DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

ID: 1ZF4

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

	PART I -	TO BE COMPI	LETED BY T	THE STAT	TE SURVEY AGI	ENCY		Facility ID: 00259
MEDICARE/MEDICAID PROVIDE (L1) 245170 2.STATE VENDOR OR MEDICAID (L2) 616845105		3. NAME AND ADDRESS OF FACILITY (L3) FAIRVIEW UNIVERSITY TRANS S. (L4) 2450 RIVERSIDE AVENUE SOUTH (L5) MINNEAPOLIS, MN					 TYPE OF ACT Initial Termination Validation 	2. Recertification 4. CHOW 6. Complaint
5. EFFECTIVE DATE CHANGE O (L9)		7. PROVIDER/SU	05 HHA	09 ESRD		2 CLIA	7. On-Site Visit 8. Full Survey Aft	9. Other ter Complaint
6. DATE OF SURVEY 12/ 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other	114/2015 (L34) (L10)	02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	06 PRTF 07 X-Ray 08 OPT/SP	10 NF 11 ICF/IID 12 RHC	14 CORF 15 ASC 16 HOSPICE		FISCAL YEAR ENI 12/31	DING DATE: (L35)
11LTC PERIOD OF CERTIFICATION From (a): To (b): 12.Total Facility Beds 13.Total Certified Beds	28 (L18) 28 (L17)	Complianc1. A B. Not in Con		ogram	And/Or Approved 2. Technical3. 24 Hour l4. 7-Day R!5. Life Safe * Code: A	l Personnel RN N (Rural SNI	The Following Require 6. Scope of S 7. Medical E F) 8. Patient Ro 9. Beds/Roo (L12)	Services Limit Director nom Size
14. LTC CERTIFIED BED BREAKD	OOWN				15. FACILITY MEET	ΓS		
18 SNF 18/19 SNF 28		ICF	IID		1861 (e) (1) or 186	1 (j) (1):	(L15)	
(L37) (L38) (L39) (L42) (L43) 16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):								
17. SURVEYOR SIGNATURE Kathy Sass HPR Diet	arv Specialist	Date :	2/29/2015	K	18. STATE SURVEY Samala Fiske-Do			Date:
	, ,		RV HCEA DI	(L19)	OFFICE OR SI		^	(L20)
19. DETERMINATION OF ELIGIB 1. Facility is Eligible to 2. Facility is not Eligible	FILITY D Participate	20. COM	IPLIANCE WITHTS ACT:		21. 1. Staten 2. Owne	nent of Finan	ncial Solvency (HCFA-2	
22. ORIGINAL DATE	23. LTC AGREE	MENT 24	4. LTC AGREE!	MENT	26. TERMINATION	N ACTION:		(L30)
OF PARTICIPATION 07/11/1969	BEGINNING	G DATE	ENDING DA	TE	VOLUNTARY 01-Merger, Closure		05-Fail t	UNTARY o Meet Health/Safety
(L24)	(L41)		(L25)		02-Dissatisfaction W 03-Risk of Involuntar		nn	o Meet Agreement
25. LTC EXTENSION DATE: (L27)	A. Suspension	VE SANCTIONS n of Admissions: uspension Date:	(L44) (L45)		04-Other Reason for	-	OTHER	ider Status Change
28. TERMINATION DATE:	29). INTERMEDIARY/			30. REMARKS			
20. 12.0.1.0.1.0.1.2.1.2.1	(L28)	03001		(L31)				
31. RO RECEIPT OF CMS-1539		. DETERMINATION	I OF APPROVA					
	(L32)			(L33)	DETERMINATI	ON APPR	ROVAL	



CMS Certification Number (CCN): 245170

December 29, 2015

Ms. Caroline Portoghese, Administrator Fairview University Trans Services 2450 Riverside Avenue South Minneapolis, MN 55454

Dear Ms. Portoghese:

The Minnesota Department of Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying skilled nursing facilities and nursing facilities to determine whether they meet the requirements for participation. To participate as a skilled nursing facility in the Medicare program or as a nursing facility in the Medicaid program, a provider must be in substantial compliance with each of the requirements established by the Secretary of Health and Human Services found in 42 CFR part 483, Subpart B.

Based upon your facility being in substantial compliance, we are recommending to CMS that your facility be recertified for participation in the Medicare and Medicaid program.

Effective November 24, 2015 the above facility is certified for:

28 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 28 skilled nursing facility beds.

You should advise our office of any changes in staffing, services, or organization, which might affect your certification status.

If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and Medicaid provider agreement may be subject to non-renewal or termination.

Please contact me if you have any questions.

Sincerely,

Kamala Fiske-Downing, Program Specialist

Licensing and Certification Program

Kumala Fiske Downing

Health Regulation Division

Kamala.Fiske-Downing@state.mn.us

Telephone: (651) 201-4112 Fax: (651) 215-9697

cc: Licensing and Certification File



December 29, 2015

Ms. Caroline Portoghese, Administrator Fairview University Trans Serv 2450 Riverside Avenue South Minneapolis, MN 55454

RE: Project Number S5170024

Dear Ms. Portoghese:

On November 12, 2015, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on November 5, 2015. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F) whereby corrections were required.

On December 14, 2015, the Minnesota Department of Health completed a Post Certification Revisit (PCR) and on December 7, 2015 the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on November 5, 2015. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of November 24, 2015. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on November 5, 2015, effective November 24, 2015 and therefore remedies outlined in our letter to you dated November 12, 2015, will not be imposed.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Enclosed is a copy of the Post Certification Revisit Form, (CMS-2567B) from this visit.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing, Program Specialist

Licensing and Certification Program

Kumalu Fiske Downing

Health Regulation Division

Minnesota Department of Health

Kamala.Fiske-Downing@state.mn.us

Telephone: (651) 201-4112 Fax: (651) 215-9697

Form Approved OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 245170	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 12/14/2015			
Name of Facility		Street Address, City, State, Zip Code				
Identification NumberA. Building245170B. Wing	V	2450 RIVERSIDE AVENUE SOUTH				

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5)	Date	(Y4)	Item	(Y5) I	Date
ID Prefix	Correction Complete 11/24/20:	ed		Correction Completed		ID Prefix			Correction Completed
	483.10(b)(5) - (10), 483.10(t								= -
	Correction Complete	ed ID Prefix		Correction Completed					
Reg. # LSC		Reg. #				Reg. # LSC			-
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Reg. # LSC		Reg. #				Reg. # LSC			= =
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- Daviewed I	Daviswad By	Data	0:						
Reviewed E State Agen		Date: 12/29/2015	Signature of Sur	•				ate: 2/1/4/	2015
	By Reviewed By	Date:	Signature of Sur					ate:	2013
Followup t	o Survey Completed on: 11/5/2015		Check for any Uncor Uncorrected Defic				ha Faailiu.O	'ES	NO

FAIRVIEW UNIVERSITY TRANS SERV

Form Approved OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

Name of Facility		Street Address, City, State, Zip (Code			
245170	B. Wing	01 - MAIN BUILDING 01	12/1/2015			
Identification Number	A. Building	01 - MAIN BUILDING 01	12/7/2015			
(Y1) Provider / Supplier / CLIA /	(Y2) Multiple Con	(Y2) Multiple Construction				

2450 RIVERSIDE AVENUE SOUTH

MINNEAPOLIS, MN 55454

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5)	Date	(Y4) Item	(Y5)	Date
ID Prefix		Correction Completed 11/23/2015	ID Prefix		Correction Completed 11/24/2015	ID Prefix		Correction Completed
	NFPA 101	=	_	NFPA 101	=	Reg. #		
LSC	K0020	=	LSC	K0050		LSC _		
		Correction			Correction			Correction
ID Prefix		Completed	ID Prefix		Completed	ID Prefix		Completed
Reg. #		=	Dog #		-	Pog #		
		-	LSC		-	LSC _		
		Correction Completed			Correction Completed			Correction Completed
ID Prefix		-	ID Prefix		-	ID Prefix		<u> </u>
Reg. #		_	Reg. #		-	Reg. #		<u></u>
LSC		-	LSC			LSC _		_
ID Prefix		Correction Completed	ID Prefix		Correction Completed	ID Prefix		Correction Completed
Reg. #		_						
LSC		-	LSC		-	LSC _		
Reg. #			Reg. #			Dog #		
		-	250					<u> </u>
Reviewed E	By Reviewed	d Ву	Date:	Signature of Su	rveyor:		Date:	
State Agen	cy TL/kfd		12/29/20	015 281	20		12/7/	2015
Reviewed E	By Reviewed	d Ву	Date:	Signature of Su	rveyor:		Date:	
Followup t	o Survey Completed of 11/5/2015	n:		Check for any Unco Uncorrected Defic	rrected Defic ciencies (CM	ciencies. Was a S S-2567) Sent to t	Summary of he Facility? YES	NO



December 29, 2015

Ms. Caroline Portoghese, Administrator Fairview University Trans Serv 2450 Riverside Avenue South Minneapolis, MN 55454

Re: Enclosed Reinspection Results - Project Number S5170024

Dear Ms. Portoghese:

On December 14, 2015 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on December 14, 2015. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing, Program Specialist

Licensing and Certification Program

Kumalu Fishe Downing

Health Regulation Division

Minnesota Department of Health

Kamala.Fiske-Downing@state.mn.us

Telephone: (651) 201-4112 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility

Licensing and Certification File

| Construction | Cons

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

MINNEAPOLIS, MN 55454

(Y4) Item	(Y5)	Date	(Y4) Item	(Y5)	Date	(Y4)	Item	(Y	(5)	Date
	21426 MN St. Statute 144A.04			21800 MN St. Statute144.651 S			Reg. #			Correction Completed
LSC			LSC				LSC			_
Reg. #			Reg. #		Correction Completed		D "			
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ID Prefix Reg. #		Correction Completed	ID Prefix		Correction Completed		ID Prefix			Correction Completed
Reviewed B	By Reviewed	Ву	Date:	Signature of Sur					Date:	
State Agend			12/29/20				4/2015			
Reviewed B		Ву	Date:	Signature of Sur				I	<u>12/1</u> Date:	1, 2010
Followup to Survey Completed on: 11/5/2015 STATE FORM: REVISIT REPORT (5/99)				Check for any Uncor Uncorrected Defic				Ala Fasilia.o	YES	NO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

