 Minimum number of required plumbing fixtures Section 609 Healthcare plumbing IEBC 808.1 Healthcare facilities	
K511	MEP	TP	Utilities – Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 20.5.1, 21.5.1, 21.5.1.2, 9.1.1, 9.1.2	IBC 2701.1 Scope. IEBC 302.3 Additional codes. IFGC CHAPTER 4 GAS PIPING INSTALLATION	IBC Chapter 27 Electrical 2701.1 Scope IEBC 302.3 Existing materials IFGC CHAPTER 4 GAS PIPING INSTALLATIONS	Action needs to be taken on this topic. The k-tag is largely a pointer to the relevant NFPA chapters. Work is needed to align the pointers. Gas: NFPA 54 Electrical: NFPA 70, National Electric Code (OK) Emergency Generators and Standby power: NFPA 110 Stored Electrical: NFPA 111
K521	MEP	GH/JF	HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 20.5.2.1, 21.5.2.1, 9.2	IFC SECTION 603 FUEL-FIRED APPLIANCES F70-16 (AM) IFC 603.1 Installation. IFC 603.1.1 Manufacturer's instructions.	IFC 605 Fuel-Fired Appliances and Systems 605.1 Installation of nonportable fuel fire appliances 605.1.1 Installation of nonportable fuel fire appliances 605.5 Portable unvented heaters 605.5.1 Prohibited locations 605.5.2 Portable outdoor gas fired heating appliances IBC	Action needs to be taken on this topic. The k-tag is largely a pointer to the relevant NFPA chapters. Work is needed to align the pointers. HVAC ductwork and related equipment: NFPA 90A or 90B Ventilating or Heat-Producing equipment: NFPA 211 chimneys, fireplaces, vents and solid fuel burning appliances

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					1202.1 General (Ventilation) IMC 401.2 Ventilation required 407 AMBULATORY CARE FACILITIES AND GROUP I-2 OCCUPANCIES	NFPA 31 Oil Buring Equipment NFPA 54 Fuel gas Code NFPA 70 – NEC NFPA 96: Commercial Cooking Also, this K-tag is where NFPA 45 is referenced for laboratories using chemicals. Lots of work to be done with the multidisciplinary teams with code changes in the 2018 Cycle. Having the Ad-Hoc for Healthcare Committee is key participation
K522	MEP	GH/JF	HVAC – Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety features to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: • is chimney or vent connected • takes air for combustion from outside • combustion system separate from occupied area atmosphere 20.5.2.2, 20.5.2.2.1, 21.5.2.2, 21.5.2.2.1	IMC CHAPTER 9 SPECIFIC APPLIANCES, FIREPLACES AND SOLID FUEL-BURNING EQUIPMENT		No comment, all cross referenced with NFPA applicable documents.
K523	MEP	GH/JF	HVAC – Suspended Unit Heaters Suspended unit heaters are permitted provided the following are met: • Not located in means of egress or in patient rooms • Located high enough to be out of reach of people in the area • Has the safety features to stop fuel and shut down equipment if there is excessive temperature or ignition failure 20.5.2.2.2, 21.5.2.2.2	IMC SECTION 920 UNIT HEATERS IMC 920.1 General. IMC 920.2 Support. IMC 920.3 Ductwork.	IMC SECTION 920 UNIT HEATERS 920.1 General 920.2 Support 920.3 Ductwork 920.4 Prohibited uses.	Language needed either in IBC s. 422 or IMC specific to patient care areas.
K531	General		Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter’s Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter’s Service Requirements of ASME/ANSI A17.3. (Includes firefighter’s service Phase I key recall and smoke detector automatic recall, firefighter’s service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 21.5.3, 9.4.2, 9.4.3	G194-15 (AM) G195-15 (AM) IBC 3001.3 Referenced standards. G194-15 (AM) IBC TABLE 3001.3 ELEVATORS AND CONVEYING SYSTEMS AND COMPONENTS <i>IEBC 902.1.2 Elevators.</i> IFC SECTION 606 ELEVATOR OPERATION, MAINTENANCE AND FIRE SERVICE KEYS IFC 606.1 Emergency operation. IFC 606.2 Standby power. IFC 606.2.1 Manual transfer. IFC 606.2.2 One elevator. IFC 606.2.3 Two or more elevators. F235-16 (AS) IFC 1103.3 Existing elevators. F236-16 (AS) IFC 1103.3.1 F217-16 PART I (AS) IFC 1103.3.2 Elevator emergency operation. IFC K104.3.2 Elevator emergency operation.	IBC 3001.3 Referenced standards TABLE 3001.3 Elevators and conveying systems and components IEBC 902.1.2 Elevators IFC 604.2 Emergency operation 604.3 Standby power 604.3.1 Manual transfer 604.3.2 One elevator 604.3.3 Two or more elevators 1103.3 Existing elevators 1103.3.1 Elevators, escalators and moving walks 1103.3.2 Elevator emergency operation	Language aligned with ASME A17.3
K531	General		Elevators 2012 NEW Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter’s Service is operated monthly with a written record. New elevators conform to ASME/ANSI A17.1, Safety Code for Elevators and Escalators, including Firefighter’s Service Requirements. (Includes firefighter’s Phase I key recall and smoke detector automatic recall, firefighter’s service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 20.5.3, 9.4.2, 9.4.3	G194-15 (AM) G195-15 (AM) IBC 3001.3 Referenced standards. G194-15 (AM) IBC TABLE 3001.3 ELEVATORS AND CONVEYING SYSTEMS AND COMPONENTS IFC SECTION 606 ELEVATOR OPERATION, MAINTENANCE AND FIRE SERVICE KEYS IFC K104.3 Existing elevators.	IBC 3001.3 Referenced Standards TABLE 3001.3 Elevators and conveying systems and components IEBC 902.1.2 Elevators IFC 604.2 Emergency operation 604.3 Standby power 604.3.1 Manual transfer 604.3.2 One elevator 604.3.3 Two or more elevators 1103.3 Existing elevators 1103.3.1 Elevators, escalators and moving walks 1103.3.2 Elevator emergency operation	Take a look at the reason behind the proposed change which will not align with NFPA 101 specific to ASME A17.1/CSA B44.
