



WHEN TRUST MATTERS

# How to Achieve Better Survey Results, Key Accreditation Updates, and Top PE Findings

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# About Your Speakers

## **Kelly Proctor, CHFM, CHSP, CHOP** **President, DNV Healthcare**

- Kelly is the President of DNV Healthcare, overseeing all Accreditation and Certification Services, along with the general operations of the Healthcare Division of the world's largest Certification body. Since joining DNV in 2010, Kelly has served in several roles including Team Leader, Sector Leader, Educator, Director of Operations, before being promoted to President of DNV Healthcare in April 2022.
- Spanning a career of over 30 years in the healthcare field, Kelly brings deep expertise in the implementation of ISO 9001 Quality Management Systems, NIAHO® Accreditation and NFPA, as well as international survey experience by performing audits across Europe, Asia, and South America. Prior to DNV Healthcare, Kelly served as the Director of Operations at two Georgia hospitals.
- Kelly holds a Master's in Mechanical Engineering and maintains his CHFM, CHSP, and CHOP Certifications. He is also a certified Lead Auditor for ISO 9001, ISO 14001, and NIAHO® , as well as an active member of ASHE.



# About Your Speakers

**Don Metcalfe, CHFM, CHOP**

**CHOP Specialty Program Manager**

**DNV Healthcare**

- Don enjoys working with organizations to foster a culture of quality and sustainable patient centered, safe care. His impassioned approach to safety, infection prevention, and risk management in the physical environment led him to a career with DNV.
- Don has 30+ years of professional safety and industrial hygiene experience, both in general industry and healthcare. Prior to joining DNV, he managed the Physical Environment program for a 600+ bed hospital along with the associated urgent care, ambulatory care, and business locations. He also worked as a consultant for healthcare organizations across the United States. His experience includes performing surveys/audits for life safety, physical environment, and infection prevention, as well as risk assessments, accident investigations, exposure monitoring, indoor air quality investigations, and ergonomic evaluations.
- Currently, Don serves as DNV's Certified Healthcare Operations Professional (CHOP) specialty program manager, creating content and teaching courses for the three levels of CHOP certification and cybersecurity.
- Don has a Bachelor of Science in Biology and holds certifications in Healthcare Facility Manager (CHFM) from the American Hospital Association, Healthcare Operations Professional (CHOP) from DNV Healthcare, ISO 9001 Lead Auditor, NIAHO® Lead Auditor.



# What To Expect From This Presentation

This presentation will provide attendees with information on how to **avoid common mistakes** made by hospitals during a **physical environment (PE) accreditation survey**. The attendee will receive **helpful hints** on the following:

- How to properly present a surveyor with PE documentation?
- How to properly document and perform corrective action plans?
- How to have a successful building tour with a PE surveyor?
- The importance of meeting code requirements and standards
- CMS Update
- Top PE findings





## Globally recognized, locally impactful

DNV incorporates trusted **ISO 9001** standards to help you exceed regulatory expectations and unlock **sustained performance**.



## Accreditation for your goals

Achieve **your mission, vision, and values** on the path to compliance.  
Unlock accreditation that allows you to **reach your goals**.

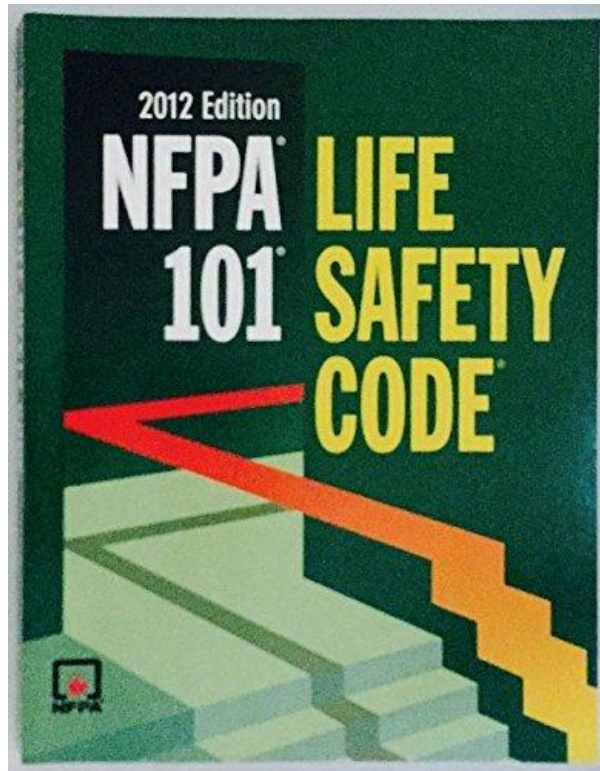
# Key Accreditation Updates

- DNV's NIAHO Standards Revision 25-1
- DNV's Clients will be ISO Certified not compliant
- DNV's ASC Deeming Authority Mid-October 2025
- Infection Control Interview/Facilities Interview
- CMS Direct Observation Validation (DOV) Surveys expected to resume
- Accreditation 360



# NFPA 101, Life Safety Code (2012)

- Follow the code completely through
- What is the appendix for (\*)?
- Is the appendix surveyable?
- How do I know what edition of an NFPA code book to follow?