ID: 1ZF4

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

PART I	- TO BE COMPI	LETED BY T	THE STAT	TE SURVEY AGENCY		Facility ID: 00259
MEDICARE/MEDICAID PROVIDER NO. (L1) 245170 2.STATE VENDOR OR MEDICAID NO. (L2) 616845105	3. NAME AND AI (L3) FAIRVIEW (L4) 2450 RIVER (L5) MINNEAPO	UNIVERSITY RSIDE AVENU	TRANS S		4. TYPE OF ACTION 1. Initial 3. Termination 5. Validation	2. Recertification 4. CHOW 6. Complaint
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)	7. PROVIDER/SU	05 HHA	09 ESRD	02 (L7) 13 PTIP 22 CLIA	7. On-Site Visit 8. Full Survey After	9. Other Complaint
6. DATE OF SURVEY 11/05/2015 (L34) 8. ACCREDITATION STATUS: (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other	02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	06 PRTF 07 X-Ray 08 OPT/SP	10 NF 11 ICF/IID 12 RHC	14 CORF 15 ASC 16 HOSPICE	FISCAL YEAR ENDI	NG DATE: (L35)
11. LTC PERIOD OF CERTIFICATION From (a): To (b): 12. Total Facility Beds 28 (L18) 13. Total Certified Beds 28 (L17)	Complianc1. A X B. Not in Con	nce With equirements e Based On: cceptable POC	ogram	And/Or Approved Waivers Of 2. Technical Personnel3. 24 Hour RN4. 7-Day RN (Rural SN5. Life Safety Code * Code: B *	6. Scope of Se 7. Medical Dir	rvices Limit rector m Size
14. LTC CERTIFIED BED BREAKDOWN				15. FACILITY MEETS		
18 SNF 18/19 SNF 19 SNF 28		IID		1861 (e) (1) or 1861 (j) (1):	(L15)	
(L37) (L38) (L39) (L42) (L43) 16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):						
17. SURVEYOR SIGNATURE	Date :			18. STATE SURVEY AGENCY	APPROVAL	Date:
Magdalene Jares, HFE NE II	1	1/30/2015	(L19) K	Kamala Fiske-Downing, I	Enforcement Speci	alist 12/14/2015 (L20)
PART II - TO BE	COMPLETED I	BY HCFA RI	EGIONAL	OFFICE OR SINGLE S	TATE AGENCY	
DETERMINATION OF ELIGIBILITY 1. Facility is Eligible to Participate 2. Facility is not Eligible (L21)	RIGI	IPLIANCE WIT HTS ACT:	H CIVIL	21. 1. Statement of Fina2. Ownership/Contr3. Both of the Abov	ol Interest Disclosure Stm	
22. ORIGINAL DATE 23. LTC AGRE	EMENT 24	4. LTC AGREE!	MENT	26. TERMINATION ACTION	:	(L30)
OF PARTICIPATION BEGINNII 07/11/1969	NG DATE	ENDING DA	TE	VOLUNTARY 00 01-Merger, Closure	05-Fail to	Meet Health/Safety
(L24) (L41)		(L25)		02-Dissatisfaction W/ Reimburs 03-Risk of Involuntary Terminati	ion	Meet Agreement
A. Suspens	TIVE SANCTIONS ion of Admissions:	(L44)		04-Other Reason for Withdrawal	OTHER	er Status Change
B. Rescind	Suspension Date:	(L45)				
28. TERMINATION DATE:	29. INTERMEDIARY			30. REMARKS		
	03001					
(L28)			(L31)			
31. RO RECEIPT OF CMS-1539	32. DETERMINATION	N OF APPROVA	L DATE			
(L32)			(L33)	DETERMINATION APP	ROVAL	



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7011 2000 0002 5143 6404

November 12, 2015

Ms. Caroline Portoghese, Administrator Fairview University Transitional Services 2450 Riverside Avenue South Minneapolis, Minnesota 55454

RE: Project Number S5170025

Dear Ms. Portoghese:

On November 5, 2015, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F), as evidenced by the attached CMS-2567 whereby corrections are required. A copy of the Statement of Deficiencies (CMS-2567) is enclosed.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

This letter provides important information regarding your response to these deficiencies and addresses the following issues:

<u>Opportunity to Correct</u> - the facility is allowed an opportunity to correct identified deficiencies before remedies are imposed;

<u>Plan of Correction</u> - when a plan of correction will be due and the information to be contained in that document;

<u>Remedies</u> - the type of remedies that will be imposed with the authorization of the Centers for Medicare and Medicaid Services (CMS) if substantial compliance is not attained at the time of a revisit;

<u>Potential Consequences</u> - the consequences of not attaining substantial compliance 3 and 6 months after the survey date; and

<u>Informal Dispute Resolution</u> - your right to request an informal reconsideration to dispute the attached deficiencies.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction should be directed to:

Gloria Derfus, Unit Supervisor Minnesota Department of Health P.O. Box 64900 St. Paul, Minnesota 55164-0900

Telephone: (651) 201-3792

Fax: (651) 201-3790

OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by December 15, 2015, the Department of Health will impose the following remedy:

• State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by December 15, 2015 the following remedy will be imposed:

• Per instance civil money penalties. (42 CFR 488.430 through 488.444)

PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your PoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Include signature of provider and date.

If an acceptable PoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable PoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's PoC will serve as your allegation of compliance upon the Department's acceptance. Your signature at the bottom of the first page of the CMS-2567 form will be used as verification of compliance. In order for your allegation of compliance to be acceptable to the Department, the PoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your PoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable PoC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification. A Post Certification Revisit (PCR) will occur after the date you identified that compliance was achieved in your plan of correction.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved PoC, unless it is determined that either correction actually occurred between the latest correction date on the PoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the PoC.

Original deficiencies not corrected

If your facility has not achieved substantial compliance, we will impose the remedies described above. If the level of noncompliance worsened to a point where a higher category of remedy may be imposed, we will recommend to the CMS Region V Office that those other remedies be imposed.

Original deficiencies not corrected and new deficiencies found during the revisit

If new deficiencies are identified at the time of the revisit, those deficiencies may be disputed through the informal dispute resolution process. However, the remedies specified in this letter will be imposed for original deficiencies not corrected. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed.

Original deficiencies corrected but new deficiencies found during the revisit

If new deficiencies are found at the revisit, the remedies specified in this letter will be imposed. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed. You will be provided the required notice before the imposition of a new remedy or informed if another date will be set for the imposition of these remedies.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by February 5, 2016 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement

of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by May 5, 2016 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

INFORMAL DISPUTE RESOLUTION

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process Minnesota Department of Health Health Regulation Division P.O. Box 64900 St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting a PoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: http://www.health.state.mn.us/divs/fpc/profinfo/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

Mr. Tom Linhoff, Supervisor Health Care Fire Inspections State Fire Marshal Division 444 Minnesota Street, Suite 145 St. Paul, Minnesota 55101-5145

Telephone: (651) 201-7205

Fax: (651) 215-0525

Feel free to contact me if you have questions.

Sincerely,

Shellae Dietrich

Shellae Dietrich, Certification Specialist Licensing and Certification Program Health Regulation Division Telephone: (651) 201-4106 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File

DEPARTMENT OF HEALTHAND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2015 FORM APPROVED OMB NO 0938-0391

	OF DEFICIENCES OF CORRECTION	(X1) PAOVDER/SUPPLIER/CLIA DENTFCATON NUMBER	· · · · · ·	TPLE CONSTRUCTON JILDING	(X3) DATE SURVEY COMPLETED
		245170	B WING		11/05/2015
	ROVIDEROR SUPPLIER	SSERV		STREET ADDRESS CITY STATE ZP CODE 2450 RIVERSIDE AVENUE SOUTH MINNEAPOLIS,MN 55454	·
(X4) ID PREFIX TAG	(EACH DEFCENCY I	TEMENT OF DEFCIENCIES MUST BE PRECEDED BY FULL SC DENTFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICENCY)	BE COMPLETION
	as your allegation of Department's accelenrolled in ePOC, yat the bottom of the form. Your electror be used as verificate. Upon receipt of an on-site revisit of your validate that substate regulations has been your verification. 483.10(b)(S)-(10) RIGHTS, RULES, STHE facility must in and in writing in a launderstands of his regulations govern responsibilities dur facility must also protice (if any) of the §1919(e)(6) of the made prior to or up resident's stay. Reany amendments the writing.	of correction (POC) will serve of compliance upon the otance. Because you are rour signature is not required first page of the CMS-2567 nic submission of the POC will	Coepter Thris Despus		irector e garding ents with revices e nd. 00% g this s will loom
1 82 Qp (TAD	entitled to Medical of admission to the resident becomes items and services facility services un which the resident other items and se	d benefits, inwriting, at the time nursing facility or, when the eligible for Medicaid of the that are included in nursing der the State plan and for may not be charged; those rvices that the facility offers	TURE	o Monitoring began 11/25/15.	OX6) DATE
STANGER OF STANGE	Manthe	12 TEU Holminist			25/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protect on to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTHAND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2015 FORM APPROVED OMB NO 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION: NUMBER			CONSTRUCTION	(X3) DATE.	PLETEO
		245170	B WING			11/0	5/2015
	PROVIDER OR SUPPLIER WUNIVERSITY TRAM	IS SERV		24	REETADDRESS, CITY, STATE, ZIP CODE 50 RIVERSIDE AVENUE SOUTH NNEAPOLIS, MN 55454		
(74) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	D PREF TAG		PROVIDER'S PLANOF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(XV) COMPLETION CATE
F 156	and for which the rithe amount of char inform each reside the items and servi (i)(A) and (B) of this The facility must in atthe time of admist the resident's stay facility and of chargingluding any char under Medicare on The facility must ful legal rights which in A description of the funds, under parage A description of the for establishing elithe right to reques 1924(c) which detenon-exempt resour institutionalization spouse an equitable cannot be consider toward the cost of medical care in his down to Medicaid A posting of name numbers of all pergroups such as the agency, the State ombudsman progradvocacy network unit, and a statem	esident may be charged, and riges for those services; and nt when charges are made to ices specified in paragraphs (5) is section. formeach resident before, or ssion, and periodically during of services available in the ges for those services, ges for services not covered by the facility's per diem rate. Innish a written description of includes; a manner of protecting personal graph (c) of this section, are requirements and procedures gibility for Medicaid, including than assessment under section ermines the extent of a couple's inces at the time of and attributes to the community whe share of resources which red available for payment the institutionalized spouse's sor her process of spending		156			

DEPARTMENT OF HEALTHAND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2015 FORM APPROVED OMB NO 0938-0391

	OF DEFICIENCIES F CORRECTION	X1) PROVIDER, SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRU			TE SURVEY MPLETED
		245170	BWNG			. 11	/05/2015
	ROVIDER OR SUPPLIER	en de la companya de La companya de la co		2450 RIVER:	RESS CITY STATE ZIPCODE SIDE AVENUE SOUTH DLIS (MN 55454	······	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING NFORMATION)	D PREF TAG	IX (EA	PROVIDERS PLAN OF CORRE ACH CORRECTIVE ACTION SH ISS-REFERENCED TO THE API DEPICIENCY)	OULD BE	COMPLETION DATE
F 156	misappropriation of facility, and non-codirectives requirer. The facility must in name, specialty, a physician respon. The facility must pwritten information about Medicare and Mereceive refunds for such benefits. This REQUIREMI by: Based on intervie facility failed to pringhts notices on a termination of all of 3 residents (R5 and beneficiary a	g resident abuse, neglect, and of resident property in the compliance with the advance ments. Inform each resident of the and way of contacting the sible for his or her care. Frominently display in the facility in, and provide to residents and mission oral and written how to apply for and use dicaid benefits, and how to revious payments covered by ENT is not met as evidenced as with and appeal a timely manner prior to Medicare skilled services for 1 (3) reviewed for liability notice		1.56			

DEPARTMENT OF HEALTHAND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2015 FORM APPROVED ONB NO 0938-0391

	OF DEFICIENCES F CORRECTION	(XI) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER		FILE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245170	BWNG		11/0	05/2015
	ROVIDER OR SUPPLIER V UNIVERSITY TRAN	NS SERV		STREETADDRESS CITY STATE ZIP CODE 2450 RIVERSDE AVENUE SOUTH MINNEAPOLIS, MN 55454		
(X4) (D PREFIX TAG	(CACH DEFCIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL LSC IDENTFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(25) COMPLETION . CATE :
F 156	timely. When aske for issuing notices supposed to be giv RN-8 further indica documentation for late and thought R to be discharged to the provided in a timel regulatory requirer. Non-Coverage of 6/13, directed: "1. Procedure for I discharge planning Medicare covered plan of care and provided to end, a management or be given as the provided of the provided in a timel regulatory requirer. Non-Coverage of 6/13, directed: "1. Procedure for I discharge planning Medicare covered plan of care and provided in a timel regulatory requirer."	notice had not been given d what the facility policy was . RN-8 stated notice was en within two calendar days. It at there was no why the notice had been given 53 had been cleared medically another setting. 2 p.m. the director of nursing rare of the issue and would appropriate notices to be y manner according to the		56		

