

EHS CONCEPTS

PHYSICAL ENVIRONMENT TOP 10

The ten environment of care and life safety findings Joint Commission surveyors documented most in hospitals, mapped to the 2026 Physical Environment chapter, with the leader's fix list for each. A free field guide.

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Keep your people whole.

FROM RYAN

Survey day is just a Tuesday

The examples in this letter (the ceiling tile, the panel legend, the cable tie on the sprinkler pipe, the propped door) are composites to show the pattern, not reports of real incidents.

Walk any hospital corridor with a facilities director and you will see the same things: a stained ceiling tile nobody has replaced, an electrical panel legend that says “spare” next to a breaker that is on, a cable tied to a sprinkler pipe above the ceiling, and a fire door held open by a cart. None of them looks urgent. Together they are most of what surveyors write up.

Joint Commission published its most frequent hospital findings for environment of care (EC) and life safety (LS) from surveys between May 1, 2024 and May 31, 2025. The top EC finding, unsafe or unsuitable interior spaces, was documented 865 times. The top LS finding, sprinkler piping used to support other things, was documented 711 times. The ten together add up to more than 6,600 documented findings.

On January 1, 2026, Joint Commission moved those requirements into a new Physical Environment (PE) chapter as part of Accreditation 360. The numbers changed. Joint Commission says the expectations did not. This guide gives you each of the ten findings with its old and new location.

For each finding you get the pain point, what the data says, the root causes, the requirements in plain words with tags (Joint Commission, CMS, NFPA, and OSHA where it protects your staff), controls in hierarchy order, a printable self-audit, who owns what, and one question to start a huddle.

Start with the finding your last survey, your last mock survey, or your last EC round wrote up most often.

Ryan L. Rinehart

Founder, EHS Concepts — The Ways of Safety

Keep your people whole.



THE VERIFIED NUMBERS

Joint Commission hospital survey findings, May 2024–May 2025

865

No. 1 EC finding: interior spaces not safe and suitable for the care provided

785

No. 2 EC finding: utility system controls not labeled for emergency shutdown

711

No. 1 LS finding: sprinkler piping not dedicated (used to support cables, conduit, or other items)

6,635

Findings documented for the ten items in this guide combined*

8

Standards in the new Physical Environment chapter, which replaced the EC and LS chapters on Jan. 1, 2026

All 5

Top LS findings now scored at one location: PE.03.01.01, EP 3 (meet the Life Safety Code)

Source: Joint Commission, Accreditation 360 webinar, “Updated Accreditation Manual: Physical Environment Chapter” (transcript and slides, September 2025), slides 29–34, hospital program, data from May 1, 2024 to May 31, 2025. Joint Commission reports these as numbers of documented “opportunities” (findings), not as the share of surveys. It published the EC and LS lists as two separate top-five charts; this guide combines them into one list of ten ranked by count, which is an EHS Concepts presentation. * EHS Concepts calculation (sum of the ten published counts). The webinar does not say how many surveys these counts came from.

The ten findings, old and new locations

	FINDING (JOINT COMMISSION LABEL)	FINDINGS, MAY 2024–MAY 2025	2025 LOCATION → JAN. 2026 LOCATION
1	Interior spaces safe and suitable	865	EC.02.06.01 EP 1 → PE.01.01.01 EP 1, EP 2
2	Utility system control labels	785	EC.02.05.01 EP 9 → PE.04.01.01 EP 1
3	Dedicated sprinkler piping	711	LS.02.01.35 EP 4 → PE.03.01.01 EP 3
4	Non-high-risk utility system testing	684	EC.02.05.05 EP 6 → PE.04.01.01 EP 2
5	NFPA automatic extinguishing (sprinkler installation)	636	LS.02.01.35 EP 14 → PE.03.01.01 EP 3
6	Clean environment, no odors	615	EC.02.06.01 EP 20 → PE.01.01.01 EP 3
7	Hazardous chemical handling and storage	611	EC.02.02.01 EP 5 → PE.02.01.01 EP 4
8	Fire barrier penetration seals	590	LS.02.01.10 EP 14 → PE.03.01.01 EP 3
9	Sprinkler maintenance	570	LS.02.01.35 EP 5 → PE.03.01.01 EP 3
10	Fire-rated door requirements	568	LS.02.01.10 EP 11 → PE.03.01.01 EP 3

Counts and mapping: Joint Commission Accreditation 360 PE webinar slides 29–34 (hospital program). Ranking across the two lists is an EHS Concepts presentation.

BEFORE THE TEN FINDINGS

The five basics that sit under all ten

42 CFR 482.41 Physical environment CoP · CMS · final	The hospital must be built, arranged, and maintained so patients are safe, meet the 2012 Life Safety Code and Health Care Facilities Code, and keep facilities, supplies, and equipment at an acceptable level of safety and quality.
PE chapter Accreditation 360 · JC · final (Jan. 1, 2026)	Eight PE standards replaced the EC and LS chapters: safe environment, hazardous materials, Life Safety Code, interim life safety measures, building and facility management, utilities, water management, and imaging safety. Some topics moved to the National Performance Goals chapter.
CMS K-tags Life Safety Code and Health Care Facilities Code · NFPA · final	The detailed code items (sprinklers, doors, barriers, egress, emergency power) now live in the K-tag tools in Joint Commission's Survey Tool Guide, not in individual elements of performance.
PE.03.02.01 Interim life safety measures · JC · final	When a Life Safety Code deficiency cannot be fixed right away, or during construction, protect occupants with interim measures based on a written risk assessment.
29 CFR 1910 Employee protection · OSHA · final	OSHA rules still protect hospital staff from the same conditions: clear exit routes (1910.37), chemical hazard communication (1910.1200), eyewash (1910.151(c)), and electrical marking and clearance (1910.303).

Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. OSHA = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Ten-minute foundation check

#	CHECK	YES	NO
1	We have mapped our 2025 EC and LS documents to the 2026 PE and NPG chapter numbers.	☐	☐
2	We have the 2026 Survey Tool Guide and use its K-tag tools and building-tour checklists in our own rounds.	☐	☐
3	EC rounds cover every patient care area on the schedule our policy sets, and findings become work orders.	☐	☐
4	Every open Life Safety Code deficiency has an interim life safety measure assessment on file.	☐	☐
5	Our ten most common round findings are tracked by owner and date, and reviewed by leadership.	☐	☐
6	Above-ceiling permits are required for any contractor or staff work above the ceiling.	☐	☐
7	Fire, sprinkler, door, and damper inspection reports are reviewed and deficiencies closed with dates.	☐	☐
8	Front-line staff can name how to report a damaged tile, a propped door, or a spill.	☐	☐

HOW TO USE THIS GUIDE

Walk it. Score it. Own it.