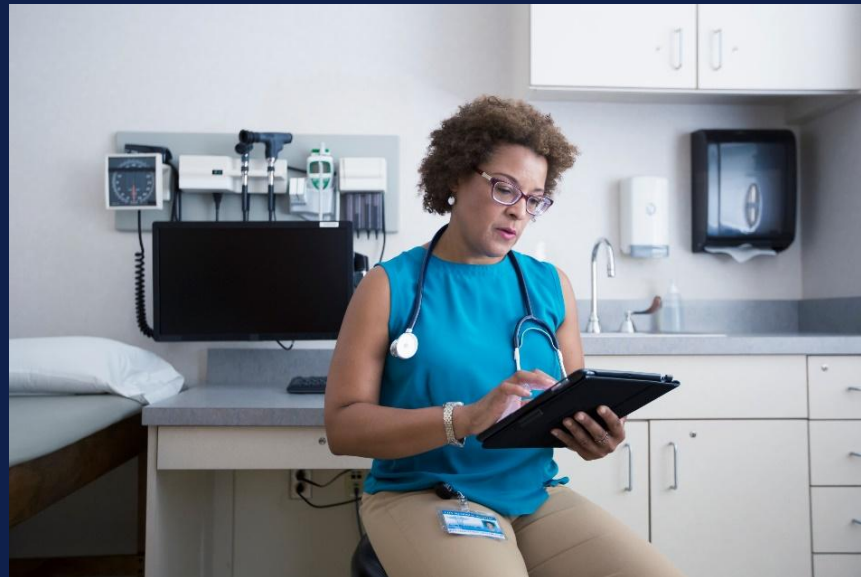
- ❖ Structures that are considered **new** have design plans approved *after July 5, 2016*.
- ❖ Structures that are considered **existing** have design plans approved *on or before July 5, 2016*.

# When should you start worrying about your accreditation survey?

**NEVER!!!**



**Staying prepared  
is the best way to have  
a stress-free survey.**



# Construction

- When the survey team conducts **the opening meeting**, be prepared to discuss any active construction projects that you may have.
- **Let the survey team know** the stage of construction, the location and the expected completion date.
- **Always be transparent** with the survey team about your construction project, most likely they will want to visit the construction site.

\*\*\* **Pay attention to ICRA's and ALSM's** – these are low hanging fruit for surveyors.



# Corrective Action Plans (CAPs)

- **Inform the survey team** about the status of your CAPs from the previous survey and be able to explain any that are not complete.
- **Be open and honest** about the status of your CAPs from previous surveys. If you had to change them because they were not working that's fine but be able to explain that.
- **If you have CAPs that are not complete**, that does not always mean there is a problem. Explain to the surveyor the challenges and the successes you have had completing your CAPs. If your plan is still open, then explain when you expect it to be closed.
- **Note:** The surveyor will most likely know by the end of the survey if you have not been transparent about the status of your CAPs.