K532	General		Escalators, Dumbwaiters, and Moving Walks Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (Includes escalator emergency stop buttons and automatic skirt obstruction stop. For power dumbwaiters, includes hoistway door locking to keep doors closed except for floor where car is being loaded or unloaded.) 20.5.3, 21.5.3, 9.4	IBC SECTION 3004 CONVEYING SYSTEMS IBC 3004.1 General. IFC K104.3.1 Elevators, escalators, dumbwaiters and moving walks. IFC K104.3.2 Elevator emergency operation.	IFC 1103.3 Existing elevators 1103.3.1 Elevators, escalators and moving walks IBC SECTION 3004 CONVEYING SYSTEMS IBC 3004.1 General. IFC K104.3.1 Elevators, escalators, dumbwaiters and moving walks.	IBC references standards in s. 3001.2 which may be redundant with ASME/ANSI A17.3...

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					IFC K104.3.2 Elevator emergency operation.	
K541	General		Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING Rubbish chutes are installed per section 9.5 - Walls, partitions, and inlet openings meet the requirements of 8.3 - Doors of chutes open to a room designed exclusively for accessing the chute opening - Room used for accessing the chute opening(s) are separated from other spaces per 8.7 - Chutes shall be permitted to open into rooms not exceeding 400 cubic feet in size if the room is sprinkler protected and the room is not used for storage. OR Existing installations having properly enclosed and maintained chute openings shall be permitted to have inlets open to a corridor or normally occupied space 21.5.4, 9.5, NFPA 82	IEBC 904.1.2 Rubbish and linen chutes. IFC 1103.4.9 Waste and linen chutes. IFC 1103.4.9.1 Enclosure. IFC 1103.4.9.2 Chute intakes. IFC 1103.4.9.2.1 Chute intake direct from corridor. IFC 1103.4.9.2.2 Chute intake via a chute-intake room. IFC 1103.4.9.3 Automatic sprinkler system. IFC 1103.4.9.4 Chute discharge rooms. IFC 1103.4.9.5 Chute discharge protection. IFC 1103.4.10 Flue-fed incinerators. F407-16 (AS) IFC K102.5 Waste and linen chutes IFC K102.5.1 Enclosures. IFC K102.5.2 Chute intakes. IFC K102.5.2.1 Chute intake direct from corridor. IFC K102.5.2.2 Chute intake via a chute-intake room. IFC K102.5.3 Automatic sprinkler system. IFC K102.5.4 Chute discharge rooms. IFC K102.5.5 Chute discharge protection.	IFBC 904.1.2 Rubbish and linen chutes. IFC 1103.4.9 Waste and linen chutes. IFC 1103.4.9.1 Enclosure. IFC 1103.4.9.2 Chute intakes. IFC 1103.4.9.2.1 Chute intake direct from corridor. IFC 1103.4.9.2.2 Chute intake via a chute-intake room. IFC 1103.4.9.3 Automatic sprinkler system. IFC 1103.4.9.4 Chute discharge rooms. IFC 1103.4.9.5 Chute discharge protection. IFC 1103.4.10 Flue-fed incinerators. F407-16 (AS) IFC K102.5 Waste and linen chutes IFC K102.5.1 Enclosures. IFC K102.5.2 Chute intakes. IFC K102.5.2.1 Chute intake direct from corridor. IFC K102.5.2.2 Chute intake via a chute-intake room. IFC K102.5.3 Automatic sprinkler system. IFC K102.5.4 Chute discharge rooms. IFC K102.5.5 Chute discharge protection.	More alignment required specific to "fire barrier" construction and opening protection as well as fire protection sprinkler and separation criteria.
K541	General		Rubbish Chutes, Incinerators, and Laundry Chutes 2012 NEW Rubbish chutes are installed per section 9.5 - Walls, partitions, and inlet openings meet the requirements of 8.3 - Doors of chutes open to a room designed exclusively for accessing the chute opening - Room used for accessing the chute opening(s) are separated from other spaces per 8.7 - Chutes shall be permitted to open into rooms not exceeding 400 cubic feet in size if the room is sprinkler protected and the room is not used for storage. - Maintenance and installation are per NFPA 82 20.5.4, 9.5, NFPA 82	FS50-15 (AS) FS51-15 (AS) IBC 713.13 Waste and linen chutes and incinerator rooms. FS52-15 (AS) IBC 713.13.1 Waste and linen. IBC 713.13.2 Materials. IBC 713.13.3 Chute access rooms. IBC 713.13.4 Chute discharge room. IBC 713.13.5 Incinerator room. IBC 713.13.6 Automatic sprinkler system. IFC 903.2.11.2 Rubbish and linen chutes.	FS50-15 (AS) FS51-15 (AS) IBC 713.13 Waste and linen chutes and incinerator rooms. IBC 713.13.1 Waste and linen. IBC 713.13.2 Materials. IBC 713.13.3 Chute access rooms. IBC 713.13.4 Chute discharge room. IBC 713.13.5 Incinerator room. IBC 713.13.6 Automatic sprinkler system. IFC 903.2.11.2 Rubbish and linen chutes.	More alignment required specific to "fire barrier" construction and opening protection as well as fire protection sprinkler and separation criteria.
