

FIRE SAFETY SURVEY REPORT - 2000 LIFE SAFETY CODE Intermediate Care Facilities for the Mentally Retarded SMALL FSES	1. (A) PROVIDER NO. K1	1. (B) MEDICAID I.D. NO. K2
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PART III — Chapter 7-101A Fire Safety Evaluation System for Board & Care (Optional)

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY	2. (A) MULTIPLE CONSTRUCTION (BLDGs) A. BUILDING _____ B. WING _____ C. FLOOR _____ K3	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)	A. <input type="checkbox"/> Fully Sprinklered (All required areas are sprinklered) B. <input type="checkbox"/> Partially Sprinklered (Not all required areas are sprinklered) C. <input type="checkbox"/> None (No sprinkler system) K0180
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3. SURVEY FOR <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID	4. DATE OF SURVEY K4	DATE OF PLAN APPROVAL K6	SURVEY UNDER: 5. <input type="checkbox"/> 2000 EXISTING 6. <input type="checkbox"/> 2000 NEW K7
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<p style="text-align: center;">E-SCORE</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> K5	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">E-Score</th> <th style="text-align: center;">Level of Evacuation Difficulty</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">≤ 1.5</td> <td style="text-align: center;">Prompt</td> </tr> <tr> <td style="text-align: center;">> 1.5 ≤ 5.0</td> <td style="text-align: center;">Slow</td> </tr> <tr> <td style="text-align: center;">> 5.0</td> <td style="text-align: center;">Impractical</td> </tr> </tbody> </table>	E-Score	Level of Evacuation Difficulty	≤ 1.5	Prompt	> 1.5 ≤ 5.0	Slow	> 5.0	Impractical	5. SURVEY FOR CERTIFICATION OF: SMALL FACILITY - LEVEL OF EVACUATION DIFFICULTY (Check one) 1. <input type="checkbox"/> Prompt 2. <input type="checkbox"/> Slow 3. <input type="checkbox"/> Impractical K8
E-Score	Level of Evacuation Difficulty									
≤ 1.5	Prompt									
> 1.5 ≤ 5.0	Slow									
> 5.0	Impractical									

6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY	e. NUMBER OF ICF/MR BEDS CERTIFIED FOR MEDICAID
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7. A. THE FACILITY MEETS, BASED UPON (Check all appropriate boxes):

1. COMPLIANCE WITH ALL PROVISIONS 2. ACCEPTANCE OF A PLAN OF CORRECTION 4. FSES 5. PERFORMANCE BASED DESIGN

B. THE FACILITY DOES NOT MEET THE STANDARD

K9 SURVEYOR (Signature)	TITLE	OFFICE	DATE
SURVEYOR ID K10			
FIRE AUTHORITY OFFICIAL (Signature)	TITLE	OFFICE	DATE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Fire Safety Evaluation Worksheet for a Small Facility

G-1

Facility Identification _____

Evaluator _____ Date _____

(Complete one worksheet for each individual residence or apartment used as a board and care home. A small facility normally means a capacity for 16 or fewer residents.)

First complete Table G-1A. Continue with Tables G-1B, G-1C and G-1D. Then return to this page to obtain the Equivalency Conclusions.

TURN TO NEXT PAGE

Part 1E. Equivalency Conclusions.

Complete Tables G-1A through G-1D before doing this part.

1. All of the checks in Table G-1D are in the "YES" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
2. One or more of the checks in Table G-1D is in the "NO" column. The level of fire safety is not shown by this system to be equivalent to that prescribed for small dwelling units.

* The equivalency covered by this worksheet includes the majority of considerations covered by the Life Safety Code. There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

Table G-1A

Figure 7.3 Worksheets for evaluating fire safety in a small facility.