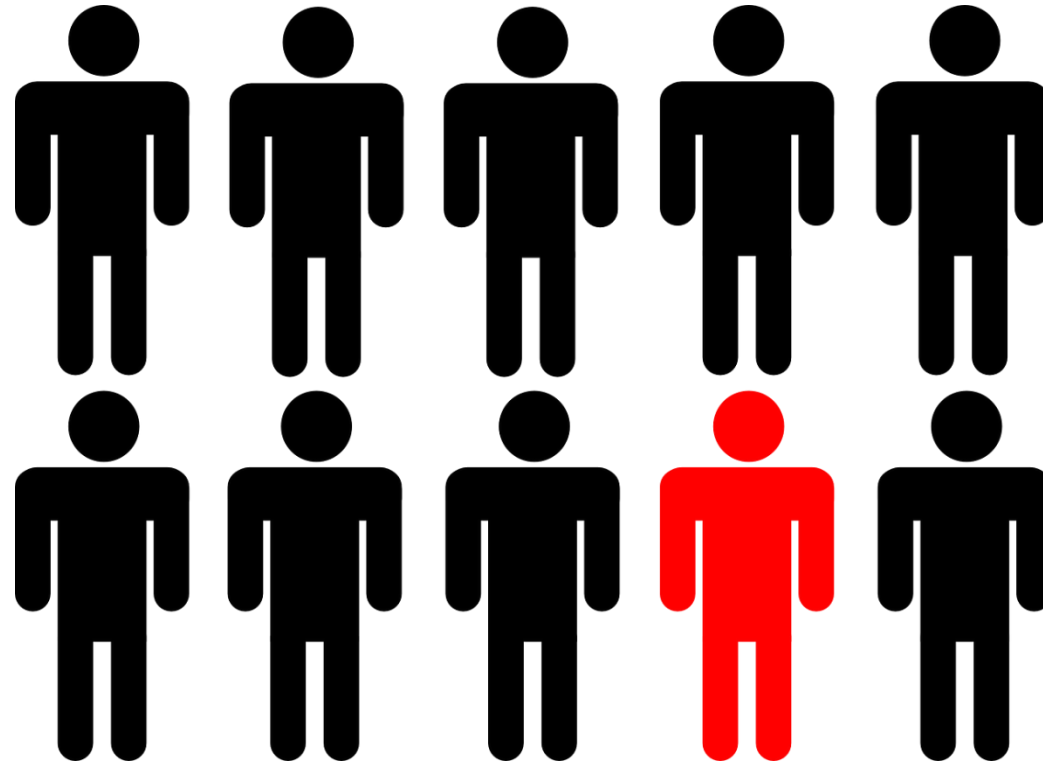


# What Stands In Your Way?

- **Don't be afraid to let the surveyor know** where you are not compliant with a code.
- Typically, if you are aware and are working on it, and if you have a CAP in place then **the surveyor may not write it as a non-conformity (NC)**. This is not always the case because CMS requires that some things be written no matter what the status.
- **Explain to the surveyor** what may prevent the survey from proceeding as planned, things like construction, staff shortages, emergencies and even planned drills.



# What is needed in order to have a non-conformity (NC)?



# What is needed in order to have a non-conformity (NC)?



# Don't be scared to give some friendly push back!

Surveyors are human and they make mistakes.



# Document Review Session



# Stay Organized!

- During the document review session, **ensure all required documents are well-organized and readily accessible.**
- **If you have trouble locating documents** while the surveyor is on site, that tells the surveyor you may not be keeping up with your documents as you are required to, prompting the surveyor to conduct a more thorough review once the documents are located.
- **Important:** Failure to provide requested documents during the survey will, in most cases, result in an NC.



# Prove you fixed it!

- **When the surveyor is reviewing documents**, such as the fire alarm test and inspection report, be sure to have evidence of correction or repair for any failure identified on the report.

**\*\*\* Note:** Avoid having to call the vendor while the surveyor is present to clarify information on your report. It's always best to have complete and clear documentation ready in advance.



# The Right People Make a Difference

- **Ensure the right team members are present** during the document review session. Be well-organized and know where all relevant documentation is located.

**\*\*\* Note:** If you are unable to provide evidence for something the surveyor requests, they may reasonably assume that it was not completed and will most likely write an NC.



# Are They Competent?

- **While most hospitals are good at verifying competencies for staff**, many fall short when it comes to others such as volunteers, vendors, contracted staff and sub-contractors.
- **Failure to verify** staff and contractor competencies will most likely lead to an NC.



# The Basics of A Successful Building Tour

- **Have the right people** on the building tour.
- Have a ladder and a flashlight available.
- Have containment units if required.
- Have your Life Safety and MEP drawings available.
- **Don't try to lead your surveyor** from areas they are requesting to see.



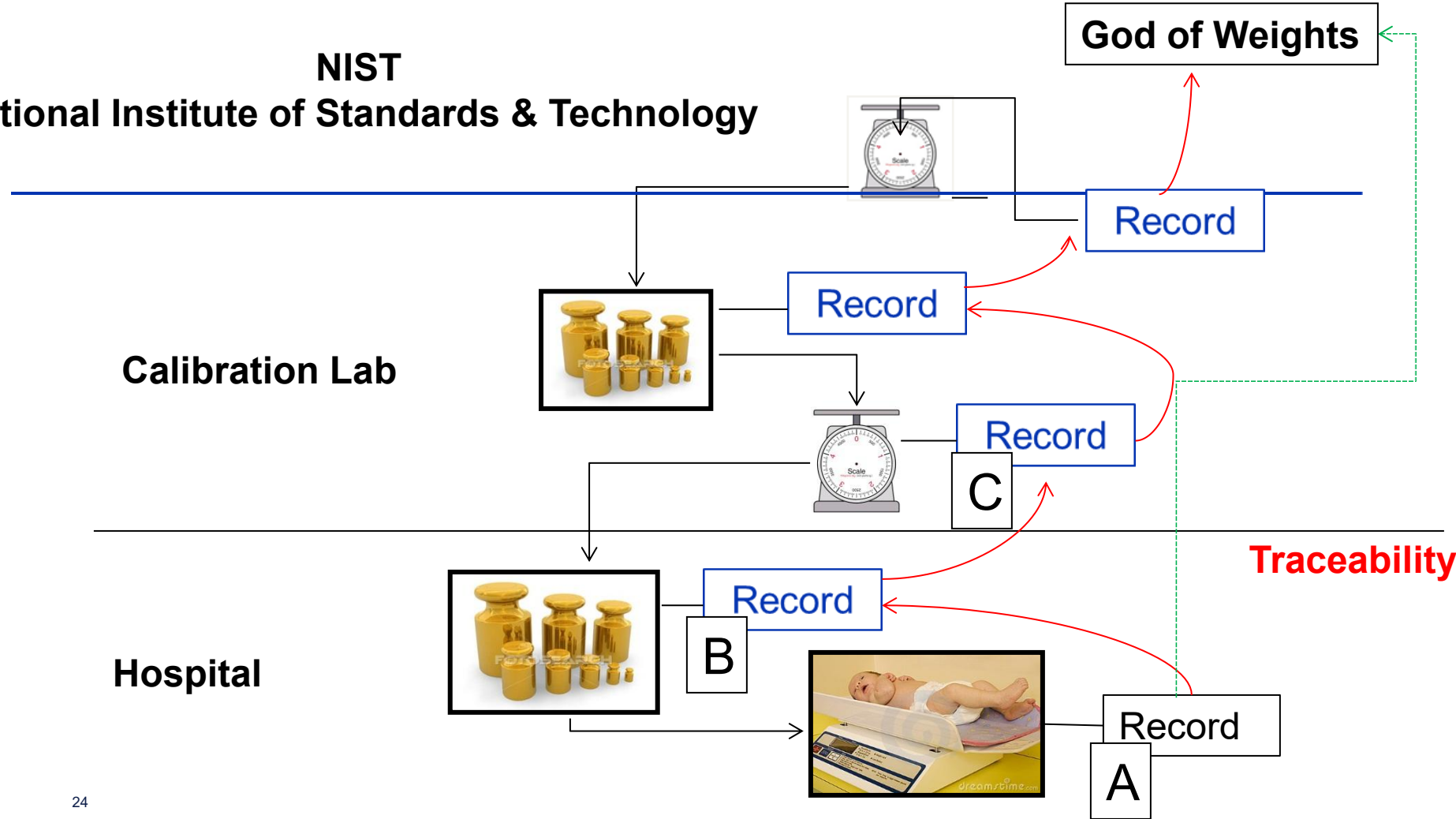
# ISO 9001 Control of Monitoring and Measuring Equipment