K700	General		Operating Features – Other List in the REMARKS section any LSC Section 20.7 and 21.7 Operating Features requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included in Form CMS-2567.			
K711	Fire	Nanci/Mar k	Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 20/21.7.2.1.2 and provides for all of the fire safety plan components per 20/21.7.2.2. 20.7.1.1 through 20.7.1.3, 20.7.1.8 through 20.7.2.3.3 21.7.1.1 through 20.7.1.3, 21.7.1.8 through 20.7.2.3.3	(G22-15 AMPC1coordination) IBC [F] 1002.2 Fire safety and evacuation plans. IFC 403.8 Group I occupancies. IFC 403.8.1 Group I-1 occupancies. IFC 403.8.1.1 Fire safety and evacuation plan. IFC 403.8.1.1.1 Fire evacuation plan. IFC 403.8.1.1.2 Fire safety plans. IFC 403.8.1.2 Employee training. IFC 403.8.1.3 Resident training. IFC 403.8.1.4 Drill frequency. IFC 403.8.1.5 Drill times. IFC 403.8.1.6 Resident participation in drills. IFC 403.8.1.7 Emergency evacuation drill deferral. IFC 403.8.2 Group I-2 occupancies. IFC 403.8.2.1 Fire evacuation plans. IFC 403.8.2.2 Fire safety plans. IFC 403.8.2.3 Emergency evacuation drills.	IFC 1002.2 Fire safety and evacuation plans IFC 403.3 Group B Occupancies 403.3.1 Ambulatory care facilities 403.3.1.1 Fire safety and evacuation plan 403.3.1.1 Fire safety plan 403.3.1.2 Staff training 405.1 General (Emergency evacuation drills)	IBC – IFC currently only addresses the "I" institutional focus and not the ambulatory care facility focus...this should be reviewed.
K712	Fire	Nanci/Mar k	Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 20.7.1.4 through 20.7.14.7	IFC 403.8.2.3 Emergency evacuation drills. IFC 405.3 Leadership. IFC 405.4 Time. IFC 406.1 General.	IFC 405.1 General (Emergency evacuation drills) 405.2 Occupant participation 405.3 Frequency TABLE 405.3 Fire and Evacuation Drill Frequency and Participation 405.9 Accountability (exception) 406.1 General	Fire drill alignment is necessary regarding review and revision suggestions.
K741	Fire	Nanci/Mar k	Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in	IFC SECTION 310 SMOKING IFC 310.1 General. IFC 310.2 Prohibited areas. IFC 310.3 "No Smoking" signs. IFC 310.4 Removal of signs prohibited.	IFC 310.1 General 310.2 Prohibited area 310.3 "No Smoking" signs 310.4 Removal of signs prohibited	Health care occupancy provisions are lacking and should be provided.

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			any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted 20.7.4, 21.7.4	IFC 310.5 Compliance with "No Smoking" signs. IFC 310.6 Ash trays. IFC 310.7 Burning objects. IFC 310.8 Hazardous environmental conditions.	310.5 Compliance with "No Smoking" signs 310.7 Burning objects 310.8 Hazardous environmental conditions	
K751	Fire	Maggie	Draperies, Curtains, and Loosely Hanging Fabrics Draperies, curtains including cubicle curtains and loosely hanging fabric or films shall be in accordance with 10.3.1. Excluding curtains and draperies: at showers and baths; on windows in patient sleeping room located in sprinklered compartments; and in non-patient sleeping rooms in sprinklered compartments where individual drapery or curtain panels do not exceed 48 square feet or total area does not exceed 20% of the wall. 20.7.5.1 through 20.7.5.3, 21.7.5.1 through 21.7.5.3	F130-16 (AS) IFC 807.6 Occupancy-based requirements. F130-16 (AS) IFC 807.6.3 Groups I-1 and I-2. F130-16 (AS) IFC 807.6.3.1 Group I-1 and I-2 Condition 1 within units. F130-16 (AS) IFC 807.6.3.2 In Group I-1 and I-2 Condition 1 for areas other than within units. F130-16 (AS) IFC 807.6.3.3 In Group I-2 Condition 2. F130-16 (AS) IFC 807.6.3.4 Other areas in Groups I-1 and I-2.	IFC 807.2 Combustible decorative materials 807.3 Acceptance criteria and reports 807.4 Artificial decorative vegetation	Revisions required specific to the inclusion of the "B" occupancy ambulatory care facility.
K752	Fire		Upholstered Furniture and Mattresses Newly introduced upholstered furniture meets Class I or char length, and heat release criteria in accordance with 10.3.2.1 and 10.3.3, unless the building is fully sprinklered. Newly introduced mattresses shall meet char length and heat release criteria in accordance with 10.3.2.2 and 10.3.4, unless the building is fully sprinklered. Upholstered furniture and mattresses belonging to nursing home residents do not have to meet these requirements as all nursing homes are required to be fully sprinklered. Newly introduced upholstered furniture and mattresses means purchased on or after the LSC final rule effective date. 20.7.5.2, 20.7.5.3, 21.7.5.2, 21.7.5.3	F127-16 (AM) IFC 805.2 Group I-2 and Group B ambulatory care facilities. IFC 805.2.1 Upholstered furniture. F127-16 (AM) IFC 805.2.1.1 Ignition by cigarettes. F126-16 (AS) IFC 805.2.1.2 Heat release rate. IFC 805.2.1.3 Identification. IFC 805.2.2 Mattresses. IFC 805.2.2.1 Ignition by cigarettes. F126-16 (AS) IFC 805.2.2.2 Heat release rate. IFC 805.2.2.3 Identification. IEBC 904.1.3 Upholstered furniture or mattresses.	IFC 805.2 Group I-2 and Group B ambulatory care facilities 805.2.1 Upholstered furniture 805.2.1.1 Ignition by cigarettes 805.2.1.2 Heat release rate 805.2.1.3 Identification 805.2.2 Mattresses 805.2.2.1 Ignition by cigarettes 805.2.2.2 Heat release rate 805.2.2.3 Identification	Code references aligned. Revisions includes Group B ambulatory care facilities.