1. Start with the finding your last survey or mock survey wrote up most often, not the one at the top of this guide.
2. Print the self-audit page. Walk one unit, one floor, or one mechanical space. Thirty minutes.
3. Score what you can see or put your hand on, not what the binder says. If the binder and the floor disagree, the binder is wrong until the floor changes.
4. Every “No” gets one owner and one date before you leave. Anything that could hurt someone today gets stopped or protected now.
5. Walk it again in 30 days. A fix that is not verified is a wish.

Spotlight: what changed in 2026

THE PAIN POINT **A facilities team spends a month renumbering binders to the new PE chapter and never walks the panel rooms. The survey writes up panel legends again.**

(illustrative)

Two 2026 changes matter on the floor. First, Joint Commission revised its fire drill requirements in February 2026: it no longer requires drills to be at least one hour from the previous drill in a quarter, or within plus or minus 10 days of the last quarterly drill. Drills must still be unannounced, held at unexpected times and under varying conditions, with one drill per shift per quarter in health care occupancies. (Source: Joint Commission Online, Feb. 4, 2026.)

Second, Joint Commission changed how it reports top findings. Its June 2026 analysis for behavioral health care settings ranked findings with a weighting based on the SAFER Matrix (risk and scope), not just counts. The top five physical environment areas were utility system control labels, fire drill critiques, monthly emergency lighting tests, maintenance of low-risk equipment, and safe and suitable interior spaces. That list is for behavioral health care, not hospitals, but three of the five match this guide. (Source: Joint Commission News, June 2026.)

- ☐ Our fire drill schedule meets one drill per shift per quarter, unannounced, at varying times, with a critique for each.
- ☐ Emergency lights and exit signs get a 30-second functional test monthly and a 90-minute battery test yearly, with records.

USE THIS EVERY TIME

When you find a gap: the eight-step response

1. Stop or contain.	If the gap could hurt someone today (a blocked exit, a fire door that will not close, a leaking chemical, an unlabeled shutoff in an emergency), stop that task or protect the area now. Anyone can call it. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.
2. Protect occupants while you fix it.	If a Life Safety Code deficiency cannot be fixed right away, complete the interim life safety measure assessment and put the measures in place (PE.03.02.01).
3. Fix the condition first.	Seal it, label it, clean it, replace it, close it. Then fix the record so it says what is true.
4. Find the decision that allowed it.	Ask what made the condition normal: no above-ceiling permit, a deferred capital request, a staffing gap in environmental services, a contractor nobody checked. Do not stop at "staff should know better."
5. One owner. One date.	One name, not a department. One date, not "ASAP." Put it on a work order.
6. Verify in the field.	The owner shows the fix at the location. Re-check in 30 days and on the next EC round.
7. Look sideways.	If it is on one unit or floor, check the others this week. These findings are rarely one-offs.
8. Protect the person who raised it.	Thank them and tell them what changed. Retaliation against employees for reporting a hazard is illegal under Section 11(c) of the OSH Act.

Leaders own the conditions. Workers make choices inside the conditions we build. When a gap shows up, the first question is not "who did it?" It is "what did we build, fund, schedule, or tolerate that made this normal?"

This guide is a practical summary for planning and self-assessment. It is not legal advice and does not replace Joint Commission's standards, the CMS Conditions of Participation, NFPA codes, or OSHA rules. Joint Commission requirements are paraphrased; use E-dition and the Survey Tool Guide for the exact text. Local and state codes may add requirements. Finding counts are national survey data and will not match any one hospital's experience. EHS Concepts is not affiliated with Joint Commission.

01

Interior spaces not safe and suitable

PE.01.01.01 EP 1, EP 2 (formerly EC.02.06.01 EP 1) [JC]; 42 CFR 482.41(a) [CMS]; 29 CFR 1910.37 [GI]

865

documented findings, the No. 1 EC finding for hospitals

PE.01.01.01

new location since Jan. 1, 2026 (EP 1 and EP 2)

5th

of five physical environment areas in Joint Commission's June 2026 behavioral health ranking

THE PAIN POINT A patient room has a cracked wall panel, a stained ceiling tile, and a broken bed rail cover. Each one has been on the unit's "to report" list for weeks. (illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Interior spaces safe and suitable was the most documented EC finding in hospitals, at 865. Joint Commission's building-tour tools list what surveyors look for: damaged walls, floors, and ceiling tiles; furniture in poor repair; clutter and equipment stored in corridors; and missing outlet covers or damaged fixtures. In 2026 this moved to PE.01.01.01, EP 1 and EP 2.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- Damage is noticed but nobody owns reporting it, so it is never entered as a work order.
- Work orders for "cosmetic" items sit behind urgent repairs for months.
- Not enough storage, so equipment and supplies end up in corridors.
- Furniture and surfaces are kept past their useful life because replacement is not budgeted.
- EC rounds find the same issues each time but do not trend them to a root cause.

REQUIREMENTS AND CONTROLS · INTERIOR SPACES NOT SAFE AND SUITABLE

What the rules require, in plain words

PE.01.01.01 EP 1 · JC · final	The building is constructed, arranged, and maintained to keep patients safe (maps to CMS 482.41(a)).
PE.01.01.01 EP 2 · JC · final	Interior spaces are safe and suitable for the care, treatment, and services provided, including furniture and equipment in good repair.
42 CFR 482.41(a) · CMS · final	The physical plant and overall hospital environment must be developed and maintained so the safety and well-being of patients are assured.
42 CFR 482.41(d)(2) · CMS · final	Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
1910.37(a)(3) · GI · final	Exit routes must be free and unobstructed; no materials or equipment may be placed in them, even temporarily.

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Design storage into every unit so nothing has to live in a corridor.
Engineer	Durable, cleanable wall protection, corner guards, and impact-resistant surfaces in high-traffic areas.
Equipment	Replace furniture with torn upholstery or broken parts on a planned cycle.
Administrative	Unit staff enter a work order for any damage the same shift. EC rounds trend repeat findings by location.
Small-shop fix	Walk one unit with the charge nurse and a maintenance tech. Fix or ticket every damaged surface before you leave.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

01 · Interior spaces not safe and suitable

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	Walls, floors, and ceilings have no holes, cracks, or loose panels.	☐	☐	☐	
2	Ceiling tiles are in place, undamaged, and not stained.	☐	☐	☐	
3	Furniture and mattresses have no tears or broken parts.	☐	☐	☐	
4	Corridors are free of stored equipment beyond what the code allows.	☐	☐	☐	
5	Outlet covers and light fixtures are intact.	☐	☐	☐	
6	Every damage item we found has a work order number.	☐	☐	☐	
7	Work orders older than 30 days are reviewed by leadership.	☐	☐	☐	
8	EC rounds trend repeat findings by unit.	☐	☐	☐	
9	Unit staff know how to enter a work order.	☐	☐	☐	
10	Storage is adequate so supplies are not kept on the floor.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any “No” that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · INTERIOR SPACES NOT SAFE AND SUITABLE

Who owns it

Hospital leadership	Funds replacement cycles and storage.
Facilities director	Prioritizes and closes work orders and trends repeats.
Unit manager / charge nurse	Reports damage the same shift and keeps corridors clear.
Staff	Report what they see; do not work around damage.
Safety officer / EC committee	Runs EC rounds and reports trends to leadership.