## 7.1.5 Monitoring and measuring resources

- The organization assesses and records the validity of **the previous measuring results when the equipment is found not to conform to requirements.**
- **The organization takes appropriate actions on the equipment and any product affected**



# 7.1.5 Monitoring and measuring equipment



# Make the Surveyors Work for Their Money

We have a “great” water treatment program.



# Keep The Obvious Taken Care Of

This is a cool picture. 



# Should this be secured?



# Keep The Obvious Taken Care Of

**Seriously**, we don't allow  
**smoking** on our campus!



# Keep It Clean

Mechanical spaces, stairwells, and electrical closets should not be used as storage areas. Keep them **clean and organized**.



# Hi-Tech Cleaning Unit



# Wednesdays are Laundry Day!



# Is This Wall Covering Appropriate?



# The humidity in this area is a little out of range!



# How Many Is Too Many?

- **Don't have too many people** escorting the surveyor during the visit. This can cause a disruption with staff, visitors and most importantly disturb patients.



# Let's Hurry Up and Wait!

- Make sure you (or a designated team member) **have access to all closets and mechanical spaces.**

**Delays waiting on keys** or someone to come and open doors can be frustrating for everyone.



# DETOUR!

**Don't try to lead the surveyor** to areas not requested.  
The surveyor usually has a plan of what he/she wants to see.



# We will fix it now!

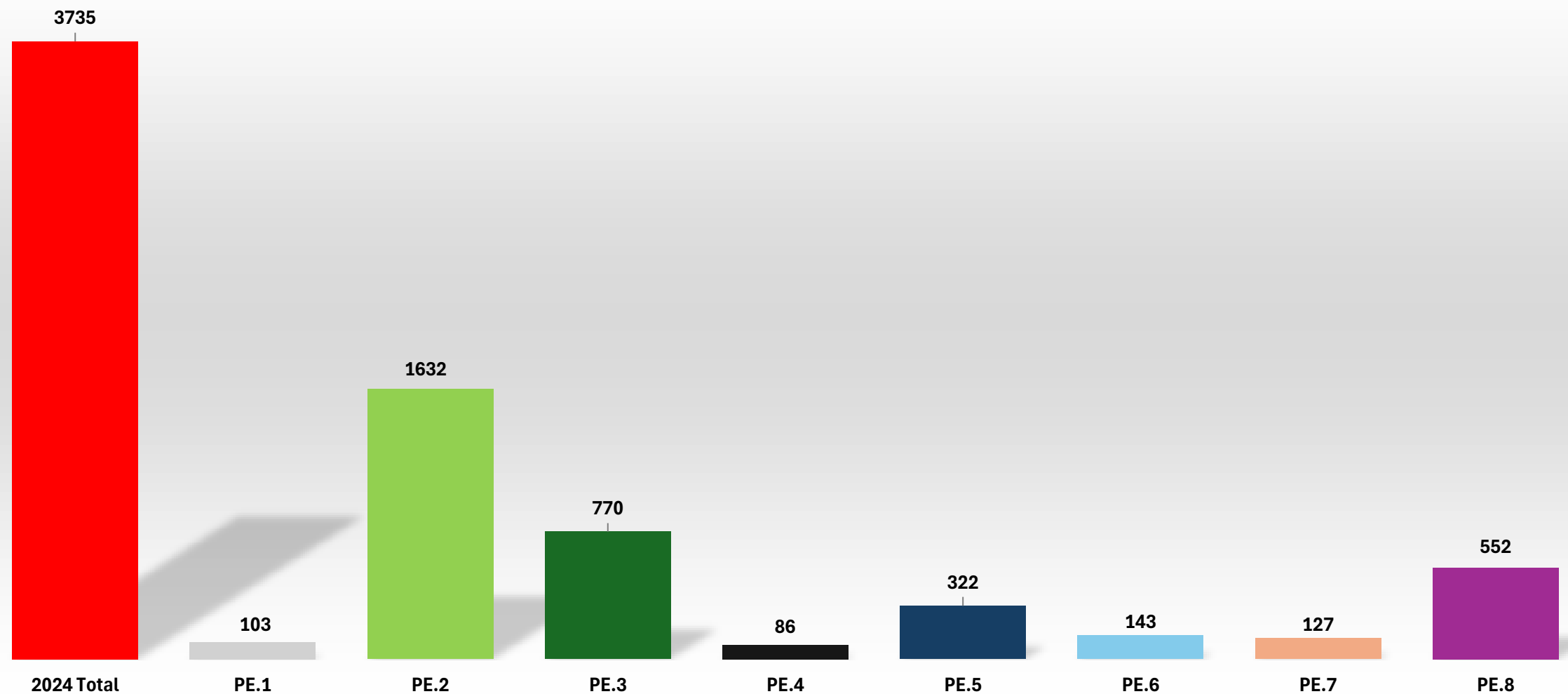
**Don't assume** that because you fix a problem while the surveyor is there that he/she will not write a finding... there is more to it than that.