K753	Fire	Maggie	Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: • Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. • Decorations meet NFPA 701 • Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. • Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6 or 19.7.5.6. • The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present. 20.7.5.4, 21.7.5.4	IFC SECTION 807 DECORATIVE MATERIALS OTHER THAN NATURAL DECORATIVE VEGETATION IN NEW AND EXISTING BUILDINGS F130-16 (AS) IFC 807.1 General. IFC 807.2 Limitations. F130-16 (AS) IFC 807.6.3 Groups I-1 and I-2. F130-16 (AS) IFC 807.6.3.1 Group I-1 and I-2 Condition 1 within units. F130-16 (AS) IFC 807.6.3.2 In Group I-1 and I-2 Condition 1 for areas other than within units. F130-16 (AS) IFC 807.6.3.3 In Group I-2 Condition 2. F130-16 (AS) IFC 807.6.3.4 Other areas in Groups I-1 and I-2.	IFC 806.1 Natural cut trees 806.1.1 Restricted occupancies. 807.1 General 807.2 Combustible decorative materials 807.5.3 Groups I-1 and I-2 807.5.3.1 Group I-2 and I-2 Condition 1 within units. 807.5.3.2 In Group I-1 and I-2, Condition 1 for areas other than within units 807.5.3.3 In Group I-2, Condition 2 807.5.3.4 Other areas in Groups I-1 and I-2	No reference to Group B Ambulatory Care...
K754	Fire	Maggie	Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. 20.7.5.5, 21.7.5.5	IFC SECTION 808 FURNISHINGS OTHER THAN UPHOLSTERED FURNITURE AND MATTRESSES OR DECORATIVE MATERIALS IN NEW AND EXISTING BUILDINGS F137-16 (AM) IFC 808.1 Wastebaskets and linen containers in Group I-1, I-2 and I-3 occupancies and Group B ambulatory care facilities. F138-16 (AM) IFC 808.1 Wastebaskets and linen containers in Group I-1, I-2 and I-3 occupancies. IFC 808.1.1 Capacity density. IFC 808.1.2 Recycling clean waste containers.	IFC SECTION 808 FURNISHINGS OTHER THAN UPHOLSTERED FURNITURE AND MATTRESSES OR DECORATIVE MATERIALS IN NEW AND EXISTING BUILDINGS IFC 808.1 Wastebaskets and linen containers in Group I-1, I-2 and I-3 occupancies and Group B ambulatory care facilities. IFC 808.1 Wastebaskets and linen containers in Group I-1, I-2 and I-3 occupancies. IFC 808.1.1 Capacity density. IFC 808.1.2 Recycling clean waste containers.	Aligned including reference to ambulatory care...
K771	MEP	TP	Engineered Smoke Control Systems When installed, engineered smoke control systems are tested in accordance with established engineering principles. Test documentation is maintained on the premises 20.7.7.1 through 20.7.7.3, 21.7.7.1 through 21.7.7.3	IFC SECTION 909 SMOKE CONTROL SYSTEMS	IFC 909 Smoke Control Systems 909.5.3 Opening protection. IMC 513 Smoke Control Systems	IBC and IFC greater detail where NFPA only references established engineer standard.
K781	MEP	Pier	Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies. Except, when used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees	F73-16 (AMPC1) IFC 605.40 604.10 Portable, electric space heaters. IFC 605.10.1 Listed and labeled. IFC 605.10.2 Power supply.	IFC 603.9 Portable, electric space heaters 603.9.1 Listed and labeled 603.9.2 Power supply	Aligned.

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			Celsius) 20.7.8, 21.7.8	IFC 605.10.3 Extension cords. IFC 605.10.4 Prohibited areas. F73-16 (AMPC1) IFC 604.10.5 Group I-2 occupancies and ambulatory care facilities.	603.9.3 Extension cords 603.9.4 Prohibited areas 603.9.5 Group I-2 occupancies and ambulatory care facilities	
K791	Fire	Jeff/Jim	Construction, Repair, and Improvement Operations Construction, repair, and improvement operations shall comply with 4.6.10. Any means of egress in any area undergoing construction, repair, or improvements shall be inspected daily to ensure its ability to be used instantly in case of emergency and compliance with NFPA 241 20.7.9.1, 20.7.9.2, 21.7.9.1, 21.7.9.2	IBC CHAPTER 33 SAFEGUARDS DURING CONSTRUCTION	IBC CHAPTER 33 Safeguards During Construction	Review IBC ch 33 in accordance with NFPA 241
K900	General		Health Care Facilities Code - Other List in the REMARKS section, any NFPA 99 requirements (excluding Chapter 7, 8, 12, and 13) that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Health Care Facilities Code or NFPA standard citation, should be included on Form CMS-2567.			
