

CMS Mandates Water Management Programs in All Healthcare Facilities

*“Facilities unable to demonstrate measures to minimize the risk of Legionnaires’ Disease are at risk of citation for non-compliance with the CMS Conditions of Participation.”**

A memo from the Department of Health and Human Services mandates that ALL healthcare facilities that receive Medicare/Medicaid relief abide by this new Water Management Program (WMP) requirement effective immediately. This move to reduce Legionella risk in Healthcare Facility Water Systems was issued by the Centers for Medicare and Medicaid Services (CMS) on June 2, 2017 and mandates ALL Healthcare Facilities “have water management policies and procedures to reduce the

risk of growth and spread of Legionella and other opportunistic pathogens in building water systems.”¹ CMS cites ASHRAE 188-2015 as the industry standard for compliance.

Garratt-Callahan’s response team of experts are mobilized and can navigate your team through the process of implementing a Water Management Program (WMP) that meets the ASHRAE 188-2015 Standards and follows industry best practices.

* page 3, last paragraph CMS memorandum June 2, 2017
¹ page 3, first paragraph CMS memorandum June 2, 2017

“...Facilities unable to demonstrate measures to minimize the risk of LD are at risk of citation for non-compliance with the CMS Conditions of Participation.”
June 2, 2017 CMS memorandum

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DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
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 Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 17-30-ALL

DATE: June 02, 2017
TO: State Survey Agency Directors
FROM: Director
 Survey and Certification Group
SUBJECT: Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease (LD)

Memorandum Summary

The bacterium *Legionella* can cause a serious type of pneumonia which includes persons who are at least 50 years old, lung disease or



From ASHRAE Monograph 2017

In response to this standard, hospitals should:

1. Establish a Designated Team
2. Develop a building water flow diagram
3. Identify at-risk populations
4. Identify the areas, equipment, and systems at risk
5. Develop strategies to mitigate the risks
6. Assign responsibility to implement risk mitigating strategies
7. Establish a program to monitor the strategy parameters
8. Develop actions to be taken when monitoring results are outside of established parameters
9. Document all activities
10. Periodically review the water management program

Garratt-Callahan's Expert Response Team Offers:

- Assistance developing & implementing Water Management Programs (WMP)
- ASHRAE 188-2015 compliant WMP Products
- Staff training on WMP's
- Secondary Disinfection utilizing chlorine dioxide
- Point of Delivery (POD) barrier filtration
- Legionella sampling & testing by a Third Party CDC Certified Elite Lab

Bottom Line Benefits

- Compliance with CMS requirement to reduce Legionella Risk
- Regular service calls and water quality testing to provide continuous monitoring of WMP results
- Reduced Risk of exposure to waterborne pathogens

Expert Secondary Disinfection Team

Our specially trained Secondary Disinfection Team has the necessary expertise to ensure successful implementation of a WMP and treatment of water systems.

As partners we share your goal of increasing patient care and decreasing risk. We also are concerned with ensuring your system's optimization. G-C personnel will be there for you with training, system monitoring, and equipment support.

For information or to request a complimentary visit contact the Secondary Disinfection Team at SDTeam@g-c.com or call [650.697.5811](tel:650.697.5811).

CMS Regulatory Authorities

Pertinent regulations include, but are not limited to, the following:

42 CFR § 482.42 for hospitals:

"The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases."

42 CFR § 483.80 for skilled nursing facilities and nursing facilities:

"The facility must establish and maintain an infection prevention and control program designed to provide safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections."

42 CFR § 485.635(a)(3)(vi) for critical access hospitals (CAHs):

CAH policies must include: "A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel."

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