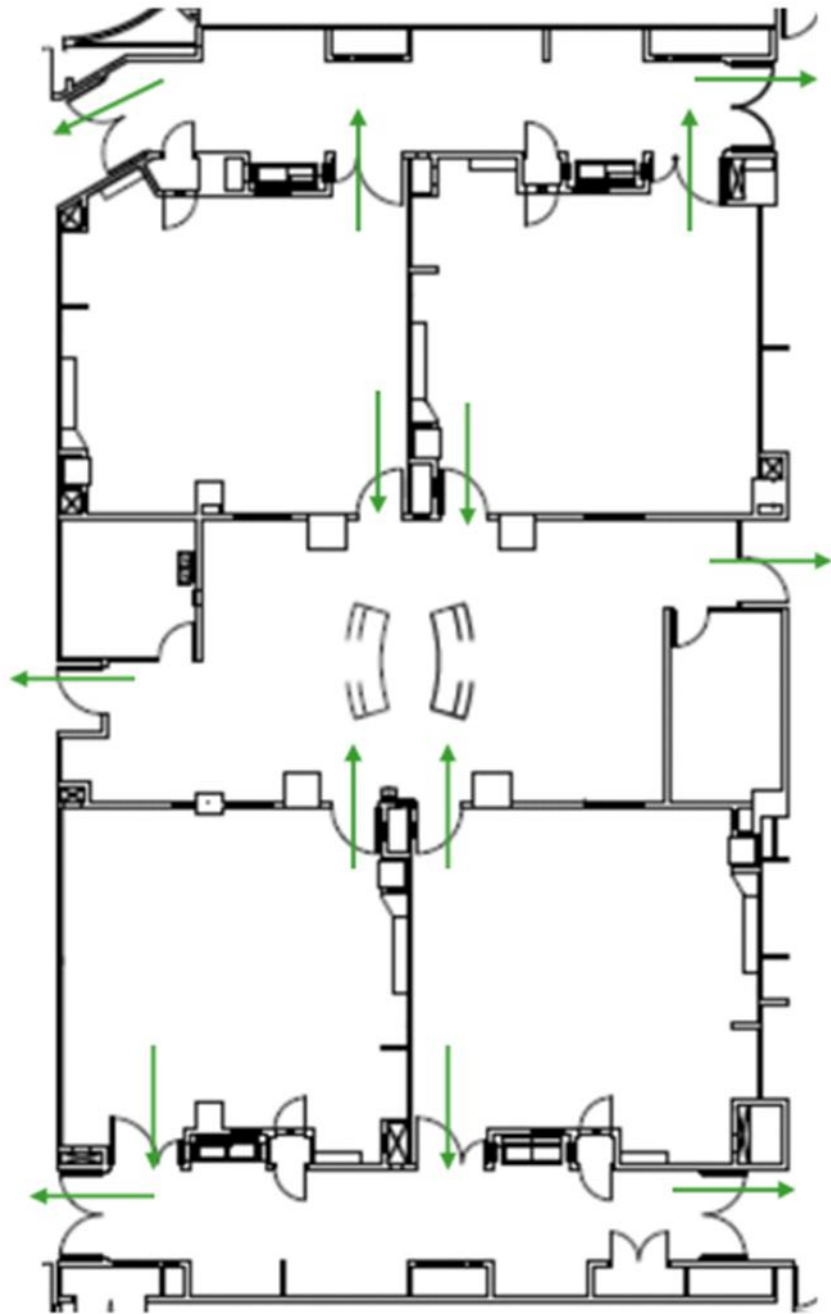


# DNV's Top PE Findings



## Physical Environment Findings 2024





# 1. Improper Air Pressure Relationships

- **PE.8 (SR.7)** The Utility Management System shall require proper ventilation, light and temperature controls in patient care areas, operating rooms, sterile supply rooms, special procedures, isolation and protective isolation rooms, pharmaceutical, food preparation, and other appropriate areas.
- **ASHREA 170-2008 Table 7.1**
- **482.41(c), 482.41(d)(4), 482.42(a)(3)**