K901	MEP	TP	Fundamentals – Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)	IFC 1105.10 Essential electrical systems. F255-16 (AS) IFC 1105.10.1 Where required. IFC 1105.10.2 Installation and duration. G112-15 (AS) IBC 407.11 Electrical systems. G125-15 (AS) IBC 422.6 Electrical systems. IBC [F] 2702.1.7 Group I-2 occupancies. G125-15 (AS) IBC [F] 2702.2.1 Ambulatory care facilities. IBC [F] 2702.2.7 Group I-2 occupancies.	IFC 5306 Medical Gases IBC 422.6 Electrical systems 2702.1.8 Group I-2 occupancies 2702.2 Where required 2702.2.8 Group I-2 occupancies IPC 1202 Medical Gases IEBC 302.2.1 Additional codes in healthcare 501.3 Healthcare facilities 1007.1 Special occupancies	Straight forward reference to NFPA 99 through IBC s. 422 may be acceptable as stated... Some editorial in the proposed language change but nothing at our level to worry about.
K902	MEP	TP	Gas and Vacuum Piped Systems – Other List in the REMARKS section, any NFPA 99 Chapter 5 Gas and Vacuum Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 5 (NFPA 99)		IFC 5306.5 Medical gas systems and equipment	
K903	MEP	TP	Gas and Vacuum Piped Systems – Categories Medical gas, medical air, surgical vacuum, WAGD, and air supply systems in which failure is likely to cause major injury or death are designated Category 1. Systems in which failure is likely to cause minor injury to patients are designated Category 2. Systems in which failure is not likely to cause injury, but can cause discomfort is designated Category 3. Deep sedation and general anesthesia are not administered when using a Category 3 medical gas system. 5.1.1.1, 5.2.1, 5.3.1.1, 5.3.1.5 (NFPA 99)	IPC [A] 101.2 Scope. IPC 202 Definitions MEDICAL GAS SYSTEM. IPC SECTION 1202 MEDICAL GASES IPC [F] 1202.1 Nonflammable medical gases. IEBC 1010.5 Group I-2.	IPC 101.2 Scope 202 Definitions MEDICAL GAS SYSTEM 1202 MEDICAL GASES 1202.1 Nonflammable medical gases IEBC 501.3 Healthcare facilities 1009.5 Group I-2	Include cross reference in IBC 422 and IFC
K904	MEP	TP	Gas and Vacuum Piped Systems – Warning Systems All master, area, and local alarm systems used for medical gas and vacuum systems comply with appropriate Category warning system requirements, as applicable. 5.1.9, 5.2.9, 5.3.6.2.2 (NFPA 99)	IFC 5306.5 Medical gas systems.	IFC 5306.5 Medical gas systems and equipment	Direct reference to NFPA 99...
K905	MEP	TP	Gas and Vacuum Piped Systems – Central Supply System Identification and Labeling Containers, cylinders and tanks are designed, fabricated, tested, and marked in accordance with 5.1.3.1.1 through 5.1.3.1.7. Locations containing only oxygen or medical air have doors labeled with "Medical Gases, NO Smoking or Open Flame". Locations containing other gases have doors labeled "Positive Pressure Gases, NO Smoking or Open Flame, Room May Have Insufficient Oxygen, Open Door and Allow Room to Ventilate Before Opening. 5.1.3.1, 5.2.3.1, 5.3.10 (NFPA 99)	IFC 1103.10 Medical gases. IFC 5303.4.3 Piping systems.	IFC 1103.10 Medical gases 5303.4.3 Piping systems 5306.5 Medical gas systems and equipment IPC 1202.1 Medical Gases	No NFPA 99 cross reference...
K906	MEP	TP	Gas and Vacuum Piped Systems – Central Supply System Operations Adaptors or conversion fittings are prohibited. Cylinders are handled in accordance with 11.6.2. Only cylinders, reusable shipping containers, and their accessories are stored in rooms containing central supply systems or cylinders. No flammable materials are stored with cylinders. Cryogenic liquid storage units intended to supply the facility are not used to transfill. Cylinders are kept away from sources of heat. Valve protection caps are secured in place, if supplied, unless cylinder is in use. Cylinders are not stored in tightly closed spaces. Cylinders in use and storage are prevented from exceeding 130°F, and nitrous oxide and carbon dioxide cylinders are prevented from reaching temperatures	IFC 5303.1 Containers, cylinders and tanks. IFC 5303.2 Design and construction.	IFC 5303.1 Containers, cylinders and tanks 5303.2 Design and construction 5306.4 Transfilling 5306.5 Medical Gas Systems 5303.7.4 Temperature Extremes	No NFPA 99 cross reference...

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			lower than manufacture recommendations or 20°F. Full or empty cylinders, when not connected, are stored in locations complying with 5.1.3.3.2 through 5.1.3.3.3, and are not stored in enclosures containing motor-driven machinery, unless for instrument air reserve headers. 5.1.3.2, 5.1.3.3.17, 5.1.3.3.1.8, 5.1.3.3.4, 5.2.2.3, 5.2.3.3, 5.3.6.20.4, 5.6.20.5, 5.3.6.20.7, 5.3.6.20.8, 5.3.6.20.9 (NFPA 99)			
K907	MEP	TP	Gas and Vacuum Piped Systems – Maintenance Program Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms, manufactured assemblies, and outlets. Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or credentialing to the requirements of AASE 6030 or 6040. 5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99)	IFC 5306.5 Medical gas systems.	IFC 5306.5 Medical gas systems and equipment IPC CHAPTER 12 SPECIAL PIPING AND STORAGE SYSTEMS 1201.1 Scope 1202.1 Nonflammable medical gases	Maintenance based on NFPA 99.