DEPARTMENT OF HEALTHAND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2015 FORM APPROVED

OMB NO 0938-0391

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER!SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED DENTIFICATION NUMBER. A BUILDING 01 - MAIN BUILDING 01 R MING 11/05/2015 245170 STREET ADDRESS CITY STATE ZIPCODE MAME OF PROVIDER OR SUPPLIER 2450 RIVERSIDE AVENUE SOUTH FAIRVIEW UNIVERSITY TRANS SERV MINNEAPOLIS, MN 55454 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COVELEDN DATE FACHCORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS REFERENCED TO THE APPROPRIATE REGULATORY OR USC IDENTIFYING INFORMATION! TAG DEFICIENCY) K000 K 000 INITIAL COMMENTS FIRESAFETY A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, Fire APPROVED I ha Marshal Division on November 05,2015. At the time of this survey. UMMC Fairview Transitional By Tom Linhoff at 8:16 am, Nov 30, 2015 Services was found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a). Life Safety from Fire, and the 2000 edition of National Fire Protection Association (NFPA) Standard 101. Life Safety Code (LSC). Chapter 19 Existing Health Care. PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES TO: Healthcare Fire Inspections State Fire Marshal Division 445 Minnesota St., Suite 145 St. Paul MN 55101-5145, OR By email to: Marian Whitney@state mn.us THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION: 1. A description of what has been or will be, done to correct the deficiency. 2. The actual, or proposed, completion date. 3. The name and/or title of the person responsible for correction and monitoring to OR PRODE SUPPLIER REPRESENTATIVE'S SIGNATURE SECRATORY DISC TCU Alainistralor

Any distriction with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings, and plans of correction are disclosable. 14 days tollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation

Facility ID 00259

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OMB NO 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY TRATEMENT OF DEFICIENCES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER A BUILDING 01 - MAIN BUILDING 01 A WING 11/05/2015 245170 STREETADDRESS, CITY STATE ZIP CODE DAME OF PROVIDER OR SUPPLIER 2450 RIVERSIDE AVENUE SOUTH FAIRVIEW UNIVERSITY TRANS SERV MINNEAPOLIS, MN 55454 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID COUPLETICM DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE GEACH DEFCIENCY MUST BE PRECEDED BY FULL PREFIX ECCULATORY OR USCIDENTIFYING INFORMATION TAG DEFICIENCY K000 K 000 | Continued From page 1 prevent a reoccurrence of the deficiency. This 5-story building was determined to be of Type 11(222) construction. It has a full basement and is fully sprinklered throughout. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors that is monitored for automatic fire department notification. The facility has a capacity of 28 beds and had a census of 11 at the time of the survey. Only the 4th floor is occupied as a skilled nursing facilities The requirement at 42 CFR, Subpart 483.70(a) NOT MET as evidenced by: K020 NFPA 101 LIFE SAFETY CODE STANDARD K 020 SS=F Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain vertical openings as required by LSC(OO) Section 19.3.1 1 This deficient practice could affect all residents: Findings include: On facility tour between 9:30 AM and 12:30 PM on 11/05/2015, observation revealed that the

resident room ventilation system is served by a

PRINTED 11/12/2015

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2015 FORM APPROVED OMB NO 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES FEORRECTION	(XI) PROVIDERISUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED
		245170	B WING		11/05/2015
	PROVIDER OR SUPPLIER	9		STREETADDRESS CITY STATE, ZIP COL 2450 RIVERSIDE AVENUE SOUTH MINNEAPOLIS, MN 55454	DE
PRETIX TAG	TEACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREF TAG		
K 020		age 2 shaft with horizontal ductwork enthouse to the resident	K020	Complete FSES establishes the an overall level of fire safety e that required by the Life Safet	quivalent to 11/03/15
K 050 §S≠0	Administrator at the Note: This deficier FSES can establis level of fire safety the Life Safety Connection NFPA 101 LIFE Safety Connection are held varying conditions. The staff is familia that drills are part. Responsibility for assigned only to equalified to exercise conducted betwee announcement materials. 19.7.12	at unexpected times under at least quarterly on each shift with procedures and is aware of established routine. It is planning and conducting drills is competent persons who are seleadership. Where drills are an 9 PM and 6 AM a coded as be used instead of audible.		NFPA 101 LIFE SAFETY COD STANDARD The Director of Facilities has fire drill schedule for 2016, we greater variation of the time drills are varied by at least 90 occur on each shift for each of the TCU Administrator who for compliance with the varietime requirements.	s completed a vhich includes of fire drills, so minutes and quarter.
	Based on review of was determined the times in accordance Section 19.7.1.2.2 affect how staff re	of records and staff interview, it not the facility failed to vary the ce with NFPA 101 LSC (00). This deficient practice could eact in the event of a fire.			
		etween 9:30 AM and 12:30 PM			

Facility ID 00259

NUTCHER 2017 102 SSI Previous Versions Obsolete

DEPARTMENT OF HEALTHAND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 11/12/2015 FORM APPROVED OMB NO 0938-0391 (X3) DATE SURVEY

DENTIFICATION NUMBER		l l	A BUILDING 01 - MAIN BUILDING 01					
		245170	B WNG			1 1/0)5/2015	
	PROVIDER OR SUPPLIER W UNIVERSITY TRAI	NS SERV		24	FREET ADDRESS, CITY STATE, ZIP CODE 450 RIVERSIDE AVENUE SOUTH IINNEAPOLIS, MN 55454		(#)	
events events -am	HI ACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	LD BE	(XS) COMPLETION DATE	
KOSO	on 11/0S/201S, a r reports in 2014 and Day-shift fire drills hours of 9:36AM, not varied times in 19.7.1.2.	eview of the available fire drill d 201S revealed that the facility were conducted between the 9:10 AM, 9:28AM, 1:00 PM accordance with Section	K	080				

APPROVED

By Tom Linhoff at 5:02 pm, Nov 30, 2015

Form Approved **OMB** Exempt

ZONE

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000	LIFE	SAFETY	CODE

		PUTIDING Of Main Duilding	
FACILITY FV Univ	versity Transitional Services	BUILDING 01-Main Building	
ZONE(S) EVALUATED	First Floor Smoke Compa	rtment A	
PROVIDERNENDOR NO	24 5170	DATE OF SURVEY 11/23/2015	

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk Factors Values							
Patient Mobility (M)	Mobility Status	Mobile	Mobile Limited Mobility		Not Mobile	Not Movable			
	Risk Factor	1.0	1.6		3.2	4.5			
2. Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30			
	Risk Factor	1.0	1.2		1.5	2.0			
3. Zone	Floor	11	or	41 to 61	71 and Above	Basements			
Location (L)	Risk Factor	1.1	1.2	1.4	1.6	1.6			
4. Ratio of	<u>Patients</u> Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10 1	One or More None			
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0			
5. Patient	Age	Under 65 Year	s and Over 1 year	65 \	Years and Over 1 Year	and Younger			
Average Age (A)	Risk Factor	3	1.0		1.2				

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

TABLE 2. OC	CUPA	ANC	KI	SK	FACI	UK	CAL	CUL	AIIU	114	
	М		D		L		Т		Α		F
OCCUPANCY RISK		Х		X	1.1	X		X		=	1.1

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS)
1.0 X R	0.6 X 1.1 = 1

SURVEYOR SIGNATURE	IIILE Regional Director Facilities CHFM	DATE 11/23/2015	
Thomas Linhoff Form CMS-2786T (02/2013)	Fire Safety Supervisor	11/30/2015	Page 1

Step 4: Determine Safety Parameter Values - Use Table 4.

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE	4.					
Safety Parameters			Safet	y Parame	ters Val	ues			
1. Construction		Combustible pes III, IV, and V		300		NonCombustible Types I and II			
Floor or Zone	000	111 200		211 + 2	HH	000	111	222, 332, 433	
First	-2	0	-2	0		0	2	(2)	
Second	-7	-2 -4		-2		-2	2	4	
Third	-9	-7	-9	-7		-7	2	4	
4th and Above	-13	-7	-13	-7		-9	-7	4	
2. Interior	Class C	Class I	В	Class	A				
Finish (Comidors -5(0) ^f 0(3) ^f		3)						
3. Interior	Class C	Class I	В	Class	Α	H			
Finish	-3(1) ^f	1(3) ^f		(3					
4. Corridor	None or Incomplet	e <1/2 hou	ır	>1/2 to <1 hour			>1 hour		
Partitions/Walls	-10(0) ⁸	0		1(0)8		1	2(0)8		
5. Doors to Corridor	No Door	<20 min	FDD	>20 mir	n FPR	>20 min FPR and Auto Clos.			
-	-10	0	TIV	1(0) ^d			(2(0)9		
6. Zone Dimensions	10	Dead End		1(0)		No Dead	Ends >30 ft and	Zone Length Is	
0. Zone Dimensions	>100 ft	>50 ft to 100 ft	30 ft t	to 50 ft	>150		100 ft to 150 ft		
	-6(0) ^b	-4(0) ^b	-	(0) ^b	-2(0		(0)	1	
7. Vertical Openings	Open 4 or More	Open 2 or	11	TT .			n Indicated Fire R	esist.	
7. Vertical Operings	Floors	Floors	1	<1 hr		>1	hr to <2 hr	>2 hr	
†	-14	-10		0			2(0) ^e	3(0)e	
8. Hazardous Areas	Double	Deficiency		Single (Deficiency		No Deficiencies	
ACTIVITIES CUIVANICATE STATESTANICA	In Zone	Outside Zone		In Zone		In Adjacent Zone			
	-11	-5		-6	i	-2		0	
9. Smoke Control	No Control	Smoke Ba	rrier	Mech.		sted Syste	ems		
EVALUE TO A STANCE SECONDARY CONTRA		Serves Zo	one	b		y Zone			
	-5(0) ^c	(0)							
10. Emergency	<2 Routes				Multiple	e Routes			
Movement				W/O Hor	izontal	H	orizontal		
Routes		Deficier	nt	Exit(s)	Exit(s)		Direct Exit(s)	
	-8	-2		(0			1	5	
11. Manual Fire Alarm	No Manua	al Fire Alarm			Manual	Fire Alarm			
				W/O F.D.	Conn.	W/	F.D. Conn		
		-4		1			(2)		
12. Smoke Detection and Alarm	None	Corridor C	Only	Rooms	Only		rridor and bit. Spaces	Total Spaces In Zone	
	0(3)9	2(3) ⁹		3(3)	9		4)	5	
la Automatic Sprinklers	None	Corridor a Habit, Sp		Entir Buildi					
-	0	8		10)				

NOTE:

^a Use (0) where parameter 5 is -10.

bUse (0) where parameter 10 is -8.

 Use (0) on floor with fewer than 31 patients (existing buildings only)

d Use (0) where parameter 4 is -10.