How to verify it is working in the field

- Walk one unit. Count damaged surfaces and check each for a work order.
- Pull the oldest open interior work orders. Ask why they are open.
- Ask a nurse what has been broken on the unit the longest.

TOOLBOX TALK STARTER**What is broken on this unit that we have all stopped seeing?**

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Ticket every damaged surface today and fix anything that is a hazard now. Name the owner and date for the repair and for the storage or budget fix behind it. Then run the eight-step gap response at the front of this guide.

02

(g) [GI]

Utility system controls not labeled

PE.04.01.01 EP 1 (formerly EC.02.05.01 EP 9) [JC]; 42 CFR 482.41(c) [CMS/NFPA]; 29 CFR 1910.303(f),

785

documented findings, the No. 2 EC finding for hospitals

No. 1

for critical access hospitals (51 findings) and in the June 2026 behavioral health ranking

Main

shutoffs (gas, water, electrical) must be identifiable in an emergency

THE PAIN POINT During a flood on the third floor, the engineer on call opens the panel room and finds a legend written in 2009. Three breakers say “spare” and are on.

(illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Utility system control labels was the No. 2 EC finding in hospitals (785) and No. 1 in critical access hospitals (51). Joint Commission's June 2026 analysis lists what surveyors see: panel legends that do not match what breakers serve, unused circuits left on, main gas, water, or electrical shutoffs not labeled “main,” and staff unsure where shutoffs are. In 2026 this moved to PE.04.01.01, EP 1.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- Renovations change circuits but nobody updates the panel schedule.
- Contractors leave without labeling new valves and breakers.
- Labels fade, fall off, or are handwritten and unreadable.
- No inventory of utility controls, so nobody knows what is missing.
- Staff are not shown where shutoffs are before an emergency.

REQUIREMENTS AND CONTROLS · UTILITY SYSTEM CONTROLS NOT LABELED

What the rules require, in plain words

PE.04.01.01 EP 1 · JC · final	Label utility system controls to allow partial or complete emergency shutdowns: source valves, main switches and valves, and individual circuits in panels (Survey Tool Guide note).
42 CFR 482.41(c) · CMS/NFPA · final	Hospitals must meet the 2012 Health Care Facilities Code (NFPA 99), which covers utility and medical gas systems, including labeled medical gas zone valves.
1910.303(f)(2) · GI · final	Each service, feeder, and branch circuit must be legibly marked at its disconnect or overcurrent device to show its purpose.
1910.303(g)(1)(ii) · GI · final	Working space in front of electrical equipment may not be used for storage.
Fire alarm circuit · NFPA · final	The fire alarm system's dedicated circuit is labeled as the fire alarm circuit and access is restricted (Survey Tool Guide, citing NFPA 72-2010).

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Require as-built panel schedules and labels as a condition of closing every project.
Engineer	Printed, durable labels and typed panel directories; tagged valves keyed to a utility map.
Equipment	A label printer in the shop and a utility-shutoff map in every engineer's kit.
Administrative	Annual panel and valve audit; contractor close-out checklist; shutoff walk-through for engineers and charge staff.
Small-shop fix	Open five panels this week. Turn off or label every "spare" breaker that is on, and print a new directory for each.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

02 · Utility system controls not labeled

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	Every panel has a current, typed directory.	☐	☐	☐	
2	Breakers match what the directory says they serve.	☐	☐	☐	
3	Unused circuits are off and labeled spare.	☐	☐	☐	
4	Main gas, water, and electrical shutoffs are labeled "main."	☐	☐	☐	
5	Medical gas zone valves are labeled with the areas they serve.	☐	☐	☐	
6	The fire alarm circuit is labeled and access is restricted.	☐	☐	☐	
7	Nothing is stored in front of electrical panels.	☐	☐	☐	
8	We have an inventory and map of utility controls.	☐	☐	☐	
9	Project close-out requires updated labels and panel schedules.	☐	☐	☐	
10	Engineers and charge staff can find the shutoffs for their area.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any "No" that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · UTILITY SYSTEM CONTROLS NOT LABELED

Who owns it

Hospital leadership	Requires labeling in every project contract.
Facilities director	Owens the utility inventory, map, and annual audit.
Engineers / electricians	Update labels and directories with every change.
Project managers	Do not close a project without as-built labels.
Safety officer	Includes panel rooms on EC rounds.

How to verify it is working in the field

- Open three panels. Test whether the directory matches.
- Ask an engineer to show you the main water shutoff for one wing.
- Check the last project closed. Were labels updated?

TOOLBOX TALK STARTER

If we lost water on this floor right now, who knows where to shut it off?

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Label every main shutoff and correct any panel directory found wrong today. Name the owner and date for the full audit and the contractor close-out fix. Then run the eight-step gap response at the front of this guide.

03 Sprinkler piping used to support other items

PE.03.01.01 EP 3 (formerly LS.02.01.35 EP 4) [JC]; Life Safety Code and NFPA 13/25 via CMS K-tags [NFPA]; 42 CFR 482.41(b) [CMS]

711

documented findings, the No. 1 LS finding for hospitals

Above

the ceiling is where surveyors find most of it: cables, conduit, and wire tied to sprinkler pipe

EP 3

all top LS findings now score at PE.03.01.01 EP 3

THE PAIN POINT A surveyor lifts a ceiling tile and finds data cable bundled and zip-tied to the sprinkler main for 40 feet. It was installed by a vendor two years ago. (illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Dedicated sprinkler piping was the most documented LS finding in hospitals, at 711, and also the top LS finding for critical access hospitals. Sprinkler pipe must not be used to support other items. Joint Commission's building-tour checklist tells surveyors to look above the ceiling for “no support from sprinkler piping” in hazardous areas and corridors. In 2026 this is scored under PE.03.01.01, EP 3.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- IT, low-voltage, and other contractors work above the ceiling without a permit.
- Sprinkler pipe is the easiest thing to tie to.
- No one inspects above the ceiling after the work is done.
- Facilities staff are not told when outside vendors are on site.
- Old installations were never corrected.

REQUIREMENTS AND CONTROLS · SPRINKLER PIPING USED TO SUPPORT OTHER ITEMS

What the rules require, in plain words

PE.03.01.01 EP 3 · JC · final	Meet the applicable provisions of the Life Safety Code (NFPA 101-2012) and its referenced standards.
K351 · NFPA · final	Sprinkler systems are installed per NFPA 13 (Survey Tool Guide K-tag).
Building tour · JC · final	Surveyors check above ceilings in corridors and hazardous areas for any support from sprinkler piping (Survey Tool Guide).
42 CFR 482.41(b)(1) · CMS · final	Hospitals must meet the 2012 Life Safety Code.
PE.03.02.01 · JC · final	If a deficiency cannot be fixed right away, assess and implement interim life safety measures.

