

AHCA – Health Quality Assurance
Indoor Air Quality in Licensed Health Care Facilities

Introduction & Background As a result of severe weather, Florida’s health care facilities may experience power outages and/or water damage. Undesired water intrusion for extended periods of time can generate conditions which may erode indoor air quality and produce an environment detrimental to patients, residents, and health care providers from exposure to mold.

Water intrusion may also be caused by problems such as leakage through the roof, exterior walls, and windows, clogged HVAC drain pans, clogged sewage lines, or improperly functioning HVAC equipment that does not maintain proper humidity control within the building envelope. Regardless of the cause, once water has entered the facility and wetted building materials, mold growth is likely to occur within 48 to 72 hours if the water is not immediately removed and building materials properly dried.

Corrective Actions Basic procedures to ensure indoor air quality will not adversely affect the environment of care include:

1. Facility retention of an indoor air quality consultant/contractor credentialed as a:
 - degreed microbiologist or mycologist,
 - certified industrial hygienist trained in Indoor Air Quality assessment principals, or
 - microbial remediation specialist with recognized expertise and knowledge in Indoor Air Quality and mold remediation.

(Such professionals shall have expertise in designing mold sampling protocols, sampling methods, and interpretations of laboratory results.)

2. Facility evaluation by this qualified person including:
 - a. visual observations and moisture testing of all ceiling, wall, floor finishes, and HVAC ducts and filters that may have been contaminated.
 - b. air sampling, if indicated, conducted in accordance with industry accepted written protocols. Samples should be sent to a laboratory accredited by the American Industrial Hygienist Association for analysis.
 - c. a report containing the evaluation data, method(s) of survey, instrumentation used to obtain data, written protocols for each sampling method employed, results of laboratory analysis, interpretations, conclusions, and recommendations for remedial actions.

Drying If drying of the facility is undertaken, desiccant air dryers should be used to thoroughly dry all parts of the building that have had water intrusion.

Building Materials Exhibiting Mold Growth Any building materials that have been wetted and determined to exhibit mold growth should be abated in accordance with industry recognized mold remediation guidelines such as those issued by the U.S. Environmental Protection Agency or by the Institute of Inspection, Cleaning, and Restoration Certification.

If materials with mold contamination are removed from the facility, appropriate containment techniques and personal protective equipment should be used.

Occupied Facilities For occupied facilities where a portion or wing of the facility is undergoing remediation, an Infection Control Risk Assessment (ICRA) should be prepared. The portion or wing of the facility under remediation should be separated from the occupied areas of the facility and have temporary relative negative air pressure.

Clearance Report Following completion of all remedial actions, the qualified consultant/contractor should provide a final post remediation clearance report indicating the facility or portion of the facility is safe for occupancy. The facility shall retain all data and test results for submittal to and review by Agency staff.

AHCA Survey Staff Responsibilities Survey staff are charged with ensuring facilities which have experienced water intrusion are safe for patient/resident occupancy. Regulatory compliance will be determined based on surveyor judgment and evidence of the implementation of proper corrective actions as outlined above.

Legal Authority Findings of noncompliance may be cited as follows:

Facility Type	FAC/FS	Tag	Code Fed. Reg.	Tag
Ambulatory Surgical Centers	59A-5.016(1)	M51	42 CFR 416.44	Q10
Birth Centers	59A-11.023(8)(b)	BC105	NA	NA
Crisis Stabilization Units	65E-12.106(12)(c)3 & (14)	C43, C51	NA	NA
Hospitals	59A-3.222(1)(d) & (g)	H255	42 CFR 482.41(a)	A318
Intermediate Care Facilities	FS 400.967(1) & (2)(c)	NA	42 CFR 483.470(1)(1)	W454
Long-Term Care Facilities	59A-4.122(1) & (2)(a)	N110	42 CFR 483.70(c)(2)&(h)	F456 F466
Residential Treatment Centers	65E-4.016(17)(b)3 & (e)1	R200	NA	NA

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Date