For SI units: 1 ft = 0.3048 m

[&]quot;Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

Step 5: Compute Individual Safety Evaluations — Use Table 5.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
 - C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS								
Safety Parameters	Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)				
1. Construction	2	2		2				
Interior Finish (Corr. and Exit)	3		3	3				
3. Interior Finish (Rooms)	3			3				
4. Corridor Partitions/Walls	2			2				
5. Doors to Corridor	2		2	2				
6. Zone Dimensions			0	0				
7. Vertical Openings	0		0	0				
8. Hazardous Areas	0	0		0				
9. Smoke Control			0	0				
10. Emergency Movement Routes			0	0				
11. Manual Fire Alarm		2		2				
12. Smoke Detection and Alarm		4	4	4				
13. Automatic Sprinklers	10	10	10 x1/2 = 5	10				
Total Value	S1= 22	S ₂ = 18	S₃= 14	S ₄ = 28				

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES) People Movement Containment Extinguishment (Sc) (Sa) (Sb) Exist. New Exist. New Exist. Zone Location New 1 story 8(5)a 11 15(12)a 1 4 5 2d or 3rd storyb 15 9 17(14)a 6 10(7)a 18 11(8)a ir story or higher 19(16)a

a. Use () in zones that do not contain patient sleeping rooms.

Form CMS-2786T (02/2013) Page 3

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and 5e=7

Step 6: Determine Mandatory Safety Requirement Values - Use Table 6.

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE SA	AFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment Safety (S1)	minus	Mandatory Containment (Sa)	≥	0	S1 22	-	Sa 5	=	C 17	✓	
Extinguishment Safety (S2)	minus	Mandatory Extinguishment (Sb)	≥	0	S2 <u>S.</u>	<u>-</u>	Sb 4	=	E 14	~	
People Movem Safety (S3)	ent minus	Mandatory People Movement (Sc)	2	0	S3	0.5	Sc 1	=	P 13	~	
General Safety (S4)	minus	Occupancy Risk (R)	≥	0	S4 28	-	R 1	=	^G G 27	1	

Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic.
Α.	Building utilities conform to the requirements of Section 9.1.	✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			√
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	~		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	1		
h.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	1		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	1	in a	
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	√		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1		
1	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Palatimore, Maryland 21244-1850.

ZONE 2

OF

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000	LIFE	SAFETY	CODE

			2000 121 12 071 121 1 0000
FACILITY	FV Unive	rsity Transitional Services	BUILDING 01-Main Building
ZONE(S) E	VALUATED	First Floor Smoke Compa	artment B
PROVIDER	NENDOR NO.	245170	DATE OF SURVEY 11/23/2015

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk Fa	actors Values				
1. Patient	Mobility Status	Mobile	Limited Mol	oility I	Not Mobile	Not Movable	
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30	
	Risk Factor	1.0	1.2		1.5		
3. Zone	Floor	11	or	41 to 61	7 ⁻¹ and Above	Basements	
Location (L)	Risk Factor	1.1	1.2	1.4	1.6	1.6	
4. Ratio of	<u>Patients</u> Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10 1	One or More None	
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0	
5. Patient	Age	Under 65 Yea	rs and Over 1 year	65 Y	ears and Over 1 Year	and Younger	
Average Age (A)	Risk Factor		1.0		1.2		

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

TABLE 2. OC	CUPA	INC	Y RI	SK	FAC1	OR	CAL	CUL	ATIC	N	
	М		D		L		Т		Α		F
OCCUPANCY RISK		X		X	1.1	Х		X		=	1.1

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3B. (EXISTING BUILDINGS)
F R
0.6 X 1.1 = 1

SURVEYOR SIGNATURE	IIILE Regional Director Facilities CHFM	DAIE 11/23/2015	
Thomas Linhoff	Fire Safety Supervisor	11/30/2015	
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Step 4: Determine Safety Parameter Values - Use Table 4.

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE	4.					
Safety Parameters			Safet	y Parame	ters Val	ues			
1. Construction		Combustible pes III, IV, and V				NonCombustible Types I and II			
Floor or Zone	000	111	200	211 + 2	2HH	000	111	222, 332, 433	
First	-2	0	-2	0		0	2	(2)	
Second	-7	-2	-4	-2	-2		2	4	
Third	-9	-7	-9	-7		-7	2	4	
4th and Above	-13	-7	-13	-7		-9	-7	4	
2. Interior	Class C	Class	В	Class A					
Finish (Corridors	-5(0) ^f	0(3) ^f		3)					
3. Interior	Class C	Class	В	Class	s A				
Finish	-3(1) ^f	1(3) ^f		(3)				
4. Caridar	None or Incomplet		ır	>1/2 to <	1 hour		>1 hour	100 C	
Partitions/Walls	-10(0) ⁸	(0)		1(0)	3		2(0)8		
5. Doors to Corridor	No Door	<20 min	FDD	>20 mi	n FPR		min FPR and uto Clos.		
	-10	0		1(0)			2(0)9		
6. Zone Dimensions	10	Dead End		1		No Dead	Ends >30 ft and Zo	one Length Is	
o. Zone Dimensions	>100 ft	>50 ft to 100 ft	30 ft	to 50 ft	>150	- 1	100 ft to 150 ft	<100 ft	
-	-6(0) ^b	-4(0) ^b		(0) ^b	(-2(0		0	1	
7.11-1:-10	Open 4 or More	Open 2 or	11	.(0)			h Indicated Fire Res	esist.	
7. Vertical Openings	Floors	Floors	1	<11	U BOOK		hr to <2 hr	>2 hr	
İ	-14	-10		0			2(0) ^e	3(0)e	
8. Hazardous Areas	Double	Deficiency			Single D	eficiency		No Deficiencies	
	In Zone	Outside Zo	ne	In Zone		In Adjacent Zone			
	-11	-5		-6		-2		0	
9. Smoke Control	No Control	Smoke Ba	rrier	1	Mech. Assis	sted Syste	ems		
or or or or	713 32713 37	Serves Z	0.0000000000000000000000000000000000000			Zone	X. 242		
	-5(0) ^c	0			AV	3			
10. Emergency	<2 Routes				Multiple	e Routes		Manager and the second	
Movement				W/O Hor	izontal	Н	lorizontal		
Routes		Deficier	nt	Exit	(s)		Exit(s)	Direct Exit(s)	
	-8	-2		(0)		1	5	
11. Manual Fire Alarm	No Manu	al Fire Alarm			Manual	Fire Alarm			
1945 6 5 (40 St.) 4 (40 St.) (W/O F.D	. Conn.	W/	F.D. Conn		
		-4		1	5		2		
12. Smoke Detection and Alarm	None	Corridor (Only	Rooms	Only		orridor and bit. Spaces	Total Spaces In Zone	
	0(3) ⁹	2(3)9		3(3			4	5	
la Automatic Sprinklers	None	Corridor a	and	Enti Build	re				
	0	8		10		1			

NOTE: * Use (0) where parameter 5 is -10.

bUse (0) where parameter 10 is -8. ^c Use (0) on floor with fewer than 31 patients

(existing buildings only)

d Use (0) where parameter 4 is -10.

^e Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

 $\ensuremath{\mathrm{f}}$ Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

· Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

For SI units: 1 ft = 0.3048 m

Step 5: Compute Individual Safety Evaluations — Use Table 5.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

7	TABL	E 5. INDIVIDU	AL SAFETY EVALUAT	IONS	
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)
1. Construction	2		2		2
Interior Finish (Corr. and Exit)	3			3	3
3. Interior Finish (Rooms)	3				3
4. Corridor Partitions/Walls	0				0
5. Doors to Corridor	2			2	2
6. Zone Dimensions				0	0
7. Vertical Openings	0			0	0
8. Hazardous Areas	0		0		0
9. Smoke Control				0	0
10. Emergency Movement Routes				0	0
11. Manual Fire Alarm			2		2
12. Smoke Detection and Alarm			4	4	4
13. Automatic Sprinklers	10)	10	10 x1/2 = 5	10
Total Value		S ₁ = 20	S ₂ = 18	S ₃ = 14	S ₄ = 26

		inment Sa)	Extingu (S	ishment b)	People Movement (Sc)		
Zone Location	New	Exist.	New	Exist.	New	Exist.	
1 ⁻¹ story	11	5	15(12)a	4	8(5)a	(1)	
2d or 3rd story ^b	15	9	17(14)a	6	10(7)a	3	
r story or higher	18	9	19(16)a	6	11(8)a	3	

a. Use () in zones that do not contain patient sleeping rooms.

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b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and 5e=7

Step 6: Determine Mandatory Safety Requirement Values - Use Table 6.

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE	SAFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment m Safety (S1)	inus	Mandatory Containment (Sa)	2	0	S1 20	-	Sa 5	=	C 15	1	
Extinguishment m	inus	Mandatory	> 0		S2 <u>S2</u> -		Sb = E			,	
Safety (S2)		Extinguishment (Sb)					4		14	-	
People Movement r	minus	Mandatory People	ople	0	S3	-	Sc	=	Р	1	
Safety (S3)		Movement (Sc)		U	14		1		13	V	
General	nin.	Occupancy	≥	0	S4	-	R	=	G G		
Safety (S4) m	inus	Risk (R)			26		1		25	√	

	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic
A.	Building utilities conform to the requirements of Section 9.1.	1		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	√		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	√		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	√		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
1.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	1		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	√		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1		
1	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

ZONE 3

OF

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000	ITEE	SAFETY	CODE
2000	LIFE	SAFEII	COLL

FACILITY FV University Transitional Services **BUILDING** 01-Main Building ZONE(S) EVALUATED Third Floor North **DATE OF SURVEY** 11/23/2015 PROVIDERNENDOR NO. 245170

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk F	actors Values				
1. Patient	Mobility Status	Mobile	Limited Mo	obility	Not Mobile	Not Movable	
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30	
	Risk Factor	1.0	1.2		1.5	2.0	
3. Zone	Floor	11	2 or 3	41 to 61	71 and Above	Basements	
Location (L)	Risk Factor	1.1	1.2	1.4	1.6	1.6	
4. Ratio of	Patients Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10 1	One or More None	
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0	
5. Patient	Age	Under 65 Yea	ars and Over 1 year	6	5 Years and Over 1 Year	and Younger	
Average Age (A)	Risk Factor		1.0		1.2		

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

AND			33 95				_			
	ı	V	D		L		Т	Α		F
OCCUPANCY RI	ISK	X		X	12	X		X	_ =	1 2

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3B. (EXISTING BUILDINGS)
F R
0.6 X 1.2 = 1

* EIRE/SMOKE ZONE is a space separated from all other spaces by floors, horizontal exits, or smoke

SURVEYOR SIGNATURE	Regional Director Facilities CHFM	DAIE 11/23/2015	
Thomas Linhoff Form CMS-2786T (02/2013)	Fire Safety Supervisor	11/30/2015	Page 1

Step 4: Determine Safety Parameter Values - Use Table 4.