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Require dedicated supports (J-hooks, cable trays) for all cabling in every project specification.
Engineer	Install cable trays and pathways so contractors have something better to tie to.
Equipment	Stock J-hooks and supports in the shop so corrections can be made on the spot.
Administrative	Above-ceiling permit for anyone opening a ceiling, with a sign-off inspection before the tile goes back.
Small-shop fix	Lift one tile every 20 feet down one corridor this week. Cut and re-support anything tied to sprinkler pipe.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

03 · Sprinkler piping used to support other items

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	Nothing is tied, taped, or hung from sprinkler pipe in the areas we checked.	☐	☐	☐	
2	Cabling above ceilings is on its own supports.	☐	☐	☐	
3	We have an above-ceiling permit process.	☐	☐	☐	
4	Every above-ceiling permit closes with an inspection.	☐	☐	☐	
5	Contractors sign in with facilities before work.	☐	☐	☐	
6	Project specifications prohibit using sprinkler pipe for support.	☐	☐	☐	
7	IT and low-voltage vendors have been told the rule in writing.	☐	☐	☐	
8	Above-ceiling checks are part of EC rounds.	☐	☐	☐	
9	Corrections are logged with locations and dates.	☐	☐	☐	
10	Open deficiencies have an interim life safety measure assessment.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any “No” that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · SPRINKLER PIPING USED TO SUPPORT OTHER ITEMS

Who owns it

Hospital leadership	Backs the permit rule for all departments and vendors.
Facilities director	Runs the above-ceiling permit and inspection.
IT / low-voltage manager	Holds vendors to dedicated supports.
Contractors	Use dedicated supports and close out with an inspection.
Safety officer	Adds above-ceiling checks to rounds.

How to verify it is working in the field

- Lift three tiles in one corridor. Count items supported by sprinkler pipe.
- Pull the last five above-ceiling permits. Check for close-out inspections.
- Ask an IT tech how they support cable above the ceiling.

TOOLBOX TALK STARTER

Who opened a ceiling here last, and who checked it before the tile went back?

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Correct any support found on sprinkler pipe and log the location. Name the owner and date for the permit process and vendor notice. Then run the eight-step gap response at the front of this guide.

04 Non-high-risk utility and essential equipment not tested

PE.04.01.01 EP 2 (formerly EC.02.05.05 EP 6) [JC]; 42 CFR 482.41(d)(2) [CMS]; NFPA 99-2012 via K-tags [NFPA]

684

documented findings, the No. 3 EC finding for hospitals

42

findings for critical access hospitals, No. 2 on their list

EP 2

"maintains essential equipment in safe operating condition"

THE PAIN POINT An air handler serving a clinic has a preventive maintenance task every quarter. The work order system shows the last three were closed with no notes. Nobody can say what was checked. (illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Testing of non-high-risk utility system components was the No. 3 EC finding in hospitals (684) and No. 2 in critical access hospitals (42). In 2026 this moved to PE.04.01.01, EP 2, which requires essential equipment to be kept in safe operating condition. Related K-tags cover electrical system maintenance and testing, and emergency lighting tests.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- Preventive maintenance is scheduled but not done, or closed without documentation.
- Intervals were set years ago and do not match the inventory or manufacturer.
- The utility inventory is incomplete, so some components never get a task.
- Staffing shortfalls push PM behind repairs.
- No one reviews PM completion rates by system.

REQUIREMENTS AND CONTROLS · NON-HIGH-RISK UTILITY AND ESSENTIAL EQUIPMENT NOT TESTED

What the rules require, in plain words

PE.04.01.01 EP 2 · JC · final	Maintain essential equipment in safe operating condition (revised effective March 1, 2026).
42 CFR 482.41(d)(2) · CMS · final	Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
K914 · NFPA · final	Electrical systems are maintained and tested per NFPA 99 (Survey Tool Guide K-tag).
Emergency lighting · NFPA · final	Test emergency lights and exit signs monthly for at least 30 seconds and battery units yearly for 1½ hours, with records (Survey Tool Guide, NFPA 101-2012 7.9.3).
PE.04.01.03 · JC · final	Manage utility systems; EP 3 was revised effective March 1, 2026. Some utility management requirements moved to the National Performance Goals chapter.

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Retire or replace components that cannot be maintained to spec.
Engineer	Building automation alarms and trending so failures show up before the PM is due.
Equipment	Mobile work orders that require readings and notes before a task can be closed.
Administrative	Monthly PM completion report by system; inventory reconciliation yearly; intervals based on manufacturer or a documented strategy.
Small-shop fix	Pull last month's closed PMs for one system. Reopen any closed with no readings or notes.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

04 · Non-high-risk utility and essential equipment not tested

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	Our utility inventory matches what is installed.	☐	☐	☐	
2	Every inventory item has a PM task and interval.	☐	☐	☐	
3	Intervals follow the manufacturer or a documented strategy.	☐	☐	☐	
4	PM completion is 100% for the last quarter, or misses are explained.	☐	☐	☐	
5	Closed work orders show what was checked and found.	☐	☐	☐	
6	Emergency lights and exit signs are tested monthly, with records.	☐	☐	☐	
7	Battery lights get the annual 90-minute test.	☐	☐	☐	
8	Failures found on PM become corrective work orders.	☐	☐	☐	
9	PM completion is reported to the EC committee.	☐	☐	☐	
10	Contractor PM reports are reviewed and filed.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any “No” that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · NON-HIGH-RISK UTILITY AND ESSENTIAL EQUIPMENT NOT TESTED

Who owns it

Hospital leadership	Staffs the shop to complete PM, not just repairs.
Facilities director	Owens the inventory, intervals, and completion report.
Engineers	Complete and document PM with readings.
Contractors	Deliver reports that show what was tested and found.
EC committee	Reviews completion and follows up on misses.

How to verify it is working in the field

- Pick five PMs closed last month. Check for readings and notes.
- Walk one mechanical room. Match three components to the inventory.
- Ask an engineer which PM falls behind most, and why.

TOOLBOX TALK STARTER

Which PM here gets closed without anyone really doing it?

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Reopen any PM closed without documentation and complete it. Name the owner and date for the inventory and staffing fix. Then run the eight-step gap response at the front of this guide.

05 Sprinkler installation and clearance problems

PE.03.01.01 EP 3 (formerly LS.02.01.35 EP 14) [JC]; NFPA 13-2010 via K351 [NFPA]; 42 CFR 482.41(b) [CMS]

636

documented findings, the No. 2 LS finding for hospitals

18 in

clear space below sprinkler deflectors that surveyors check in storage areas

K351

CMS K-tag: sprinklers installed per NFPA 13

THE PAIN POINT A supply room has wire shelving loaded to the ceiling. Two sprinkler heads are blocked by boxes, and a new light fixture sits right next to another head.

(illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Joint Commission labels this LS finding “NFPA automatic extinguishing” (LS.02.01.35 EP 14), with 636 findings in hospitals. Its Survey Tool Guide tells life safety surveyors to check for adequate 18-inch clearance below sprinkler heads (including racks against walls), sprinkler obstructions in refrigerators and freezers, and fixtures mounted too close to heads, citing NFPA 101-2012 and NFPA 13-2010. In 2026 this is scored under PE.03.01.01, EP 3.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- Storage rooms are too small, so shelves go to the ceiling.
- Staff do not know the 18-inch rule or why it matters.
- Renovations add lights, ducts, or soffits that obstruct heads.
- Missing or damaged escutcheons and painted or corroded heads go unnoticed.
- Nobody checks storage height between surveys.

REQUIREMENTS AND CONTROLS · SPRINKLER INSTALLATION AND CLEARANCE PROBLEMS

What the rules require, in plain words

PE.03.01.01 EP 3 · JC · final	Meet the applicable provisions of the Life Safety Code (NFPA 101-2012).
K351 · NFPA · final	Sprinkler systems are installed per NFPA 13; waterflow devices sound the fire alarm or notify a constantly attended location.
Life safety tracer · NFPA · final	Keep adequate 18-inch clearance below sprinkler heads; racks against walls must not encroach on it (Survey Tool Guide, citing NFPA 13-2010 8.5.5.2–8.5.5.3).
42 CFR 482.41(b)(1) · CMS · final	Hospitals must meet the 2012 Life Safety Code.
PE.03.02.01 · JC · final	Use interim life safety measures while a deficiency is open.

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Right-size storage with par levels so rooms are not overfilled.
Engineer	Shelving with a fixed top shelf below the 18-inch line; sprinkler design review on every renovation.
Equipment	Painted line or tape on walls marking the 18-inch limit in storage rooms.
Administrative	Storage-room checks on EC rounds; materials management owns storage height; renovation sign-off by the fire protection contractor.
Small-shop fix	Mark the 18-inch line in your five fullest storage rooms this week and clear everything above it.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

05 · Sprinkler installation and clearance problems

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	No storage within 18 inches of sprinkler deflectors.	☐	☐	☐	
2	Top shelves are set below the 18-inch line.	☐	☐	☐	
3	No sprinkler head is blocked by fixtures, ducts, or soffits.	☐	☐	☐	
4	Heads are not painted, corroded, or damaged.	☐	☐	☐	
5	Escutcheons and ceiling tiles around heads are in place.	☐	☐	☐	
6	Walk-in refrigerators and freezers have unobstructed heads.	☐	☐	☐	
7	Storage rooms have the 18-inch line marked.	☐	☐	☐	
8	Renovations get sprinkler review before close-out.	☐	☐	☐	
9	Storage-room checks are on EC rounds.	☐	☐	☐	
10	Open deficiencies have an interim life safety measure assessment.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any “No” that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · SPRINKLER INSTALLATION AND CLEARANCE PROBLEMS

Who owns it

Hospital leadership	Funds storage and shelving fixes.
Materials management	Keeps par levels and storage height.
Facilities director	Owens sprinkler review on renovations.
Unit staff	Keep storage below the line.
Safety officer	Checks storage rooms on rounds.

How to verify it is working in the field

- Walk the five fullest storage rooms. Measure clearance at three heads.
- Look for any head with a fixture within a foot of it.
- Ask a supply tech where the 18-inch line is.

TOOLBOX TALK STARTER

If a fire started in this supply room, would the sprinkler reach it?

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Clear any storage within 18 inches of a sprinkler head today. Name the owner and date for shelving, par levels, and the renovation review. Then run the eight-step gap response at the front of this guide.

06

[GI]

Environment not clean, odors present

PE.01.01.01 EP 3 (formerly EC.02.06.01 EP 20) [JC]; 42 CFR 482.41(a) [CMS]; 29 CFR 1910.1030(d)(4)

615

documented findings, the No. 4 EC finding for hospitals

PE.01.01.01

EP 3 since Jan. 1, 2026

Dust

on high surfaces, soiled floors, and odors are what surveyors note

THE PAIN POINT A clean utility room has dust on the top shelves, a stained floor under the ice machine, and a musty smell nobody has traced. (illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Clean environment with no odors was the No. 4 EC finding in hospitals (615). Joint Commission's building-tour items include areas not clean, excessive wall or ceiling damage, and construction dust around barriers; its June 2026 analysis also cites water damage and mold risks without a mitigation plan. In 2026 this moved to PE.01.01.01, EP 3.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- Environmental services staffing and schedules do not cover high surfaces and back rooms.
- Leaks cause stains and odors that cleaning cannot fix.
- Clutter makes surfaces hard to clean.
- No one owns shared spaces such as utility rooms and corridors.
- Construction dust control is not maintained.

REQUIREMENTS AND CONTROLS · ENVIRONMENT NOT CLEAN, ODORS PRESENT

What the rules require, in plain words

PE.01.01.01 EP 3 · JC · final	Keep the environment clean (Joint Commission label: clean environment).
42 CFR 482.41(a) · CMS · final	The hospital environment must be maintained so patient safety and well-being are assured.
1910.1030(d)(4)(i) · GI · final	Keep the worksite clean and sanitary, with a written cleaning schedule and method for areas with potential blood exposure.
PE.01.01.01 EP 1 · JC · final	During construction, check that barriers are clean and intact and areas around them are free of dust and debris (Survey Tool Guide).
Infection control · GUIDANCE	Coordinate cleaning standards with infection prevention; Joint Commission's IC chapter has related requirements.

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Fix leaks and moisture sources first; you cannot clean away a leak.
Engineer	Closed storage and cleanable surfaces; dust-control barriers and negative air during construction.
Equipment	Microfiber systems and high-dusting tools for EVS.
Administrative	Cleaning schedules that include high surfaces and back rooms; EVS inspections with scores; odor complaints routed to facilities.
Small-shop fix	Walk the back rooms on one unit with EVS and facilities together. Assign each dirty spot or odor to one of them.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

06 · Environment not clean, odors present

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	High surfaces are free of dust.	☐	☐	☐	
2	Floors are clean, including corners and under equipment.	☐	☐	☐	
3	No unexplained odors on the unit.	☐	☐	☐	
4	No water stains or visible mold.	☐	☐	☐	
5	Clean and soiled utility rooms are clean and organized.	☐	☐	☐	
6	Ice machines and their surroundings are clean.	☐	☐	☐	
7	Construction barriers are clean, intact, and dust-free outside.	☐	☐	☐	
8	EVS schedules cover back rooms and high surfaces.	☐	☐	☐	
9	EVS inspection scores are reviewed monthly.	☐	☐	☐	
10	Odor and leak reports reach facilities the same day.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any “No” that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · ENVIRONMENT NOT CLEAN, ODORS PRESENT

Who owns it

Hospital leadership	Staffs EVS to the schedule.
EVS manager	Owens cleaning schedules and inspections.
Facilities director	Fixes leaks and moisture behind stains and odors.
Unit staff	Report odors, leaks, and spills.
Infection prevention	Sets cleaning standards and reviews findings.