## 2. Gas Cylinders Not Properly Secured



- **PE.5 (SR.5)** All compressed gas cylinders in service and in storage shall be secured and located to prevent abnormal mechanical shock or other damage to the cylinder valve or safety device.
- **NOTE:** This used to say individually secured
- 29 CFR 1910.101

### 3. Penetrations of Fire/Smoke Barriers



- **PE.2 (SR.1a)** The organization shall meet the applicable provisions and shall proceed in accordance with the 2012 Life Safety Code ...
- **PE.2 (SR.5)** The Life Safety Management System shall include in the elements of SR.4e a written barrier protection plan for the preservation of the integrity of hospital smoke and fire barriers...
- **NFPA 101-2012 8.3.5.1, 8.5.6.2**
- **482.41(b)(1)(i); 485.623(c)(1)(i)**

## 4. Loaded Fire Sprinklers



- **PE.2 (SR.10)** The Life Safety Management System shall require that Life Safety systems (e.g., fire suppression, notification, and detection equipment) shall be tested, inspected, and maintained (including portable systems) in accordance with applicable requirements.
- **NFPA 25-2011 5.2.1.1.2(5)**
- **482.41(b)(1)(i); 485.623(c)(1)(i)**

## 5. Sprinkler Piping Supporting Non-System Components



- **PE.2 (SR.10)** The Life Safety Management System shall require that Life Safety systems (e.g., fire suppression, notification, and detection equipment) shall be tested, inspected, and maintained (including portable systems) in accordance with applicable requirements
- **NFPA 25-2011 5.2.2.2; NFPA 13-2010 9.1.1.7**
- **482.41(b)(1)(i); 485.623(c)(1)(i)**
- Bundles of wire resting on sprinkler pipe
- Ceiling grid being supported by sprinkler pipe
- Escutcheon rings missing or not correct
- Loaded/dirty fire sprinkler heads
- Testing and inspection deficiencies

## 6. Fire Door Latching Issues



- **PE.2 (SR.10)** The Life Safety Management System shall require that Life Safety systems (e.g., fire suppression, notification, and detection equipment) shall be tested, inspected, and maintained (including portable systems) in accordance with applicable requirements.
- **NFPA 80-2010 5.1.3, 6.1.4**
- **482.41(b)(1)(i), 482.41(b)(1)(ii); 485.623(c)(1)(i), 485.623(c)(1)(ii)**

## 7. Missing Eyewash



- **PE.3 (SR.4)** The Safety Management System shall require that the organization maintain an environment free of hazards and manages staff activities to reduce the risk of occupational related illnesses or injuries.
- **PE.1 (SR.10a)** During construction, repairs, or improvement operations, or activities otherwise affecting the space, the current edition of the Guidelines for Design and Construction of Hospitals or the Guidelines for Design and Construction of Outpatient Facilities (FGI), as appropriate, shall be consulted for design purposes.
- **FGI Guidelines – 2.1-8.4.3.8(2)**
- **OSHA 1910.151(c), 1910.1048(i)(2)/(i)(3)**
- **ANSI Z358.1**

## 8. Monthly Owner's Inspection of Kitchen Hood Suppression System

- **PE.2 (SR.10)** The Life Safety Management System shall require that Life Safety systems (e.g., fire suppression, notification, and detection equipment) shall be tested, inspected, and maintained (including portable systems) in accordance with applicable requirements
- **NFPA 17A-2009 7.2**
- **482.41(b)(1)(i), 485.623(c)(1)(i)**

## 9. Battery Powered Lighting in Anesthetizing/Deep Sedation Locations



- **PE.8 (SR.8b)** NFPA 99, 2012 6.3.2.2.11, Battery-Powered Lighting Units, shall apply to new and existing healthcare facilities and shall be installed in accordance with NFPA 70, National Electric Code, 2011 edition.
- **NFPA 99-2012 6.3.2.2.11**
- **NFPA 99-2012 1.3.3.1, 1.3.3.2**
- **482.41(a)(1), 482.41(c); 485.623(a)(5), 485.623(d)**

## 10. Annual Eyewash Testing/ Maintenance Issues



- **PE.3 (SR.7)** All eyewashes and emergency drench showers shall be tested and maintained according to the current ANSI Z358.1 Standard.
- **ANSI Z358.1-2014 6.5.5**

# 10. Medical Equipment Incoming Inspections



- **PE.7 (SR.1)** The Medical Equipment Management System shall address issues related to the organization's initial service inspection, the orientation, and the demonstration of use for organization owned, rental or physician owned equipment.
- **NFPA 99-2012 10.5.2.7**
- **482.41(c), 482.41(d)(2); 485.623(b)(1), 485.623(d)**