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

		15	TABLE 4.				
Safety Parameters			Safety Parar	neters Va	lues		
1. Construction		ombustible es III, IV, and V				NonCombustib Types I and II	
Floor or Zone	000	111	200 211	+ 2HH	000	111	222, 332, 433
First	-2	0	-2	0	0	2	2
Second	-7	-2	-4	-2	-2	2	A
Third	-9	-7	-9	-7	-7	2	4)
4th and Above	-13	-7	-13	-7	-9	-7	4
2. Interior	Class C	Class B	3 0	lass A			
Finish (Corridors	-5(0) ^f	0(3) ^f		3			
3. Interior	Class C	Class B	S C	lass A			
Finish	-3(1) ^f	1(3) ^f		3			
4. Caridar	None or Incomplete	< ¹ /2 hour	>1/2 to	<1 hour		>1 hour	
Partitions/Walls	-10(0) ⁸	0	1	(0) ⁸		(2(0) ⁸)	
5. Doors to Comdor	No Door	<20 min F	PR >20	min FPR		min FPR and uto Clos.	
	-10	0		(0)		2(0) ^d	
6. Zone Dimensions		Dead End		T	No Dead	Ends >30 ft and Zor	ne Length Is
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>15	0 ft	100 ft to 150 ft	<100 ft
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0	0)°	(0)	1
7. Vertical Openings	Open 4 or More	Open 2 or		Er	nclosed with	h Indicated Fire Resi	st.
7. Vertical Operings	Floors	Floors		1 hr		hr to <2 hr	>2 hr
	-14	(-10)		0		2(0) ^e	3(0) ^e
8. Hazardous Areas	Double [Deficiency		Single [Deficiency		No Deficiencies
	In Zone	Outside Zor	ne I	n Zone	In Ad	djacent Zone	
	-11	-5		-6		-2	0
9. Smoke Control	No Control	Smoke Bar Serves Zo		Mech. Assi	isted Syste Zone	ems	
	E(0)¢	0			3		
10. Emergency	-5(0) ^c <2 Routes			Multip	le Routes		
Movement Routes		Deficien		Horizontal Exit(s)		lorizontal Exit(s)	Direct Exit(s)
SHES CLOSE TO AT	-8	-2	(0		1	5
11. Manual Fire Alarm		l Fire Alarm		Manual	I Fire Alarm		
			W/O F	D. Conn.	W/	F.D. Conn	
		-4		1		(2)	
12. Smoke Detection and Alarm					Co Hal	orridor and bit. Spaces	Total Spaces In Zone
	None 0(2) ⁹	Corridor O		ms Only 3(3) ⁹	-	(4)	5
la Automatia	0(3)9	2(3) ⁹ Corridor a		Entire			J
la Automatic Sprinklers	None	Habit. Spa	ace B	uilding			
	0	8		10			

NOTE: " Use (0) where parameter 5 is -10. bUse (0) where parameter 10 is -8.

d Use (0) where parameter 4 is -10.

° Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

For SI units: 1 ft = 0.3048 m

Use (0) on floor with fewer than 31 patients (existing buildings only)

Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

Step 5: Compute Individual Safety Evaluations — Use Table 5.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

1	AB	LE 5. INDIVIDU	AL SAFETY EVALUAT	IONS	
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)
1. Construction	4		4		4
Interior Finish (Corr. and Exit)	3			3	3
3. Interior Finish (Rooms)	3				3
4. Corridor Partitions/Walls	2				2
5. Doors to Corridor	1			1	1
6. Zone Dimensions				0	0
7. Vertical Openings	-:	10		-10	-10
8. Hazardous Areas	0		0		0
9. Smoke Control				0	0
10. Emergency Movement Routes				0	0
11. Manual Fire Alarm			2		2
12. Smoke Detection and Alarm			4	4	4
13. Automatic Sprinklers	1	0	10	10 x1/2 = 5	10
Total Value		S1= 13	S ₂ = 20	S ₃ = 3	S ₄ = 19

		inment Sa)	Extingui (Si	Control of the Contro		fovement ic)
Zone Location	New	Exist.	New	Exist.	New	Exist
1 ⁻¹ story	11	_5	15(12)a	4	8(5)a	1
2d or 3rd story ^b	15	9	17(14)a	6	10(7)a	(3)
ir story or higher	18	9	19(16)a	6	11(8)a	3

a. Use () in zones that do not contain patient sleeping rooms.

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b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and 5e=7

Step 6: Determine Mandatory Safety Requirement Values - Use Table 6.

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE S	SAFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment Safety (S1)	minus	Mandatory Containment (Sa)	2	0	S1 13	-	Sa 9	=	C 4	✓	
Extinguishment Safety (S2)	minus	Mandatory Extinguishment (Sb)	≥	0	S2 <u>52</u>	-	Sb 6	=	E 14	✓	
People Movemer Safety (S3)	nt minus	Mandatory People Movement (Sc)	≥	0	S3 3	9	Sc 3	=	P 0	✓	
General Safety (S4)	minus	Occupancy Risk (R)	≥	0	S4 19	-	R 1	=	^G G	~	

Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.	✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	√		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	V		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	√		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	√		
1.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	1		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	√		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1	 	1
1	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.

ZONE 4

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

TE ONIONE LONE EVALORITOR	ORIGINAL CONTRACTOR	
		2000 LIFE SAFETY CODE
V University Transitional Services	BUILDING 01-Main Building	

ZONE(S) EVALUATED

FACILITY

Third Floor South

PROVIDERNENDOR NO. 245170

DATE OF SURVEY 11/23/2015

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk F	actors Values			
1. Patient	Mobility Status	Mobile	Limited Mo	bility	Not Mobile	Not Movable
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5
2. Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30
	Risk Factor	1.0	1.2		1.5	2.0
3. Zone	Floor	11	2 or 3	41 to 61	71 and Above	Basements
Location (L)	Risk Factor	1.1	1.2	1.4	1.6	1.6
4. Ratio of	Patients Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10	One or More None
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0
5. Patient	Age	Under 65 Yea	ars and Over 1 year	65	Years and Over 1 Year	and Younger
Average Age (A)	Risk Factor		1.0		1.2	

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

TABLE 2. OC	CUP	ANCY	KI	3K	FACI	UK	CAL	CUL	AIIC)N	
	M		D		L		Т		Α		F
OCCUPANCY RISK		X		X	1.2	X		X		=	1.2

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS
F R	F R
1.0 X	0.6 X 1.2 = 1

SURVEYOR SIGNATURE	IIILE Regional Director Facilities DAIE 11/23/2015			
Thomas Linhoff Form CMS-2786T (02/2013)	Fire Safety Supervisor	11/30/2015	Page 1	

Step 4: Determine Safety Parameter Values - Use Table 4.

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE 4.					
Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
Floor or Zone	000	111	200 211+	211 + 2HH		111	222, 332, 433	
First	-2	0	-2	0		2	2	
Second	-7	-2	-4 -	-2		2	A	
Third 4th and Above	-9	-7		-7		2	4)	
	-13	-7	-13 -7	-7		-7	4	
2. Interior Finish (Corridors	Class C	Class E		ss A				
and Evite)	-5(0) ^f	0(3) ^f	-	3)				
3. Interior Finish	Class C	Class E		Class A				
	-3(1) ^f	1(3) ^f		(3)				
4. Corridor Partitions/Walls	None or Incomplete		V 100 100 100 100 100 100 100 100 100 10	>1/2 to <1 hour		1 hour		
	-10(0) ⁸	0	1(0	1(0)8		2(0)8		
5. Doors to Corndor	No Door	<20 min F	PR >20 n	>20 min FPR		in FPR and to Clos.		
	-10	0	1(0	1)9	2(0) ^d			
6. Zone Dimensions		Dead End			No Dead E	nds >30 ft and Zo	ne Length Is	
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>15	0 ft	100 ft to 150 ft	<100 ft	
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0) ^b -2(0) ^c 0		(0)	1	
7. Vertical Openings	Open 4 or More	Open 2 or		Enclosed with Indicated Fire Re				
	Floors	Floors	<1	<1 hr		rto <2 hr	>2 hr	
	-14	-10	(0		2(0) ^e	3(0) ^e	
8. Hazardous Areas	Double D	eficiency		Single D			No Deficiencies	
	In Zone	Outside Zor	ne In	In Zone		acent Zone	$\overline{}$	
	-11	-5		-6		-2	0	
9. Smoke Control	No Control	Smoke Bar Serves Zo		Mech. Assisted Systems by Zone				
	-5(0) ^c	0		3				
10. Emergency	<2 Routes			Multiple Routes				
Movement			W/O Ho	orizontal	Но	rizontal		
Routes		Deficien	F.	it(s)	E	Exit(s)	Direct Exit(s)	
	-8	-2		0)	- W- W-	1	5	
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm				
			W/O F.I	W/O F.D. Conn. W/F.D. Conn		.D. Conn		
		-4		1	(2		
12. Smoke Detection and Alarm	None	Corridor O	nly Poom	s Only		idor and t. Spaces	Total Spaces In Zone	
	0(3) ⁹	2(3) ⁹		Rooms Only 3(3) ⁹		4	5	
la Automatic Sprinklers	None	Corridor a Habit. Spa	nd En	Entire Building				
	o None	8		10				

For SI units: 1 ft = 0.3048 m

NOTE: a Use (0) where parameter 5 is -10. bUse (0) where parameter 10 is -8.

Use (0) on floor with fewer than 31 patients (existing buildings only)

d Use (0) where parameter 4 is -10.

^{*} Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

 $[\]ensuremath{\text{f}}$ Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

[·] Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS									
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4				
1. Construction	4		4		4				
Interior Finish (Corr. and Exit)	3			3	3				
3. Interior Finish (Rooms)	3				3				
4. Corridor Partitions/Walls	0				0				
5. Doors to Corridor	1			1	1				
6. Zone Dimensions				0	0				
7. Vertical Openings	-1	0		-10	-10				
8. Hazardous Areas	0		0		0				
9. Smoke Control				0	0				
10. Emergency Movement Routes				0	0				
11. Manual Fire Alarm			2		2				
12. Smoke Detection and Alarm			4	4	4				
13. Automatic Sprinklers	10)	10	10 x1/2 = 5	10				
Total Value		S ₁ = 11	S ₂ = 20	S ₃ = 3	S ₄ = 17				

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES) People Movement **Extinguishment** Containment (Sc) (Sa) (Sb) New Exist. Exist. Zone Location New Exist. New 1¹ story 11 15(12)a 8(5)a 2d or 3rd story^b 15 6 17(14)a 10(7)a 18 19(16)a 11(8)a 4th story or

a. Use () in zones that do not contain patient sleeping rooms.

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE S.	AFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment Safety (S1)	minus	Mandatory Containment (Sa)	≥	0	S1 11	-	Sa 9	=	C 2	~	
Extinguishmen Safety (S2)	t minus	Mandatory Extinguishment (Sb)	≥	0	S2 <u>S2</u>	_	Sb 6	=	E 14	1	
People Moven Safety (S3)	nent minus	Mandatory People Movement (Sc)	≥	0	S3 3	-	Sc 3	=	P 0	✓	
General Safety (S4)	minus	Occupancy Risk (R)	≥	0	S4 17	-	R 1	=	^G G 16	~	

		TT T		II
Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic
A.	Building utilities conform to the requirements of Section 9.1.	√		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			√
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	√		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	V		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	V		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
1.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	1		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	1		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	✓		
T	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.