How to verify it is working in the field

- Run a white glove over three high surfaces on one unit.
- Smell the back rooms. Trace any odor to a source.
- Ask EVS which room they never have time to clean.

TOOLBOX TALK STARTER

Which room on this unit would you not want a surveyor to open?

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Clean or close off any soiled area today and report leaks to facilities. Name the owner and date for the schedule or moisture fix. Then run the eight-step gap response at the front of this guide.

07 Hazardous chemicals not handled and stored safely

PE.02.01.01 EP 4 (formerly EC.02.02.01 EP 5) [JC]; 29 CFR 1910.1200, 1910.151(c) [GI]

611

documented findings, the No. 5 EC finding for hospitals

10 sec

eyewash reach that Joint Commission's tracer tool asks about (about 55 feet)

33

findings for critical access hospitals, No. 3 on their list

THE PAIN POINT Under the sink in a dialysis area, a disinfectant concentrate sits unlabeled in a spray bottle. The nearest eyewash is behind a locked door down the hall.

(illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Hazardous chemical handling and storage was the No. 5 EC finding in hospitals (611) and No. 3 in critical access hospitals (33). Joint Commission's tracer tools ask about chemical inventories, staff access to safety data sheets (including during computer downtime), eyewash reachable within about 10 seconds, tepid eyewash water, and eyewash testing records. In 2026 this moved to PE.02.01.01, EP 4.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- Chemicals are decanted into unlabeled secondary containers.
- Eyewash stations are missing, blocked, or untested where corrosives are used.
- The chemical inventory is out of date.
- Electronic SDS access fails when the network is down.
- Incompatible chemicals are stored together in small closets.

REQUIREMENTS AND CONTROLS · HAZARDOUS CHEMICALS NOT HANDLED AND STORED SAFELY

What the rules require, in plain words

PE.02.01.01 EP 4 · JC · final	Policies and procedures minimize risk when selecting, handling, storing, transporting, using, and disposing of hazardous chemicals, gases, and vapors, and cover spill response and PPE (Survey Tool Guide text).
PE.02.01.01 EP 1, EP 2 · JC · final	Keep a written, current inventory of hazardous materials and waste, and the permits, licenses, manifests, and safety data sheets required by law.
1910.1200(g)(8) · GI · final	Safety data sheets must be readily accessible to employees in their work area during each shift; electronic access is allowed if it does not create barriers.
1910.1200(f) · GI · final	Workplace containers of hazardous chemicals are labeled with the product identifier and hazard information.
1910.151(c) · GI · final	Where eyes or body may be exposed to injurious corrosive materials, provide suitable quick-drench or flushing facilities in the work area for immediate use.

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Switch to less hazardous products and ready-to-use dilutions where possible.
Engineer	Wall-mounted dilution systems that fill labeled bottles; plumbed eyewash with mixing valves near corrosives.
Equipment	Pre-printed secondary labels; spill kits sized to what is stored; chemical-resistant gloves and goggles.
Administrative	Annual chemical inventory by area; weekly eyewash activation with records; SDS downtime binder or offline access.
Small-shop fix	Walk every janitor closet and soiled utility room this week. Label or remove every unlabeled container and test every eyewash.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

07 · Hazardous chemicals not handled and stored safely

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	Every container, including spray bottles, is labeled.	☐	☐	☐	
2	The chemical inventory for this area is current.	☐	☐	☐	
3	Staff can pull an SDS in under two minutes, including during downtime.	☐	☐	☐	
4	Eyewash is within about 10 seconds of corrosive use, without a locked door.	☐	☐	☐	
5	Eyewash is tested and the record is current.	☐	☐	☐	
6	Eyewash water is tepid where required.	☐	☐	☐	
7	Incompatible chemicals are stored apart.	☐	☐	☐	
8	Spill kits are stocked and staff know how to use them.	☐	☐	☐	
9	Hazardous drug and pharmaceutical waste is segregated and secured.	☐	☐	☐	
10	Staff wear the PPE the SDS calls for.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any “No” that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · HAZARDOUS CHEMICALS NOT HANDLED AND STORED SAFELY

Who owns it

Hospital leadership	Funds dilution systems and plumbed eyewash.
Safety officer	Owns the chemical inventory and HazCom program.
EVS / unit managers	Keep containers labeled and storage orderly.
Facilities	Installs, tests, and maintains eyewash.
Staff	Use labeled containers and report missing SDS or eyewash.

How to verify it is working in the field

- Open three closets. Count unlabeled containers.
- Time a walk from a corrosive-use area to the eyewash.
- Ask a staff member to pull an SDS with the network down.

TOOLBOX TALK STARTER

If this splashed in your eyes right now, where would you go, and how long would it take?

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Label or remove unlabeled chemicals and make sure the nearest eyewash works today. Name the owner and date for dilution, storage, and eyewash fixes. Then run the eight-step gap response at the front of this guide.

08

482.41(b) [CMS]

Fire barrier penetrations not sealed

PE.03.01.01 EP 3 (formerly LS.02.01.10 EP 14) [JC]; Life Safety Code via K-tags [NFPA]; 42 CFR

590

documented findings, the No. 3 LS finding for hospitals

Above

the ceiling and in electrical closets are where surveyors check for unsealed penetrations

Every

new cable or pipe through a rated wall is a new chance for a hole

THE PAIN POINT Above the ceiling in an electrical closet, three new data cables run through a rated wall in a hole cut twice their size. Nothing seals the gap. (illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Fire barrier penetration seals was the No. 3 LS finding in hospitals (590) and also on the critical access hospital list. Joint Commission's building-tour checklist tells surveyors to look above ceilings for unsealed penetrations in corridor and hazardous-area walls and for properly sealed floor, ceiling, and wall penetrations in electrical closets. In 2026 this is scored under PE.03.01.01, EP 3.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- Trades and vendors penetrate rated walls without a permit.
- Firestop is left to “whoever is last” and never done.
- Wrong materials (foam, caulk not part of a tested system) are used.
- Rated walls are not marked above the ceiling, so workers do not know.
- No inspection before ceilings are closed.

REQUIREMENTS AND CONTROLS · FIRE BARRIER PENETRATIONS NOT SEALED

What the rules require, in plain words

PE.03.01.01 EP 3 · JC · final	Meet the applicable provisions of the Life Safety Code (NFPA 101-2012).
Building tour · JC · final	Surveyors check above ceilings for sealed penetrations in corridor and hazardous-area walls and in electrical closets (Survey Tool Guide).
K372 · NFPA · final	Smoke barriers are built to the required fire resistance rating (1/2 hour existing, 1 hour new) per LSC 8.5; fire and smoke dampers are tested 1 year after install and every 6 years.
42 CFR 482.41(b)(1) · CMS · final	Hospitals must meet the 2012 Life Safety Code.
PE.03.02.01 · JC · final	Use interim life safety measures while a barrier deficiency is open.