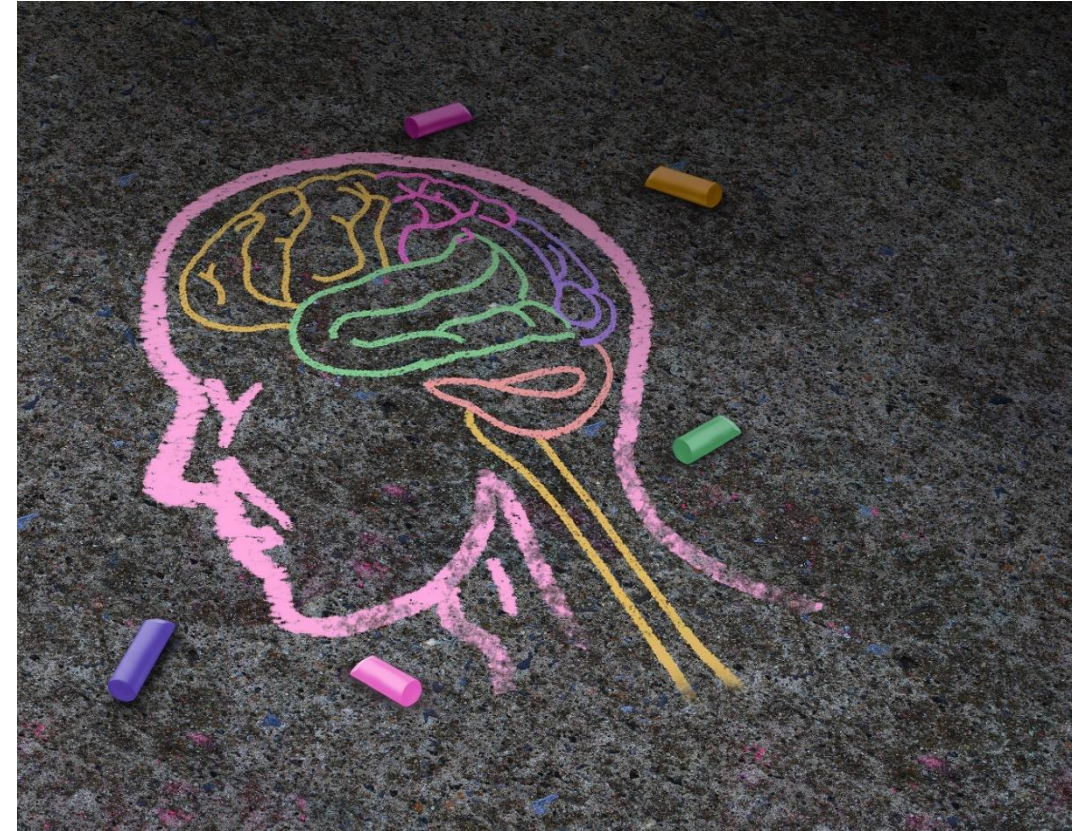
# DNV's Common Findings



# PE.1 Facility

## Ligature Risks in dedicated and designated Psychiatric areas

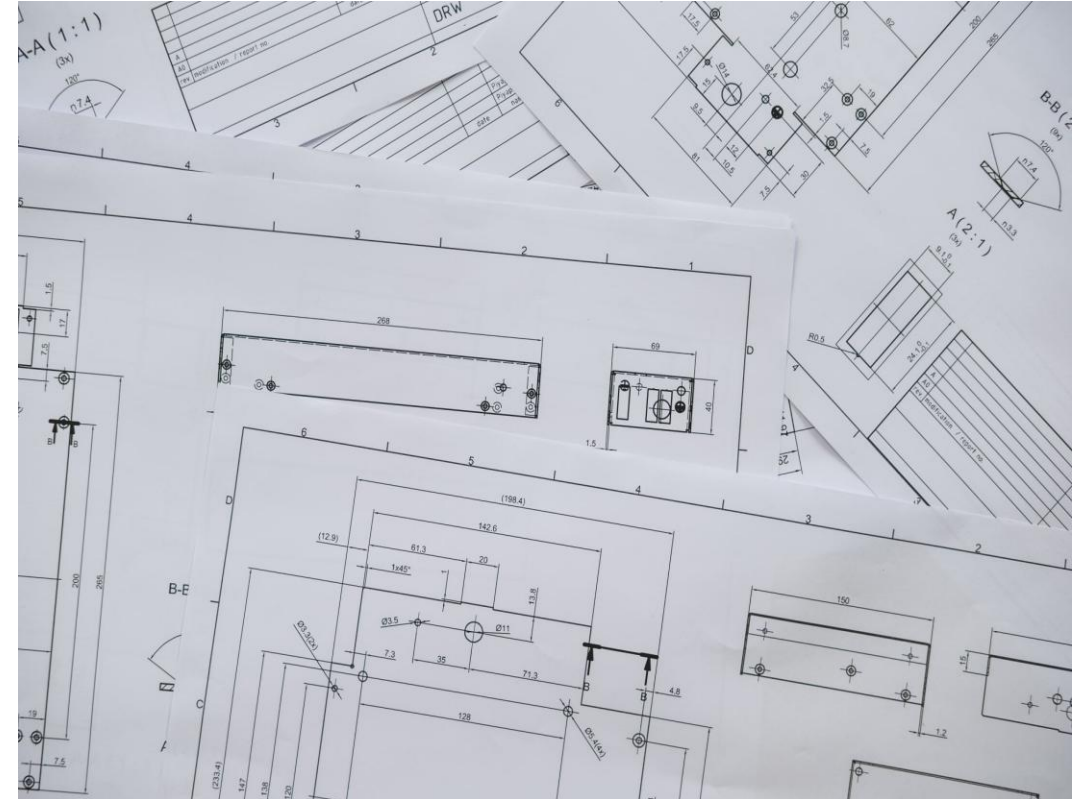
- Exposed pipes
- Non-breakaway curtain rods and/or vents
- Ceiling grid
- Door and cabinet hinges
- Doors and door hardware
- Beds