K908	MEP	TP	Gas and Vacuum Piped Systems – Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99)	IFC 5306.5 Medical gas systems.	IFC 5306.5 Medical gas systems and equipment IPC CHAPTER 12 SPECIAL PIPING AND STORAGE SYSTEMS 1201.1 Scope 1202.1 Nonflammable medical gases	
K909	MEP	TP	Gas and Vacuum Piped Systems – Information and Warning Signs Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (Table 5.1.11), and operating pressure if other than standard. Labels are at intervals not more than 20 ft., are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. 5.1.14.3, 5.1.11.1, 5.1.11.2, 5.2.11, 5.3.13.3, 5.3.11 (NFPA 99)	IFC 5303.4.3 Piping systems. IFC CHAPTER 63 OXIDIZERS, OXIDIZING GASES AND OXIDIZING CRYOGENIC FLUIDS IFC 6303.1.3 Ignition source control. IFC 5003.7.1 Smoking.	IFC 5303.4.3 Piping systems 5003.7.1 Smoking 6303.1.3 Ignition source control	IFC Chapter 63 portions are not applicable to the context of this K-tag.
K910	MEP	TP	Gas and Vacuum Piped Systems – Modifications Whenever modifications are made that breach the pipeline, any necessary installer and verification test specified in 5.1.2 is conducted on the downstream portion of the medical gas piping system. Permanent records of all tests required by system verification tests are maintained. 5.1.14.4.1, 5.1.14.4.6, 5.2.13, 5.3.13.4.3 (NFPA 99)	IFGC SECTION 406 INSPECTION, TESTING AND PURGING	IFGC SECTION 406 INSPECTION, TESTING AND PURGING	I don't think the fuel gas code is applicable here – this is in regards to medical gases. I believe the medical gases reference in the IFC to be per NFPA 99 would be applicable here.
K911	MEP	TP	Electrical Systems – Other List in the REMARKS section, any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)	IFC 4405.10 Essential electrical systems. F255-16 (AS) IFC 1105.10.1 Where required. IFC 4405.10.2 Installation and duration. IFC 1203.1.3 Installation. IFC 1203.1.8 Group I-2 occupancies. IFC 1203.2.7 Group I-2 occupancies. F76-16 (AM) IFC 1203.4.1 Group I-2. G112-15 (AS) IBC 407.10-407.11 Electrical systems. IBC [F] 2702.1.7 Group I-2 occupancies. IBC [F] 2702.2.7 Group I-2 occupancies.	IBC [F] 422.6 Electrical systems.	Although these references do apply they only cover the Essential Electrical Systems and a change in occupancy. This is only part of the K-tag requirement since it is referring to the entire electrical system for new and renovated facilities. We may need to do something to properly expand these requirements to include the entire electrical system covered in NFPA 99.
K912	MEP	JF	Electrical Systems – Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.4.2 (NFPA 99)	IEBC 407.1.4 Group I-2 receptacles.	IEBC 406.1.4 Healthcare facilities	This section of the IEBC doesn't totally cover the requirements since it applies to only repairs – this needs to cover new and renovations as well. We may need to do something to properly expand these requirements to include all receptacles covered by NFPA 99.
K913	MEP	JF	Electrical Systems – Wet Procedure Locations Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment conducted by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection. 6.3.2.2.8.4, 6.3.2.2.8.7, 6.4.4.2	IFC 1203.4 Maintenance. F76-16 (AM) IFC 1203.4.1 Group I-2.	IFC 1203.4 Maintenance 1203.4.1 Group I-2 and ambulatory care facilities	These references in the IFC do not cover the context of the K-tag. We will need to look at doing something to address this.
K914	MEP	JF	Electrical Systems – Maintenance and Testing	IFC 1203.4 Maintenance.	IFC	These references in the IFC do not cover the context of the K-

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			Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals of 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)	F76-16 (AM) IFC 1203.4.1 Group I-2. IFC 1203.1.9 Maintenance. IFC 1203.5 Operational inspection and testing. F76-16 (AM) IFC 1203.5.1 Group I-2.	1203.4 Maintenance 1203.4.1 Group I-2 and ambulatory care facilities 1203.5 Operational inspection and testing 1203.5.1 Group I-2 and ambulatory care facilities	tag. We will need to look at doing something to address this
K915	MPE	Pier	Electrical Systems – Essential Electric System Categories Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1 1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3	IFC 1203.4 Maintenance. F76-16 (AM) IFC 1203.4.1 Group I-2. G125-16 (AS) IFC 1203.2.1 Ambulatory care facilities. G125-15 (AS) IBC 422.6 Electrical systems. G125-15 (AS) IBC [F] 2702.2.1 Ambulatory care facilities.	IFC 1203.4 Maintenance 1203.4.1 Group I-2 and ambulatory care facilities	Need to add the two IFC Sections on essential electrical systems as noted in other column.
K916	MEP	Pier	Electrical Systems – Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)	IFC 1206.2.10 Storage batteries and equipment. IFC 1206.2.10.3 Energy management system.	IEBC 503.1 General 706.1 General 806.3 Healthcare facilities IFC 1203.4 Maintenance 1203.4.1 Group I-2 and ambulatory care facilities	These references in the IFC do not cover the context of the K-tag. We will need to look at doing something to address this
K917	MEP	Pier	Electrical Systems – Essential Electric System Receptacles Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking. 6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2 (NFPA 99)		IEBC 406.4 Healthcare facilities	
K918	MEP	Pier	Electrical Systems – Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10-seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)	IFC 1203.4 Maintenance. F76-16 (AM) IFC 1203.4.1 Group I-2.	IEBC 503.1 General 706.1 General 806.3 Healthcare facilities IFC 1203.4 Maintenance 1203.4.1 Group I-2 and ambulatory care facilities	
K919	MEP	Pier	Electrical Equipment – Other List in the REMARKS section, any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99)			We will need to discuss if something to address this type of K-tag (general purpose) is needed.