ZONE 5

OF 1

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

			2000 LIFE SAFET	Y CODE
FACILITY	FV Unive	ersity Transitional Services	BUILDING 01-Main Building	
ZONE(S) E	EVALUATED	Third Floor East		
PROVIDER	NENDOR NO.	245170	DATE OF SURVEY 11/23/2015	

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk Factors Values							
1. Patient	Mobility Status	Mobile	Mobile Limited Mobility		Not Mobile	Not Movable			
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5			
2. Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30			
	Risk Factor	1.0	1.2		1.5	2.0			
3. Zone	Floor	11	2 or 3	41 to 61	71 and Above	Basements			
Location (L)	Risk Factor	1.1	1.2	1.4	1.6	1.6			
4. Ratio of	Patients Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10	One or More None			
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0			
5. Patient	Age	Under 65 Yea	ars and Over 1 year	65	Years and Over 1 Year	and Younger			
Average Age (A)	Risk Factor		1.0		1.2				

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

TABLE 2.	OCCUP.	ANCY	RIS	(FAC	ror c	CALCU	LATIC	NC	
	М		D	L		Т	Α		F
OCCUPANCY RIS	K	X)	1.2	X	X		=	1.2

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS)
1.0 X R	$0.6 \times \begin{bmatrix} \mathbf{F} & \mathbf{R} \\ 1.2 & = \end{bmatrix} 1$

* FIRE/SMOKE ZONE is a space-separated from all other spaces by floors, horizontal exits, or smoke

SURVEYOR SIGNATURE	Regional Director Facilities CHFM	DAIL 11/23/2015	
FIRE AUTHORITY SIGNATURE	IIILE	DAIL	
Thomas Linhoff	Fire Safety Supervisor	11/30/2015	Page 1

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE 4.					
Safety Parameters			Safety Para	meters Val	lues		7	
1. Construction		ombustible es III, IV, and V			NonCombustible Types I and II			
Floor or Zone	000	111	200 211	211 + 2HH		111	222, 332, 433	
First	-2	0	-2	0	0	2	2	
Second	-7	-2	-4	-2		2	<u></u>	
Third	-9	-7	-9	-7	-7	2	4)	
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior Finish (Corridors	Class C	Class E	3 (Class A				
and Exits)	-5(0) ^f	0(3) ^f						
3. Interior	Class C	Class E	3	Class A				
Finish	-3(1) ^f	1(3) ^f		3)				
4. Corridor	None or Incomplete			>1/2 to <1 hour		1_hour		
Partitions/Walls	-10(0) ⁸	0	1	L(0) ⁸		2(0)8		
5. Doors to Corridor	No Door	<20 min F	PR >20	>20 min FPR		in FPR and o Clos.		
	-10	0	(1	1(0)		2(0) ^d		
6. Zone Dimensions		Dead End			No Dead E	nds >30 ft and Zor	ne Length Is	
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>150	0 ft	100 ft to 150 ft	<100 ft	
1	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0))°	0	(1)	
7. Vertical Openings	Open 4 or More	Open 2 or				Indicated Fire Resi		
1000 VIII (1000 1000 1000 1000 1000 1000 1000	Floors	Floors		<1 hr		rto <2 hr	>2 hr	
	-14	-10		0		2(0) ^e	3(0) ^e	
8. Hazardous Areas	Double D	eficiency		Single [No Deficiencies	
	In Zone	Outside Zor	ne :	In Zone		acent Zone	0	
	-11	-5		-6		-2	0	
9. Smoke Control	No Control	Smoke Bar Serves Zo	WATERIO	Mech. Assis		ns		
	-5(0) ^c	0			3			
10. Emergency	<2 Routes			Multipl	e Routes			
Movement			W/O	Horizontal	Hor	rizontal		
Routes		Deficien		Exit(s)	E	xit(s)	Direct Exit(s)	
	-8	-2		0		1	5	
11. Manual Fire Alarm	No Manua	l Fire Alarm		Manual	Fire Alarm			
ACTION TO ACCUPANT SERVICE CONTROL OF THE SERVICE OF T			W/O	F.D. Conn.	W/F	D. Conn		
		-4		1		2		
12. Smoke Detection and Alarm	None	Corridor O	nly Roc	oms Only		idor and . Spaces	Total Spaces In Zone	
	0(3) ⁹	2(3)9		3(3) ⁹	(4	5	
la Automatic Sprinklers	None	Corridor a Habit. Spa	nd	Entire Building				
	0	8		10				

For SI units: 1 ft = 0.3048 m

NOTE: * Use (0) where parameter 5 is -10.

bUse (0) where parameter 10 is -8.

Use (0) on floor with fewer than 31 patients (existing buildings only)

d Use (0) where parameter 4 is -10.

[&]quot; Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

Use this value in addition to Parameter 13 if the entire zone is protected with guick-response automatic sprinklers.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS										
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4					
1. Construction	4		4		4					
Interior Finish (Corr. and Exit)	3			3	3					
3. Interior Finish (Rooms)	3				3					
4. Corridor Partitions/Walls	2				2					
5. Doors to Corridor	1			1	1					
6. Zone Dimensions				1	1					
7. Vertical Openings	-1	.0		-10	-10					
8. Hazardous Areas	0		0		0					
9. Smoke Control				0	0					
10. Emergency Movement Routes				0	0					
11. Manual Fire Alarm			2		2					
12. Smoke Detection and Alarm			4	4	4					
13. Automatic Sprinklers	1	0	10	10 x1/2 = 5	10					
Total Value		S ₁ = 13	S ₂ = 20	S3= 4	S ₄ = 20					

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES) People Movement Extinguishment Containment (Sc) (Sa) (Sb) New Exist. New Exist. Zone Location Exist. New 1 story 11 15(12)a 8(5)a 15 2d or 3rd story^b 17(14)a 10(7)a 18 19(16)a 11(8)a 4th story or

a. Use () in zones that do not contain patient sleeping rooms.

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE	SAFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment	minus	Mandatory	≥	0	S1	-	Sa	=	С	,	ŀ
Safety (S1)		Containment (Sa)			13		9		4	V	9
Extinguishment	minus	Mandatory			S2 52		Sb	=	Е		
Safety (S2)		Extinguishment (Sb)	2	0	20		6		14	.4	
People Movem	ent minus	Mandatory People		0	S3	S3 -		=	Р		
Safety (S3)			≥ 0		4		3		1	✓	
General		Occupancy	≥	0	S4	F6	R	=	GG		
Safety (S4)	minus	Risk (R)			20		1		19	√	

	TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEE			TT
Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic.
Α.	Building utilities conform to the requirements of Section 9.1.	1		
В.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	√		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	1		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	√		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
1.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	1		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1	(1000)	
	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.

-	D. 2 (100)	6
/()	IN I-	O
-	2 W See	

OF

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000	LTCC	SAFETY	CODE
ZUUU	LIFE	SAFEIT	LUUE

		2000 LIFE SAFETT CODE
FACILITY	FV University Transitional Serv	ices BUILDING 01-Main Building
ZONE(S) E	Third Floor West	
PROVIDER	NENDOR NO. 245170	DATE OF SURVEY 11/23/2015
PROVIDEN	245170	11/20/2010

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk F	Risk Factors Values							
1. Patient	Mobility Status	Mobile	Mobile Limited Mobilit		Not Mobile	Not Movable				
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5				
2. Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30				
	Risk Factor	1.0	1.2		1.5	2.0				
3. Zone	Floor	11	2 or 3	41 b61	7 ⁻¹ and Above	Basements				
Location (L)	Risk Factor	1.1	1.2	1.4	1.6	1.6				
4. Ratio of	Patients Attendant	1-2 1	1-2 1 3-5 1 1		>10 1	One or More None				
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0				
5. Patient	Age	Under 65 Yea	ars and Over 1 year	6	55 Years and Over 1 Year	and Younger				
Average Age (A)	Risk Factor		1.0		1.2					

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

								- 5		1353
	M		D		L		Т	Α		F
OCCUPANCY RIS	K	X		X	12	X		X	=	12

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

\ \frac{1}{2}
F R
0.6 X 1.2 = 1

* FIE

SURVEYOR SIGNATURE	IIILE Regional Director Facilities CHFM	DAIE 11/23/2015	
Thomas Linhoff Form CMS-2786T (02/2013)	Fire Safety Supervisor	11/30/2015	Page 1

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE 4					
Safety Parameters			Safety	Parame	eters Val	ues		
1. Construction		Combustible Types III, IV, and V					NonCombu Types I an	
Floor or Zone	000	111	200	211 +	2HH	000	111	222, 332, 433
First	-2	0	-2	0		0 2		2
Second	-7	-2	-4	-2	2	-2	2	^
Third	-9	-7	-9	-7	7	-7	2	4)
4th and Above	-13	-7	-13	-7		-9	-7	4
2. Interior	Class C	Class	В	Clas	s A			
Finish (Corridors	-5(0) ^f	0(3) ^f		(3				
3. Interior	Class C	Class	В	Clas	s A			
Finish	-3(1) ^f	-3(1) ^f 1(3) ^f		(3)			
4. Carridar	None or Incompl	ete <1/2 hou	ur	>1/2 to <	1 hour	84	>1 hour	
Partitions/Walls	-10(0) ⁸	0		1(0))8		2(0)8	
5. Doors to Corndor	No Door	<20 min	FPR	>20 m	in FPR	134YA4488AN	min FPR and uto Clos.	
8	-10	0		1(0)	S		2(0) ^d	
6. Zone Dimensions		Dead End				No Dead	Ends >30 ft and	Zone Length Is
	>100 ft	>50 ft to 100 ft	30 ft to	50 ft	>150		100 ft to 150 ft	
	-6(0) ^b	-4(0) ^b	-2(0		-2(0)) ^c	0	(1)
7. Vertical Openings	Open 4 or More	Open 2 or			En	closed with	n Indicated Fire R	
7. Verden Opermigo	Floors	Floors		<1 hr		>1	hr to <2 hr	>2 hr
	-14	-10		0			2(0) ^e	3(0) ^e
8. Hazardous Areas	Doubl	e Deficiency			Single D	eficiency		No Deficiencies
	In Zone	Outside Zo	one	In Zone		In Adjacent Zone		
	-11	-5		-6		-2		0
9. Smoke Control	No Control	Smoke Ba			Mech. Assis		ems	
		Serves Z	one		Dy	Zone		
	-5(0) ^c	0)			3		
10. Emergency	<2 Routes					e Routes		
Movement				W/O Ho		, н	orizontal	
Routes		Deficie	nt	Exit	-		Exit(s)	Direct Exit(s)
	-8	-2			d	Fire Alexand	1	5
11. Manual Fire Alarm	No Mar	nual Fire Alarm	1	W/O F F	5 1000	Fire Alarm	F.D. Conn	
		-4	-	W/O F.D	L CONTIL	VV/	2	
12. Smoke Detection						Co	rridor and	Total Spaces
and Alarm	B. 6-2-22-22-2	C	Only	Rooms	Only		oit. Spaces	In Zone
AC02019 0010 (2010 129)	None 0(3) ⁹	Corridor (2(3) ⁹		3(3			(4)	5
la Automatic Sprinklers		Corridor Habit. Sp	and	Ent	tire ding			
J	None		,,,,,,			-		
	0	8		(1	0)			

NOTE: * Use (0) where parameter 5 is -10. bUse (0) where parameter 10 is -8.

> ^o Use (0) on floor with fewer than 31 patients (existing buildings only)

d Use (0) where parameter 4 is -10.

* Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

For SI units: 1 ft = 0.3048 m

Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS											
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)						
1. Construction	4		4		4						
Interior Finish (Corr. and Exit)	3			3	3						
3. Interior Finish (Rooms)	3				3						
4. Corridor Partitions/Walls	2				2						
5. Doors to Corridor	1			1	1						
6. Zone Dimensions				1	1						
7. Vertical Openings	-:	.0		-10	-10						
8. Hazardous Areas	0		0		0						
9. Smoke Control				0	0						
10. Emergency Movement Routes	2			0	0						
11. Manual Fire Alarm			2		2						
12. Smoke Detection and Alarm			4	4	4						
13. Automatic Sprinklers	1	0	10	10 x1/2 = 5	10						
Total Value		S ₁ = 13	S ₂ = 20	S ₃ = 4	S ₄ = 20						

		Containment (Sa)		ishment b)	People Movement (Sc)		
Zone Location	New	Exist.	New	Exist.	New	Exist.	
1 ⁻¹ story	11	5	15(12)a	4	8(5)a	1	
2d or 3rd story ^b	15	9	17(14)a	6	10(7)a	(3)	
4th story or	18	9	19(16)a	6	11(8)a	3	

a. Use () in zones that do not contain patient sleeping rooms.

