FIRE SAFETY SURVEY — 2000 LIFE SAFETY CODE

F-1 SIDE 1   Worksheet for Rating Residents

Complete one Worksheet for each resident.
Read Instruction Manual before filling out this form.
Base ratings on commonly observed examples of poor performance.

Resident's Name	Rater
Facility	Date

Write any explanatory remarks you may wish to make here:

Surveyor *(Signature)*	Title	Date
Surveyor ID		
Fire Authority Official *(Signature)*	Title	Date

COMPLETE OTHER SIDE FIRST

F-1 SIDE 2   Worksheet for Rating Residents

Read Instruction Manual before filling out this form.
Base ratings on commonly observed examples of poor performance.

F-1A Rating the Resident on the Risk Factors

Rating the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "response to fire drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the large box on the right.

SCORE BOXES

I. Risk of Resistance (Check only one)	Minimal Risk — ◯ score = 0	Risk of Mild Resistance — ◯ score = 6	Risk of Strong Resistance — ◯ score = 20
II. Impaired Mobility (Check only one)	Self-Starting — ◯ score = 0	Slow — ◯ score = 3	Needs Limited Assistance — ◯ score = 6 / Needs Full Assistance or Very Slow — ◯ score = 20
III. Impaired Consciousness (Check only one)	No Significant Risk — ◯ score = 0	Partially Impaired — ◯ score = 6	Totally Impaired — ◯ score = 20
IV. Need for Extra Help (Check only one)	Needs at Most One Staff — ◯ score = 0	Needs Limited Assistance from 2 Staff — ◯ score = 30	Needs Full Assistance from 2 Staff — ◯ score = 40
V. Response to Instructions (Check only one)	Follows Instructions — ◯ score = 1	Requires Supervision — ◯ score = 3	Requires Considerable Attention/May Not Respond — ◯ score = 10
VI. Waking Response to Alarm (Check only one)	Response Probable — ◯ score = 0	Response Not Probable — ◯ score = 6	

VII. Response to Fire Drills (Without Guidance or Advice from Staff)

	Yes	No	
Initiates and Completes Evacuation Promptly	◯ score = 0	◯ score = 8	◯
			+
Chooses and Completes Back-up Strategy	◯ score = 0	◯ score = 4	◯
			+
Stays at Designated Location	◯ score = 0	◯ score = 6	◯

SUM OF THESE THREE ITEMS ☐

F-1B Finding the Resident's Overall Need For Assistance

Compare the numbers in the 7 score boxes you have filled in.
Take the one highest score from the score boxes and write it in this box:

EVACUATION ASSISTANCE SCORE ☐

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

TOTAL NUMBER OF BUILDINGS _____

NUMBER OF THIS BUILDING _____

A BUILDING
B WING
C FLOOR
D APARTMENT UNIT

LSC FORM INDICATOR

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

COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21

SMALL   (16 BEDS OR LESS)

K8: ☐
1 PROMPT
2 SLOW
3 IMPRACTICAL

LARGE

K8: ☐
4 PROMPT
5 SLOW
6 IMPRACTICAL

APARTMENT HOUSE

K8: ☐
7 PROMPT
8 SLOW
9 IMPRACTICAL

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

K29: ☐   K56: ☐

ENTER E – SCORE HERE

K5: ☐   e.g. 2.5

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

A1. ☐
(COMP. WITH ALL PROVISIONS)

A2. ☐
(ACCEPTABLE POC)

A3. ☐
(WAIVERS)

A4. ☐
(FSES)

A5. ☐
(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC

B. ☐

K0180

A. ☐
FULLY SPRINKLERED
(All required areas are sprinklered)

B. ☐
PARTIALLY SPRINKLERED
(Not all required areas are sprinklered)

C. ☐
NONE
(No sprinkler system)

* MANDATORY