K920	MEP	Pier	Electrical Equipment – Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g.,	F82-16 (AS) IFC 604.5 Extension cords.	IFC 603.6 Extension cords	This references in the IFC does not cover the context of the K-tag. We will need to look at doing something to address this

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			personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non- PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4, 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5			
K921	MEP	Pier	Electrical Equipment – Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacture include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuing training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8	F83-16 (AS) IFC 604.7 Equipment and fixtures	IEBC 503.1 General 706.1 General 806.3 Healthcare facilities IFC SECTION 603 ELECTRICAL EQUIPMENT, WIRING AND HAZARDS SYSTEMS 603.1.2 Healthcare facilities 603.5 Relocatable power taps and current taps 603.5.1 Listing 603.5.1.1 Listing in Group I-2 occupancies and ambulatory care facilities	Although close this references in the IFC does not really cover the context of the K-tag. We will need to look at doing something to address this
K922	MEP	TP	Gas Equipment – Other List in the REMARKS section, any NFPA 99 Chapter 11 Gas Equipment requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 11 (NFPA 99)	IMC [F] 502.9 Hazardous materials—requirements for specific materials. IMC [F] 502.9.1 Compressed gases—medical gas systems. IFC COMBUSTIBLE GAS DETECTOR. IFC COMPRESSED GAS. IFC COMPRESSED GAS CONTAINER. IFC COMPRESSED GAS SYSTEM.	IMC 502.9 Hazardous materials—requirements for specific materials 502.9.1 Compressed gases—medical gas systems	Chapter 11 of NFPA 99 is really about cylinders and their use in healthcare facilities. These references in the IMC & IFC do not cover the context of the K-tag. We will need to discuss if something to address this type of K-tag (general purpose) is needed.
K923	MEP	GH	Gas Equipment – Cylinder and Container Storage ≥ 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. > 300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. ≤ 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2 A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING". Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility	IFC 1103.10 Medical gases. IFC 5303.16 Vaults. IFC 5303.16.2 Design and construction. IFC SECTION 5306 MEDICAL GASES F367-16 (AS) IFC 5306.1 General. IFC 5306.2 Interior supply location. IFC 5306.2.1 One-hour exterior rooms. F368-16 (AS) IFC 5306.2.2 One-hour interior room. IFC 5306.2.3 Gas cabinets. IFC 5306.3 Exterior supply locations. IBC (G127-15 AMPC1) SECTION 427 MEDICAL GAS SYSTEMS IBC 427.1 General. IBC 427.2 Interior supply location. IBC 427.2.1 One-hour exterior room. IBC 427.2.2 One-hour interior room. IBC 427.2.3 Gas cabinets.	IFC 1103.10 Medical gases 5303.16 Vaults 5303.16.2 Design and construction 5306 Medical gases 5306.1 General 5306.2 Interior supply location 5306.2.1 One-hour exterior rooms 5306.2.2 One-hour interior room 5306.2.3 Gas cabinets 5306.3 Exterior supply locations IBC SECTION 427 MEDICAL GAS SYSTEMS 427.1 General. 427.2 Interior supply location. 427.2.1 One-hour exterior room. 427.2.2 One-hour interior room. 427.2.3 Gas cabinets.	IFC Sections 5306.2 through 5306.4 and IBC 427.1 through 427.2.3 are very close in context of the K-tag. We will need to look at improving the proper application to the quantities of cubic feet allowed within the standard
K924	MEP	GH	Gas Equipment – Testing and Maintenance Requirements Anesthesia apparatus are tested at the final path to patient after any adjustment, modification or repair. Before the apparatus is returned to service, each connection is checked to verify proper gas and an oxygen analyzer is used to verify oxygen concentration. Defective equipment is immediately removed from service. Areas designated for servicing of oxygen equipment are clean and free of oil, grease, or other flammables. Manufacturer service manuals are used to maintain equipment and a scheduled maintenance program is followed. 11.4.1.3, 11.5.1.3, 11.6.2.5, 11.6.2.6 (NFPA 99)	IFC 5306.5 Medical gas systems.	IFC 5306.5 Medical gas systems and equipment	This references in the IFC does not cover the context of the K-tag since an apparatus is not the same as a system (NFPA 99 Chapter 5 vs Chapter 11). We will need to look at doing something to address this
K925	MEP	GH	Gas Equipment – Respiratory Therapy Sources of Ignition	IFGC [M] APPLIANCE.	IFGC	These references in the IFGC do not cover the context of the K-

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			Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition are within the site of intentional expulsion (1-foot). When other oxygen deliver equipment is used or oxygen is delivered inside a patient's room, no source of ignition are within the area of administration (15-feet). Solid fuel-burning appliances is not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. 11.5.1.1, TIA 12-6 (NFPA 99)	IFGC 303.3 Prohibited locations. IFC 6303.1.3 Ignition source control. IFC 5003.7.1 Smoking.	303.3 Fireplaces and decorative appliances in Group I-2 occupancies IFC 5003.7.1 Smoking	tag. We will need to look at doing something to address this
K926	MEP	GH	Gas Equipment – Qualifications and Training of Personnel Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99)	IFC 5303.7.6 Heating.		This references in the IFC does not cover the context of the K-tag. We will need to look at doing something to address this