WORKSHEET 7.3.1 COVER SHEET

Fire Safety Evaluation Worksheet for Small Facility

Building Identification _____

Evaluator _____

Date _____

WORKSHEET 7.3.1 SAFETY PARAMETER VALUES — SMALL FACILITY

Safety Parameters		Parameter Values			
1. Construction/ Fire Resistance	Exposed Structural Members	Protected 15 min	Protected 1 hr		
	0	1	3		
2. Hazardous Areas	Double Deficiency	Single Deficiency	None or No Deficiency		
	-7	-4	0		
3. Manual Fire Alarm	None or Incomplete	w/o F.D. Notification	w/ F.D. Notification		
	0	1	2		
4. Smoke Detection and Alarm	None or Incomplete	Single Lev. Det./ Limited Warning	Warning to All Bedrooms		
			Every Lev. Det. in Each Bdrm.	Every Lev. Plus Det. in Each Bdrm.	Total Coverage System
	-4	0	2	3(4) ^f	4
5. Automatic Sprinklers	Nonsprinklered	Standard Sprinklers		Quick-Response or Residential Sprinklers	
	0	8		10	
6. Interior Finish	Flame-Spread Ratings				
	>75 to ≤200	>25 to ≤75			≤25
	-3	-1			0
7. Separation of Sleeping Rooms (from other levels and from corridors)	Unprotected Vertical Openings		Protected Vertical Openings ^d		
	None or Incomp.	Smoke Resisting w/ Closers	Smoke Resisting	1/2 hr Auto Closing	Smoke Res. w/ Door Closer
	-6	-4	0(0) ^c	1(0) ^a	2(1) ^a
	<2 Remote Routes		2 Remote Routes Unseparated		2 Remote Routes Separated
	w/o Alt. Means	w/ Alt. Means	Direct Exit from Each Bdrm.		
8. Means of Escape	Means of Escape on All Sleeping Levels		2 Remote Routes Separated		
	-1	0	1(0) ^b	2(0) ^b	
	Primary Route Not Protected		Primary Route Protected		
	<2 Remote Routes		< 2 Remote Routes		
	w/o Alt. Means	w/ Alt. Means	2 Remote Routes		2 Remote Routes
-4	-3	0	-1	0	

NOTES:

- ^a Use () if Parameter 1 is 0 and Parameter 5 is 0.
- ^b Use (0) if Parameter 7 is based on a “none or incomplete” situation.
- ^c Use (0) if door is 20 minute and has automatic closer.
- ^d Consider a single level building as having protected vertical openings.
- ^e Every level detection is permitted to be omitted with a quick-response automatic sprinklers throughout; however, detection in each bedroom is required.
- ^f Use (4) in existing buildings if detection in each bedroom and quick-response automatic sprinklers throughout.

(For use with NFPA 101A-2001/NFPA 101-2000, B & C Small)

Table G-1B
Figure 7.3 Continued

WORKSHEET 7.3.3 INDIVIDUAL SAFETY EVALUATIONS — SMALL FACILITY

Safety Parameters	Fire Control (S ₁)	Egress (S ₂)	Refuge (S ₃)	General Fire Safety (S ₄)
1. Construction				
2. Hazardous Areas		÷ 2 =		
3. Manual Fire Alarm	÷ 2 =	(See note)		
4. Smoke Detection and Alarm	÷ 2 =		÷ 2 =	
5. Automatic Sprinklers		÷ 2 =		
6. Interior Finish	÷ 2 =			
7. Separation of Sleeping Rooms				
8. Means of Escape				
Total	S₁ =	S₂ =	S₃ =	S₄ =

NOTE: Maximum value of manual fire alarm for means of escape is 1.

Table G-1C
WORKSHEET 7.3.4 MANDATORY SAFETY REQUIREMENTS

Level of Evacuation Difficulty	Control Requirements (S _a)		Egress Requirements (S _b)		Refuge Requirements (S _c)		General Fire Safety Requirements (S _d)	
	New	Exist.	New	Exist.	New	Exist.	New	Exist.
Prompt	10(1/2) ^a	0	5(5) ^a	4	11(2 1/2) ^a	2	7(2) ^a	1
Slow	10	2	9	7	11	4	11	7
Slow ^b		1		6		2		5
Impractical	10	8	10	9	11	9	12	10

^a Use () for small board and care facility conversion serving eight or fewer residents with an evacuation capability rating of “prompt.”

^b In existing buildings only, use these mandatory safety requirements if evacuation time is 8 minutes or less or if the evacuation capability score is 3 or less as determined by Chapter 6.