# PE.1 Facility (cont.)

## Physical Environment Management Plans

- Management plans not in place for one of the required areas (Life Safety Management, Safety Management, Security Management, Hazardous Materials Management, Emergency Management, Medical Equipment Management, and Utilities Management)
- No annual evaluation of one or more of the management plans
- Management plans that do not have measurable information
- Goals that do not match the evaluation



# PE.3 Safety Management

## Freon Detection System where chillers are located

- System completely missing
- Partial system
- Detection system not working properly
- Components not located properly
- Alarm does not sound outside of affected area



# PE.3 Safety Management (cont.)

## Numerous NC's concerning electrical panels

- Breakers are labeled wrong
- Legends are identified wrong
- Breakers marked as spare are in the on position
- Legends are missing completely
- Electrical panels missing covers
- Electrical panels not secured from access



# PE.4 Security Management

## Staff not trained in use of restraints

- Organizations are failing to train security staff in the use of clinical restraints.
- Additionally, hospitals are failing to provide security staff training in de-escalation practices and in some cases are failing to provide training in the use of handcuffs and weapons.



# Hazardous Materials Management System

## Staff not trained on handling and transporting hazardous materials

- Organizations are failing to provide training for those who handle and transport hazardous materials.
- Training shall include anyone, including EVS and maintenance workers who may move hazardous materials from patient rooms to storage areas, from off sites to the main campus or from one location within the hospital to another.... This includes chemicals that may be used/stored in the lab.



# Emergency Management System

## ➤ Failure to have an HVA for ALL hospital locations including the off-site locations

Organizations fail to include locations in the Hazard Vulnerability Assessment.

All locations must be included, this does not have to be a separate document, but different risks need to be identified if one document is used. The HVA should be updated when risks change but at a minimum at least annually.

## ➤ No Annual evaluation of the Emergency Management Plan

Some organizations are failing to evaluate the emergency management plan annually. In some cases, they are performing a review but forgetting to do the evaluation.



# Medical Equipment Management System

## Failure to calibrate equipment

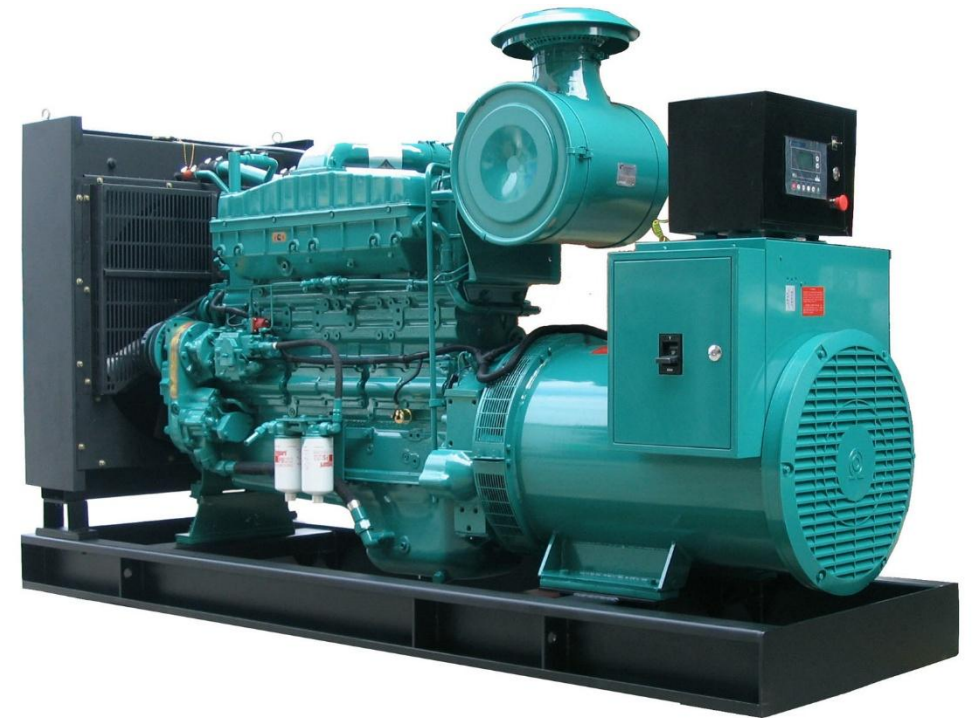
- Organizations are failing to calibrate equipment that the manufacturer or policy requires to be calibrated. Medical scales and infant scales are most common.
- Organizations are putting equipment on the Alternative Equipment Maintenance (AEM) program without proper justification. In some cases, equipment that is not allowed in the AEM is being added to the program.



# Utilities Management System

## Hospitals failing to meet emergency generator requirements

- Failure to have 2 sets of manuals on hand
- Failure to have high mortality parts on hand
- Failure to retest after a failure





# ***Thank You!***