K927	MEP	GH	Gas Equipment – Transfiling Cylinders Transfiling of oxygen from one cylinder to another is in accordance with CGA P-2.5, Transfiling of High Pressure Gaseous Oxygen Used for Respiration. Transfiling of any gas from one cylinder to another is prohibited in patient care rooms. Transfiling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfiling to liquid oxygen containers or to portable containers under 50 psi comply with conditions under 11.5.2.3.2 (NFPA 99). 11.5.2.2 (NFPA 99)	IFC 5306.4 Transfiling. IFC 5306.5 Medical gas systems.	IFC 5306.4 Transfiling 5306.5 Medical gas systems and equipment	
K928	MEP	GH	Gas Equipment – Labeling Equipment and Cylinders Equipment listed for use in oxygen-enriched atmospheres are so labeled. Oxygen metering equipment and pressure reducing regulators are labeled "OXYGEN- USE NO OIL". Flowmeters, pressure reducing regulators, and oxygen-dispensing apparatus are clearly and permanently labeled designating the gases for which they are intended. Oxygen-metering equipment, pressure reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier. Cylinders and containers are labeled in accordance with CGA C-7. Color coding is not utilized as the primary method of determining cylinder or container contents. All labeling is durable and withstands cleaning or disinfecting. 11.5.3.1 (NFPA 99)	IFC 5303.1 Containers, cylinders and tanks. IFC 5303.4 Marking. IFC 5303.4.1 Stationary compressed gas containers, cylinders and tanks. IFC 5303.4.2 Portable containers, cylinders and tanks.	IFC 5303.1 Containers, cylinder and tanks 5303.4 Marking 5303.4.1 Stationary compressed gas containers, cylinder and tanks 5303.4.2 Portable containers, cylinders and tanks	These references in the IFC cover a portion of the context of the K-tag. We will need to look at doing something to address the other requirements such as labeling of equipment and apparatuses and the signage
K929	MEP	BL/JF	Gas Equipment – Precautions for Handling Oxygen Cylinders and Manifolds Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99) 11.6.2 (NFPA 99)	IFC 5303.5 Security. IFC 5303.5.1 Security of areas. IFC 5303.5.2 Physical protection. IFC 5303.5.3 Securing compressed gas containers, cylinders and tanks.	IFC 5303.5 Security 5303.5.1 Security of areas 5303.5.2 Physical protection 5303.5.3 Securing compressed gas containers, cylinders and tanks	These references in the IFC do address a portion of the context of the K-tag. We will need to look at doing something to address the issues not addressed such as protection from contact with oil or grease, protection from contamination, and proper handling
K930	MEP	BL/JF	Gas Equipment – Liquid Oxygen Equipment The storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections 11.7.2 through 11.7.4 (NFPA 99). 11.7 (NFPA 99)	IFC CHAPTER 63 OXIDIZERS, OXIDIZING GASES AND OXIDIZING CRYOGENIC FLUIDS IFC SECTION 6301 GENERAL IFC 6301.1 Scope.	IFC CHAPTER 63 OXIDIZERS, OXIDIZING GASES AND OXIDIZING CRYOGENIC FLUIDS 6301 General 6301.1 Scope	These references in the IFC do not cover the context of the K-tag. We will need to look at doing something to address this
K931	MEP	TP	Hyperbaric Facilities All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99. Chapter 14 (NFPA 99)	IFC SECTION 609 HYPERBARIC FACILITIES IFC 609.1 General. IFC 609.2 Records. IBC SECTION 425 HYPERBARIC FACILITIES IBC 425.1 Hyperbaric facilities.	IBC 425 HYPERBARIC FACILITIES 425.1 Hyperbaric facilities IFC SECTION 609 HYPERBARIC FACILITIES 609.1 General. 609.2 Records.	
K932	Fire	Nanci/Mark	Features of Fire Protection – Other List in the REMARKS section, any NFPA 99 Chapter 15 Features of Fire Protection requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 15 (NFPA 99)	F33-16 (AS) IFC 404.2.3 Lockdown plans. F33-16 (AS) IFC 404.2.3.1 Lockdown plan contents. F33-16 (AS) IFC 404.2.3.2 Drills.	IFC 404.2.3 Lockdown plans. 404.2.3.1 Lockdown plan contents. 404.2.3.2 Drills. 404.3 Maintenance 404.4 Availability 404.4.1 Distribution 405.1 General 406.3.4 Emergency lockdown trainings.	Chapter 15 of NFPA 99 is about fire protection systems within healthcare facilities. These references in the IFC do not cover the context of the K-tag. We will need to discuss if something to address this type of K-tag (general purpose) is needed

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K933	Fire	Nanci/Mar k	<p>Features of Fire Protection – Fire Loss Prevention in Operating Rooms</p> <p>Periodic evaluations are made of hazards that could be encountered during surgical procedures, and fire prevention procedures are established. When flammable germicides or antiseptics are employed during surgeries utilizing electrosurgery, cautery or lasers:</p> <ul style="list-style-type: none"> • packaging is non-flammable • applicators are in unit doses • Preoperative "time-out" is conducted prior the initiation of any surgical procedure to verify: <ul style="list-style-type: none"> o application site is dry prior to draping and use of surgical equipment o pooling of solution has not occurred or has been corrected o solution-soaked materials have been removed from the OR prior to draping and use of surgical devices o policies and procedures are established outlining safety precautions related to the use of flammable germicide or antiseptic use. <p>Procedures are established for operating room emergencies including alarm activation, evacuation, equipment shutdown, and control operations. Emergency procedures include the control of chemical spills, and extinguishment of drapery, clothing and equipment fires. Training is provided to new OR personnel (including surgeons), continuing education is provided, incidents are reviewed monthly, and procedures are reviewed annually.</p> <p>15.13 (NFPA 99)</p>		<p>IFC</p> <p>403.7.2.5 Fire loss prevention in operating systems</p>	We will need to look at doing something to address this