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Route new cabling through existing sleeves and pathways instead of new holes.
Engineer	Pre-installed firestop sleeves at common crossings; rated walls stenciled above the ceiling.
Equipment	Listed firestop systems and materials stocked for the shop, matched to the wall type.
Administrative	Above-ceiling permit with a firestop inspection before close; life safety drawings that show barriers; a penetration log.
Small-shop fix	Check every electrical and IT closet this week. Seal any open penetration with the listed system for that wall.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

08 · Fire barrier penetrations not sealed

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	Rated walls are marked above the ceiling.	☐	☐	☐	
2	No open holes or gaps around cables, pipes, or ducts in rated walls.	☐	☐	☐	
3	Seals use a listed firestop system, not loose foam or unrated caulk.	☐	☐	☐	
4	Electrical and IT closets have sealed floor and wall penetrations.	☐	☐	☐	
5	Above-ceiling permits include a firestop sign-off.	☐	☐	☐	
6	Life safety drawings show current barrier locations.	☐	☐	☐	
7	A penetration log records new penetrations and seals.	☐	☐	☐	
8	Fire and smoke dampers are tested on schedule.	☐	☐	☐	
9	Contractors are told the rule in writing.	☐	☐	☐	
10	Open deficiencies have an interim life safety measure assessment.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any “No” that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · FIRE BARRIER PENETRATIONS NOT SEALED

Who owns it

Hospital leadership	Backs the permit rule for all vendors.
Facilities director	Owns life safety drawings, permits, and the penetration log.
IT / low-voltage manager	Makes sure vendors firestop their work.
Contractors	Seal with listed systems and close out with an inspection.
Safety officer	Checks barriers on rounds.

How to verify it is working in the field

- Open two electrical closets. Check every penetration.
- Lift tiles at a rated corridor wall. Look for open holes.
- Ask a contractor what firestop system they use and where it is listed.

TOOLBOX TALK STARTER**When someone drills through a wall here, who seals the hole?**

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Seal or protect any open penetration found today and log it. Name the owner and date for the permit and firestop inspection fix. Then run the eight-step gap response at the front of this guide.

09 Sprinkler systems not maintained

PE.03.01.01 EP 3 (formerly LS.02.01.35 EP 5) [JC]; PE.04.01.01 EP 2; NFPA 25-2011 via K353 [NFPA]; 42 CFR 482.41(d)(2) [CMS]

570

documented findings, the No. 4 LS finding for hospitals

NFPA 25

the inspection, testing, and maintenance standard surveyors use

6 months

test interval for vane- and pressure-type waterflow devices

THE PAIN POINT The sprinkler contractor's annual report lists five deficiencies, including a corroded head and a valve with no supervisory signal. The report is filed. None of the five has a work order. (illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Sprinkler maintenance was the No. 4 LS finding in hospitals (570). Joint Commission's Survey Tool Guide lists the testing it expects, based on NFPA 25-2011 and NFPA 72-2010, such as quarterly or semiannual supervisory devices, waterflow devices every 6 months, and main drains and fire pumps under flow every 12 months, with records kept and readily available. In 2026 this is scored under PE.03.01.01 EP 3, with maintenance and testing under PE.04.01.01 EP 2.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- Contractor reports list deficiencies that nobody turns into work orders.
- Inspection frequencies are missed when contracts lapse or change.
- Records are scattered or incomplete.
- Corroded, painted, or damaged heads are not replaced.
- Valves are closed for work and not reopened or not supervised.

REQUIREMENTS AND CONTROLS · SPRINKLER SYSTEMS NOT MAINTAINED

What the rules require, in plain words

K353 · NFPA · final	Inspect, test, and maintain sprinkler and standpipe systems per NFPA 25; keep design, maintenance, inspection, and testing records secure and readily available.
Testing intervals · NFPA · final	Supervisory devices quarterly or semiannually by type; waterflow devices every 6 months; main drains and fire pumps under flow every 12 months (Survey Tool Guide).
PE.04.01.01 EP 2 · JC · final	Maintain essential equipment, including fire protection systems, in safe operating condition.
42 CFR 482.41(d)(2) · CMS · final	Facilities and equipment must be maintained to an acceptable level of safety and quality.
PE.03.02.01 · JC · final	Use interim life safety measures when a system is impaired or a deficiency is open.

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Replace systems or components that fail repeatedly instead of re-testing them.
Engineer	Electronic supervision of valves and alarms tied to a constantly attended location.
Equipment	Spare heads of each type and a head wrench kept on site.
Administrative	Every contractor deficiency becomes a work order within a week; a fire protection calendar for all NFPA 25 tasks; impairment procedure with interim measures.
Small-shop fix	Pull your last sprinkler inspection report. Make sure every deficiency has a work order and a date.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

09 · Sprinkler systems not maintained

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	All NFPA 25 inspections and tests for the last year are on file.	☐	☐	☐	
2	Every deficiency on the last report has a work order.	☐	☐	☐	
3	Deficiencies are closed with dates.	☐	☐	☐	
4	Supervisory devices are tested at the right intervals.	☐	☐	☐	
5	Waterflow devices were tested in the last 6 months.	☐	☐	☐	
6	Main drains and fire pumps were tested in the last 12 months.	☐	☐	☐	
7	No corroded, painted, or damaged heads in the areas checked.	☐	☐	☐	
8	Valves are open, supervised, and accessible.	☐	☐	☐	
9	Impairments follow a written procedure with interim measures.	☐	☐	☐	
10	Records are organized and can be produced quickly.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any “No” that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · SPRINKLER SYSTEMS NOT MAINTAINED

Who owns it

Hospital leadership	Funds repairs that reports identify.
Facilities director	Owens the fire protection calendar and records.
Fire protection contractor	Tests to NFPA 25 and reports clearly.
Engineers	Turn deficiencies into work orders and close them.
Safety officer	Audits records and impairments.

How to verify it is working in the field

- Match the last report's deficiencies to work orders.
- Ask for the main drain test record for one riser.
- Look at five sprinkler heads on one unit for damage or paint.

TOOLBOX TALK STARTER

What did the last sprinkler report say was wrong, and is it fixed?

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Create work orders for every open sprinkler deficiency today and protect any impaired area. Name the owner and date for each repair. Then run the eight-step gap response at the front of this guide.