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION									Yes	No	
Containment minus	minus	Mandatory		0	S1	1.00	Sa	=	С		
Safety (S1)		Containment (Sa)			13		9		4	✓	
Extinguishment	minus	us Mandatory		E1 260	S2 <u>52</u>		Sb	=	E		
afety (S2)		Extinguishment (Sb)	≥	0	20 6		14	✓			
People Moveme	nt minus	Mandatory People			S3	3	Sc	=	Р		
Safety (S3)		Movement (Sc)		≥ 0			3		1	1	
General		Occupancy	≥	0	S4	-	R	=	GG		
Safety (S4)	minus	Risk (R)			20		1		19	√	

Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic.
Α.	Building utilities conform to the requirements of Section 9.1.	1		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	√		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	V		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	√		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	√		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	√		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	1		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

ZONE 7

OF

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000	LITEE	SAFETY	CODE
2000	Land Co.	SMILII	

FACILITY FV University Transitional Services

BUILDING 01-Main Building

ZONE(S) EVALUATED Fourth Floor North

PROVIDERNENDOR NO. 245170

DATE OF SURVEY 11/23/2015

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

	IADLL.	L. OCCUPANCY RISK PARAMETER FACTORS									
Risk Parameters		Risk Fa	ctors Values								
1. Patient	Mobility Status	Mobile	Limited M	obility	Not Mobile	Not Movable					
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5					
2. Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30					
	Risk Factor	1.0	1.2		1.5	2.0					
3. Zone	Floor	11	2 or 3	41 b61	71 and Above	Basements					
Location (L)	Risk Factor	1.1	1.2	(1)	1.6	1.6					
4. Ratio of	<u>Patients</u> Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10	One or More None					
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0					
5. Patient	Age	Under 65 Yea	rs and Over 1 year	65	Years and Over 1 Year	and Younger					
Average Age (A)	Risk Factor		1.0		1.2						

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

	500	(32)	121			
	M	D	L	Т	Α	F
OCCUPANCY RISK	22 3	Y 10 3	(11)	(1 1 X	1 2	5 0

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS)
F R	F R
1.0 X	$0.6 \times 5.9 = 3.5$

*FIRE/SMOKE ZONE is a space separated from all other spaces by floors, horizontal exits, or smoke

SURVEYOR SIGNATURE	Regional Director Facilities CHFM	DAIE 11/23/2015	
Thomas Linhoff	Fire Safety Supervisor	11/30/2015	
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A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABL	E 4.				
Safety Parameters			Saf	ety Parame	eters Val	ues		
1. Construction	Т	Combustible ypes III, IV, and	d V			W	ible II	
Floor or Zone	000	111	200	211 +	2HH	000	111	222, 332, 433
First	-2	0	-2	0)	0	2	2
Second	-7	-2	-4	-2	2	-2	2	4
Third	-9	-7	-9	-5	7	-7	2	4
4th and Above	-13	-7	-13	-7		-9	-7	4
2. Interior	Class C	C	lass B	Clas	s A			
Finish (Corridors	-5(0) ^f	0	(3) ^f	(3				
3. Interior	Class C	C	lass B	Clas	s A			
Finish	-3(1) ^f	1	(3) ^f	3				
4. Caridar	None or Incomple		2 hour	>1/2 to <	1 hour	≥	1 hour	
Partitions/Walls	-10(0) ⁸		0	1(0)	8	(2(0)8	
5. Doors to Corndor	No Door	-201	min FPR	>20 m	in FPR	Time(11972)355011	nin FPR and to Clos.	
ŀ	-10	120	0	1(0)	W		2(0) ^d	
b. Zone Dimensions	10	Dead End				No Dead E	nds >30 ft and Z	one Length Is
O. ZOIC DITICIDIOIS	>100 ft	>50 ft to 100) ft 30	ft to 50 ft	>150	100 - 010 - 010 - 010	100 ft to 150 ft	<100 ft
	-6(0) ^b	-4(0)b	7.0	-2(0) ^b	-2(0))°	(0)	1
7. Vertical Openings	Open 4 or More		2 or 3				Indicated Fire Re	sist.
7. Verdual Operlings	Floors		oors	<1	hr	>1 h	r to <2 hr	>2 hr
1	-14	(-	10	0			2(0) ^e	3(0) ^e
8. Hazardous Areas	Double	e Deficiency			Single D	Deficiency		No Deficiencies
	In Zone	Outsid	le Zone	In 2	Zone	In Adj	acent Zone	
	-11		-5		6		-2	0
9. Smoke Control	No Control	Smok	e Barrier			sted Syster	ns	
		Serv	es Zone		by	Zone		
	-5(0)°		0)			3		
10. Emergency	<2 Routes				Multipl	e Routes		
Movement Routes		De	ficient	W/O Ho Exit			rizontal Exit(s)	Direct Exit(s)
	-8		-2	(0			1	5
11. Manual Fire Alarm	No Man	ual Fire Alarm			Manual	Fire Alarm		
				W/O F.D	Conn.	W/F	.D. Conn	
		-4		1			2)	
12. Smoke Detection and Alarm	None	Corri	dor Only	Rooms	s Only		ridor and t. Spaces	Total Spaces In Zone
	0(3) ⁹		2(3)9	3(3			4	5
la Automatic Sprinklers	None	Corri	idor and t. Space		ire			
	None 0	-	8	1	-			

For SI units: 1 ft = 0.3048 m

NOTE: * Use (0) where parameter 5 is -10. bUse (0) where parameter 10 is -8.

Use (0) on floor with fewer than 31 patients (existing buildings only)

d Use (0) where parameter 4 is -10.

[&]quot; Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S₆ to blocks labeled S₁, S₂, S₃, S₆ in Table 7 on page 4 of this sheet.

	ГАВ	LE 5. INDIVIDU	AL SAFETY EVALUAT	TONS	
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)
1. Construction	4		4		4
Interior Finish (Corr. and Exit)	3			3	3
3. Interior Finish (Rooms)	3				3
4. Corridor Partitions/Walls	2				2
5. Doors to Corridor	1			1	1
6. Zone Dimensions				0	0
7. Vertical Openings	-1	10		-10	-10
8. Hazardous Areas	0		0		0
9. Smoke Control				0	0
10. Emergency Movement Routes				0	0
11. Manual Fire Alarm			2		2
12. Smoke Detection and Alarm			4	4	4
13. Automatic Sprinklers	1	0	10	10 x1/2 = 5	10
Total Value		S1= 13	S ₂ = 20	S ₃ = 3	S ₄ = 19

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES) **People Movement** Extinguishment Containment (Sc) (Sa) (Sb) New Exist. New Exist. Zone Location New Exist. 1 story 8(5)a 11 15(12)a 5 4 1 15 2d or 3rd story^b 17(14)a 10(7)a 3 6 18 9 19(16)a 11(8)a 4th story or

a. Use () in zones that do not contain patient sleeping rooms.

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE S	AFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
	inus	Mandatory	≥	0	S1 13	-	Sa 9	=	C 4	1	
Safety (S1)		Containment (Sa)								•	
Extinguishment mi Safety (S2)	inus	Mandatory Extinguishment (Sb)	≥	0	S2 <u>S2</u>	_	Sb 6]	E 14	✓	
People Movement n	ninus	Mandatory People		0	53	25	Sc	=	Р		
Safety (S3)		Movement (Sc)	2	0	3		3		0	√	
General		Occupancy	≥	0	S4	77.5	R	=	G G		
Safety (S4) m	inus	Risk (R)			19		4		15	✓	

	TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEE	1		
Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic.
Α.	Building utilities conform to the requirements of Section 9.1.	1		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	1		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	1		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	1		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
1.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	1		POST IS
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	1		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1	there is	
L	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.

ZONE 8

OF 1

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

					2000 LII L SAI LI I CODE
FACILITY	FV Unive	rsity Transitional	Services	BUILDING 01-Main Building	
ZONE(S) EV	/ALUATED	Fourth Floor Sc	uth		
PROVIDERN	ENDOR NO.	245170		DATE OF SURVEY 11/23/2015	

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk F	actors Values			
1. Patient	Mobility Status	Mobile	Limited Me	obility	Not Mobile	Not Movable
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5
2. Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30
The state of the s	Risk Factor	1.0	1.2		1.5	2.0
3. Zone	Floor	11	2 or 3	41 b61	71 and Above	Basements
Location (L)	Risk Factor	1.1	1.2	(1)	1.6	1.6
4.Ratio of	Patients Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10 1	One or More None
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0
5. Patient	Age	Under 65 Yea	ars and Over 1 year	65	Years and Over 1 Year	and Younger
Average Age (A)	Risk Factor		1.0		1.2	

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

TABLE 2. OC	COLA	101112	on non			
	M	D	L	Т	A	F
OCCUPANCY RISK	3.2	X 1.0	X 1.4	X 1.1 X	1.2	5.9

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS)
F R	F R
1.0 X	$0.6 \times 5.9 = 3.5$

FIRE/SMOKE ZONE is a space separated from all other spaces by floors, honzontal exits	, or smok	e
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SURVEYOR SIGNATURE	Regional Director Facilities CHFM	DAIE 11/23/2015	
Thomas Linhoff Form CMS-2786T (02/2013)	Fire Safety Supervisor	11/30/2015	Page 1
I how from for			

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE 4.					
Safety Parameters			Safety Para	ameters Va	lues			
1. Construction		ombustible es III, IV, and V				NonCombustible Types I and II		
Floor or Zone	000	111	200 21	1 + 2HH	000	111	222, 332, 433	
First	-2	0	-2	0	0	2	2	
Second	-7	-2	-4	-2	-2 2		4	
Third	-9	-7	-9	-7	-7 2		4	
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior	Class C	Class E	3	Class A				
Finish (Corridors	-5(0) ^f	0(3) ^f		(3)				
3. Interior	Class C	Class E	3	Class A				
Finish	-3(1) ^f	1(3) ^f		(3)				
4. Corridor	None or Incomplete	<1/2 hou	r >1/2	to <1 hour	≥1	hour		
Partitions/Walls	-10(0)8	0		1(0)8	(2	2(0)8		
5. Doors to Corndor	No Door	<20 min F	FPR >2	0 min FPR	>20 min FPR and Auto Clos.			
	-10	0		1(0)°	2	2(0) ^d		
6. Zone Dimensions		Dead End		\exists	No Dead Er	nds >30 ft and Zor	ne Length Is	
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>15	0ft	100 ft to 150 ft	<100 ft	
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0)) ^c	(0)	1	
7. Vertical Openings	Open 4 or More	Open 2 or	3	Er	closed with I	ndicated Fire Resi		
	Floors	Floors		<1 hr	>1 hr	to <2 hr	>2 hr	
	-14	-10		0	2	2(0) ^e	3(0) ^e	
8. Hazardous Areas	Double D	Deficiency		Single [Deficiency		No Deficiencies	
	In Zone	Outside Zo	ne	In Zone	In Adja	cent Zone		
	-11	-5		-6		-2	0	
9. Smoke Control	No Control	Smoke Bar Serves Zo			sted System Zone	S		
	-5(0) ^c	0			3	700-1		
10. Emergency	<2 Routes			Multipl	e Routes			
Movement			W/C) Horizontal	1 250	izontal		
Routes		Deficien	it	Exit(s)	Ex	cit(s)	Direct Exit(s)	
	-8	-2		(0)		1	5	
11. Manual Fire Alarm	No Manua	Fire Alarm		Manual	Fire Alarm			
			W/C	F.D. Conn.	W/F.) Conn		
		-4		1	(2)		
12. Smoke Detection and Alarm	None	Corridor C	only Ro	ooms Only		dor and . Spaces	Total Spaces In Zone	
	0(3)9	2(3)9		3(3) ⁹		4)	5	
la Automatic Sprinklers	None	Corridor a Habit. Spa		Entire Building				
	0	8		10				

For SI units: 1 ft = 0.3048 m

NOTE: * Use (0) where parameter 5 is -10.

bUse (0) where parameter 10 is -8. ^c Use (0) on floor with fewer than 31 patients (existing buildings only)

d Use (0) where parameter 4 is -10.