Table G-1B
Figure 7.3 Continued

WORKSHEET 7.3.5 EQUIVALENCY EVALUATION						
					YES	NO
Control Provided (S ₁)	minus	Required Control (S _a)	≥ 0	S ₁ <input type="text"/> - S _a <input type="text"/> = <input type="text"/>		
Egress Provided (S ₂)	minus	Required Egress (S _b)	≥ 0	S ₂ <input type="text"/> - S _b <input type="text"/> = <input type="text"/>		
Refuge Provided (S ₃)	minus	Required Refuge (S _c)	≥ 0	S ₃ <input type="text"/> - S _c <input type="text"/> = <input type="text"/>		
General Fire Safety (S ₄)	minus	Required General Fire Safety (S _d)	≥ 0	S ₄ <input type="text"/> - S _d <input type="text"/> = <input type="text"/>		

WORKSHEET 7.3.6 FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET	
CONSIDERATIONS	MET NOT MET
<p>A. Complies with the applicable requirements of Sections 32.7 and 33.7. (NFPA 101).</p>	<input type="checkbox"/>

WORKSHEET 7.7 CONCLUSIONS

1. All of the checks in Worksheet 7.3.5 are in the “YES” column. The level of fire safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*.*
2. One or more of the checks in Worksheet 7.3.5 are in the “NO” column. The level of fire safety is not shown by this system to be equivalent to that prescribed by NFPA 101 for small dwelling units.

* The equivalency covered by this worksheet includes the majority of considerations covered by NFPA 101, *Life Safety Code*. There are some considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Worksheet 7.3.6, “Facility Fire Safety Requirements Worksheet.” One copy of this worksheet is to be completed for each facility.

(For use with NFPA 101A-2001/NFPA 101-2000, B & C Small)

**FIRE SAFETY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH CMS-2786 FORMS)**

PROVIDER NUMBER	FACILITY NAME	SURVEY DATE
K1	* K4	

K6 DATE OF PLAN APPROVAL	K3 MULTIPLE CONSTRUCTION
	A BUILDING B WING C FLOOR D APARTMENT UNIT
	TOTAL NUMBER OF BUILDINGS <input style="width: 50px;" type="text"/>
	NUMBER OF THIS BUILDING <input style="width: 50px;" type="text"/>

LSC FORM INDICATOR	COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21
	SMALL (16 BEDS OR LESS)
	1 PROMPT <input style="width: 50px;" type="text"/>
	2 SLOW <input style="width: 50px;" type="text"/>
	3 IMPRACTICAL <input style="width: 50px;" type="text"/>
	LARGE
	4 PROMPT <input style="width: 50px;" type="text"/>
	5 SLOW <input style="width: 50px;" type="text"/>
	6 IMPRACTICAL <input style="width: 50px;" type="text"/>
	APARTMENT HOUSE
	7 PROMPT <input style="width: 50px;" type="text"/>
	8 SLOW <input style="width: 50px;" type="text"/>
	9 IMPRACTICAL <input style="width: 50px;" type="text"/>
* K7 <input style="width: 50px;" type="text"/>	ENTER E - SCORE HERE
	K5: <input style="width: 50px;" type="text"/> e.g. 2.5

Health Care Form	
12	2786R 2000 EXISTING
13	2786R 2000 NEW
ASC Form	
14	2786U 2000 EXISTING
15	2786U 2000 NEW
ICF/MR Form	
16	2786V, W, X 2000 EXISTING
17	2786V, W, X 2000 NEW

* K7 SELECT NUMBER OF FORM USED FROM ABOVE

(Check if K29 or K56 are marked as not applicable in the 2786 M, R, T, U, V, W, X and Y.)

K29: K56:

*K9: FACILITY MEETS LSC BASED ON (Check all that apply)

A1. <input style="width: 50px;" type="text"/>	A2. <input style="width: 50px;" type="text"/>	A3. <input style="width: 50px;" type="text"/>	A4. <input style="width: 50px;" type="text"/>	A5. <input style="width: 50px;" type="text"/>
(COMP. WITH ALL PROVISIONS)		(ACCEPTABLE POC)	(WAIVERS)	(FSES)

(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC	K0180
B. <input style="width: 50px;" type="text"/>	A. <input style="width: 50px;" type="text"/> B. <input style="width: 50px;" type="text"/> C. <input style="width: 50px;" type="text"/>
	FULLY SPRINKLERED PARTIALLY SPRINKLERED NONE (All required areas are sprinklered) (Not all required areas are sprinklered) (No sprinkler system)

* MANDATORY