10 Fire-rated doors that do not meet requirements

PE.03.01.01 EP 3 (formerly LS.02.01.10 EP 11) [JC]; PE.04.01.01 EP 2; NFPA 80-2010 via K761, K223 [NFPA]; 29 CFR 1910.37 [GI]

568

documented findings, the No. 5 LS finding for hospitals

Annual

inspection and testing of fire door assemblies per NFPA 80, with written records

Self-close

doors may be held open only by a release device that closes them on alarm

THE PAIN POINT A fire door to the stairwell is propped with a wedge so carts can get through. Two others on the floor do not latch. The annual door inspection was last done two years ago. (illustrative)

What the data says

Source: Joint Commission, Accreditation 360 PE webinar, hospital program, May 1, 2024–May 31, 2025. Fire-rated door requirements was the No. 5 LS finding in hospitals (568). Joint Commission's Survey Tool Guide says fire door assemblies are inspected and tested annually per NFPA 80 by people who understand door components, with written records, and that doors required to be self-closing may only be held open by release devices that close them automatically on alarm. In 2026 this is scored under PE.03.01.01 EP 3, with door inspection under PE.04.01.01 EP 2.

Why it really happens

Not worker carelessness. These are the system and leadership conditions that make this predictable.

- Doors are propped or wedged for traffic, carts, or air flow.
- Closers, latches, and coordinators wear out and are not repaired.
- Labels are painted over or removed, gaps exceed limits, or non-rated hardware is added.
- The annual inspection is skipped or done by someone not trained.
- Deficiencies found on inspection are not corrected.

REQUIREMENTS AND CONTROLS · FIRE-RATED DOORS THAT DO NOT MEET REQUIREMENTS

What the rules require, in plain words

K761 · NFPA · final	Inspect and test fire door assemblies annually per NFPA 80, by individuals who understand the door's operating components; keep written records.
K223 · NFPA · final	Self-closing doors may be held open only by a release device that closes them on fire alarm, smoke detection, sprinkler flow, or loss of power.
PE.03.01.01 EP 3 · JC · final	Meet the applicable provisions of the Life Safety Code (NFPA 101-2012).
1910.37(a)(3) · GI · final	Exit routes must be free and unobstructed.
PE.03.02.01 · JC · final	Use interim life safety measures while a door deficiency is open.

Paraphrased. Joint Commission requirements and K-tag code summaries checked against Joint Commission's 2026 Hospital Accreditation Survey Tool Guide and Accreditation 360 materials; federal text checked on eCFR (current to Oct. 8, 2026) on Oct. 13, 2026. Joint Commission standards are copyrighted; read the exact elements of performance in E-dition. State and local codes may add requirements. Tags: JC = Joint Commission accreditation requirement (binds accredited organizations; standard text is paraphrased). CMS = Medicare Conditions of Participation, 42 CFR 482 (hospitals). NFPA = National Fire Protection Association codes adopted by CMS (Life Safety Code NFPA 101-2012, Health Care Facilities Code NFPA 99-2012, and the standards they reference), surveyed through CMS K-tags. GI = OSHA general industry rule (29 CFR 1910), which protects hospital employees. GUIDANCE = advisory, not a requirement.

Controls that work, in hierarchy order

Eliminate	Fix the reason doors get propped: add magnetic hold-opens tied to the alarm where traffic requires it.
Engineer	Electromagnetic hold-opens on the fire alarm; heavy-duty closers and latches in high-traffic doors.
Equipment	A door inventory with labels, ratings, and photos; replacement parts on hand.
Administrative	Annual NFPA 80 inspection by trained staff or contractor; no-wedge rule enforced on rounds; deficiency work orders tracked to closure.
Small-shop fix	Walk one floor this week. Pull every wedge, close every rated door, and check that it latches. Ticket every one that does not.

Leaders own the conditions. Surveyors do not find these on survey day. They find what was normal on every other day. Build the fix into the round, the work order, and the budget, not into the week before the survey.

30-MINUTE SELF-AUDIT · PRINT AND TAKE TO THE FLOOR

10 · Fire-rated doors that do not meet requirements

SITE	AREA / JOB / CREW	AUDITOR	DATE
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#	CHECK WHAT YOU CAN SEE OR PUT YOUR HAND ON	YES	NO	N/A	NOTES
1	No rated door is wedged or propped open.	☐	☐	☐	
2	Hold-open devices release on alarm.	☐	☐	☐	
3	Every rated door closes and latches on its own.	☐	☐	☐	
4	Labels are present and readable.	☐	☐	☐	
5	Gaps and undercuts are within limits.	☐	☐	☐	
6	No non-rated hardware, holes, or kick plates over the allowed height.	☐	☐	☐	
7	The annual NFPA 80 inspection is complete, with records.	☐	☐	☐	
8	Inspectors are trained in door components.	☐	☐	☐	
9	Every deficiency from the last inspection is corrected.	☐	☐	☐	
10	Staff know why fire doors must stay closed.	☐	☐	☐	

#	GAP FOUND	OWNER (ONE NAME)	DUE	VERIFIED

Rule: any “No” that is a live exposure gets stopped or contained before you leave the area. Stop is a right on this site. Restart is a decision. A named person makes it after the control is in place.

PREVENTION PLAYBOOK · FIRE-RATED DOORS THAT DO NOT MEET REQUIREMENTS

Who owns it

Hospital leadership	Funds hold-open devices and door repairs.
Facilities director	Owens the door inventory and annual inspection.
Door technicians / contractor	Inspect to NFPA 80 and repair hardware.
Unit staff	Never wedge a door; report doors that do not latch.
Safety officer	Checks doors on every EC round.

How to verify it is working in the field

- Walk one floor. Count doors that do not close and latch.
- Ask for the last annual fire door inspection report.
- Ask a staff member why that door is propped.

TOOLBOX TALK STARTER

Which door on this floor is always propped, and what do people need that the door is getting in the way of?

Ask it at the job, not in the break room. Then listen. Write down what you hear and give it an owner before you leave.

IF YOU FIND A GAP

Pull every wedge and close every rated door now. Name the owner and date for repairs and for the hold-open or traffic fix. Then run the eight-step gap response at the front of this guide.

CHECK OUR WORK

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Sources retrieved and checked October 13, 2026. This guide is a practical summary for planning and self-assessment. It is not legal advice and does not replace Joint Commission's standards, the CMS Conditions of Participation, NFPA codes, or OSHA rules. Joint Commission requirements are paraphrased; use E-dition and the Survey Tool Guide for the exact text. Local and state codes may add requirements. Finding counts are national survey data and will not match any one hospital's experience. EHS Concepts is not affiliated with Joint Commission.

FREE FIELD TOOL · NEXT STEP

ONE CORRIDOR. SEVEN MINUTES.

The free 7-Minute Safety Walk is a one-page field tool. Pick one corridor right now. Look up (ceiling tiles, sprinkler heads, anything tied to a pipe), look at the doors (do they close and latch), look at the walls and panels (labels, penetrations, clutter), and look down (exits clear, floors clean). Then ask the staff on that unit what they would fix first. It is the fastest way to find out whether the fixes in this guide are working in your building today.

Get the free 7-Minute Safety Walk →

thewaysofsafety.com/walk



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