^{*} Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

 $^{^{\}circ}$ Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

	ГАВ	LE 5. INDIVIDUA	AL SAFETY EVALUAT	IONS	
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)
1. Construction	4		4		4
Interior Finish (Corr. and Exit)	3			3	3
3. Interior Finish (Rooms)	3				3
4. Corridor Partitions/Walls	2				2
5. Doors to Corridor	1			1	1
6. Zone Dimensions				0	0
7. Vertical Openings	-:	.0		-10	-10
8. Hazardous Areas	0		0		0
9. Smoke Control				0	0
10. Emergency Movement Routes				0	0
11. Manual Fire Alarm			2		2
12. Smoke Detection and Alarm			4	4	4
13. Automatic Sprinklers	1	0	10	10 x1/2 = 5	10
Total Value		S ₁ = 13	S ₂ = 20	S ₃ = 3	S ₄ = 19

		inment Sa)	Extingui (S			lovement ic)
Zone Location	New	Exist.	New	Exist.	New	Exist.
1 ⁻¹ story	11	5	15(12)a	4	8(5)a	1
2d or 3rd story ^b	15	9	17(14)a	6	10(7)a	3
4th story or	18	(9)	19(16)a	6	11(8)a	(3)

a. Use () in zones that do not contain patient sleeping rooms.

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE S	AFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment Safety (S1)	minus	Mandatory Containment (Sa)	≥	0	S1 13		Sa 9	=	C 4	✓	
Extinguishment Safety (S2)	minus	Mandatory Extinguishment (Sb)	2	0	S2 <u>52</u> 20	_	Sb 6	=	E 14	~	
People Movemo Safety (S3)	ent minus	Mandatory People Movement (Sc)	≥	0	S3 3		Sc 3	=	P 0	1	
General Safety (S4)	minus	Occupancy Risk (R)	2	0	S4 19	-	R 4	=3	^G G	✓	

Со	mplete one copy of this worksheet for each facility.		Not	Not
Fo	or each consideration, select and mark the appropriate column.	Met	Met	Applic
Α.	Building utilities conform to the requirements of Section 9.1.	1		
B.	In new facilities only, life-support systems alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			√
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	√		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	1		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	√		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
Ĭ.:	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	1		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	1		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1		
1 1	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code. *
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.

ZONE 9

OF '

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

			2000 LIFE SAFETY CODE
FV Unive	ersity Transitional Services	BUILDING 01-Main Building	
LUATED	Fourth Floor Fact		

ZONE(S) EVALUATED Fourth Floor East

PROVIDERNENDOR NO. 245170

FACILITY

DATE OF SURVEY 11/23/2015

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk F	actors Values			
1. Patient	Mobility Status	Mobile	Limited Mo	obility	Not Mobile	Not Movable
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5
2. Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30
	Risk Factor	1.0	1.2		1.5	2.0
3. Zone	Floor	11	2 or 3	41 b61	71 and Above	Basements
Location (L)	Risk Factor	1.1	1.2	(1)	1.6	1.6
4. Ratio of	Patients Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10 1	One or More None
Patients to Attendants (T)	Risk Factor	1.0	(1.1)	1.2	1.5	4.0
5. Patient	Age	Under 65 Yea	ars and Over 1 year	65	Years and Over 1 Year	and Younger
Average Age (A)	Risk Factor		1.0		1.2	

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

			miss.		2.24		Trellings		10.00	Chica
	M		D		L		Т		Α	F
OCCUPANCY RIS	K 32	Х	1.5	X	1.4	Х	1 1	X	12	8.9

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS)
F R	F R
1.0 X	$0.6 \times 8.9 = 5.3$

*FIRE/SMOKE ZONE is a space separated from all other spaces by floors, horizontal exits, or smoke

SURVEYOR SIGNATURE	Regional Director Facilities CHFM	DAIE 11/23/2015	
FIRE AUTHORITY SIGNATURE	ITILE	DAIL	
Thomas Linhoff / / ///	Fire Safety Supervisor	11/30/2015	Page 1
Form CMS-2786T (02/2013) hv. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			rage

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE											
Safety Parameters			Safet	ty Parame	eters Val	ues								
1. Construction		Combustible pes III, IV, and V			NonCombustible Types I and II									
Floor or Zone	000	111	200	211 + 2HH		000	111	222, 332, 433						
First	-2	0	-2	0		0 2		2						
Second	-7	-2	-4	-2	2	-2	2	4						
Third	-9	-7	-9	-7	7	-7	2	4						
4th and Above	-13	-7	-13	-7		-9	-7	4						
2. Interior	Class C	Class B	3	Class	s A									
Finish (Corridors	-5(0) ^f	0(3) ^f		(3)										
3. Interior	Class C	Water Control of the		Class A			31.42							
Finish	-3(1) ^f	1(3) ^f		(3										
4. Carriclar	None or Incomplet		r	>1/2 to <1 hour		>1 hour								
Partitions/Walls	-10(0) ⁸	0		1(0)8		(2(0)8)								
5. Doors to Corridor		<20 min F	EDD	>20 min FDD		>20 min FPR		>20 min EDD		>20 min FPR and		>20 min FPR and Auto Clos.		
	No Door -10	<20 11111 1	PK	1(0)		2(0) ^d								
h Jana L'imancione	-10	Dead End		1(0)	/	No Dead	Ends >30 ft and Z	one Length Is						
6. Zone Dimensions	>100 ft	>50 ft to 100 ft	30 A	to 50 ft	>150	T	100 ft to 150 ft	<100 ft						
:	-6(0) ^b	-4(0) ^b	7.72.12	2(0) ^b	-2(0	2017	0	(1)						
		Open 2 or					Indicated Fire Re	sist						
7. Vertical Openings	Open 4 or More Floors	Floors	J H	<1	1,000		hr to <2 hr	>2 hr						
+	-14	-10		0			2(0) ^e	3(0) ^e						
8. Hazardous Areas	Double	Deficiency		Single De		Deficiency		No Deficiencies						
011100000011000	In Zone	Outside Zo	ne	In Zone			jacent Zone							
	-11	-5		-6			-2	0						
9. Smoke Control	No Control	Smoke Ba	rrier		Mech. Assis	sted Syste	ms							
J. Official Control		Serves Zo	TO STATE OF THE PARTY OF THE PA			Zone								
	-5(0)°	0		3										
10. Emergency	<2 Routes				Multiple	e Routes								
Movement		1		W/O Ho	rizontal	Н	orizontal							
Routes		Deficier	nt	Exit	(s)		Exit(s)	Direct Exit(s)						
	-8	-2		(0			1	5						
11. Manual Fire Alarm	No Manu	al Fire Alarm			Manual	Fire Alarm								
PROPERTY TO A CONTROL OF THE PROPERTY OF THE CONTROL OF THE CONTRO				W/O F.D	. Conn.	W/	F.D. Conn							
		-4		1			2							
12. Smoke Detection and Alarm	None	Corridor C	nly	Rooms	Only		rridor and oit. Spaces	Total Spaces In Zone						
	0(3) ⁹	2(3)9		3(3			4	5						
la Automatic Sprinklers		Corridor a		Ent Build	ire									
- Spiritacio	None 0	8		10		-								

NOTE: a Use (0) where parameter 5 is -10.

bUse (0) where parameter 10 is -8.

^o Use (0) on floor with fewer than 31 patients (existing buildings only)

d Use (0) where parameter 4 is -10.

For SI units: 1 ft = 0.3048 m

* Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

7	TABI	E 5. INDIVIDU	AL SAFETY EVALUAT	IONS	
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)
1. Construction	4	111	4		4
Interior Finish (Corr. and Exit)	3			3	3
3. Interior Finish (Rooms)	3				3
4. Corridor Partitions/Walls	2				2
5. Doors to Corridor	1			1	1
6. Zone Dimensions				1	1
7. Vertical Openings	-1	.0		-10	-10
8. Hazardous Areas	0		0		0
9. Smoke Control				0	0
10. Emergency Movement Routes				0	0
11. Manual Fire Alarm			2		2
12. Smoke Detection and Alarm			4	4	4
13. Automatic Sprinklers	10)	10	10 x1/2 = 5	10
Total Value		S ₁ = 13	S ₂ = 20	S ₃ =4	S ₄ = 20

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES) Extinguishment People Movement Containment (Sa) (Sc) (Sb) Exist. Exist. New Exist. New Zone Location New 8(5)a 1 story 11 15(12)a 5 15 10(7)a 2d or 3rd story^b 17(14)a 3 6 9 18 11(8)a 19(16)a 4th story or

a. Use () in zones that do not contain patient sleeping rooms.

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE SA	AFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment Safety (S1)	minus	Mandatory Containment (Sa)	2	0	S1 13	-	Sa 9	=	C 4	~	
Extinguishment Safety (S2)	minus	Mandatory Extinguishment (Sb)	≥	0	S2 <u>52</u> 20		Sb 6	=	E 14	✓	
People Moveme Safety (S3)	nt minus	Mandatory People Movement (Sc)	≥	0	S3 4	-	Sc 3	=	P 1	✓	
General Safety (S4)	minus	Occupancy Risk (R)	≥	0	S4 20	-	R 5	=	^G G	✓	

	TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEE			
Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic
Α.	Building utilities conform to the requirements of Section 9.1.	1		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			√
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	1		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	1		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	1		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
1.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	1		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	√		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1	1000000	
L	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baldimore, Maryland 21244-1850.

FACIL

ZONE 10

OF

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

					2000 LIFE SAFETY CODE
FACILITY	FV Unive	rsity Transitional	Services	BUILDING 01-Main Building	
ZONE(S) EV	ALUATED	Fourth Floor We	est		
PROVIDERN	ENDOR NO.	245170		DATE OF SURVEY 11/23/2015	

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk F	Risk Factors Values					
1. Patient	Mobility Status	Mobile	Limited M	obility	Not Mobile	Not Movable		
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5		
2. Patient Density (D)	No. of Patients	1-5	1-5 6-10		11-30	>30		
	Risk Factor	1.0	1.2		1.5	2.0		
3. Zone	Floor	11	2 or 3	41 b61	71 and Above	Basements		
Location (L)	Risk Factor	1.1	1.2	(1)	1.6	1.6		
4.Ratio of	Patients Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10 1	One or More None		
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0		
5. Patient	Age	Under 65 Yea	ars and Over 1 year	65	Years and Over 1 Year	and Younger		
Average Age (A)	Risk Factor		1.0		1.2			

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

TAKE TO STANCE OF ALCOHOLOGY		1000				72011		0.000	- 571	100-1	1800
		M		D		L		Т		Α	F
OCCUPANCY F	RISK	32	Х	1.5	Х	1.4	X	1 1	X	1.2	8.9

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3B. (EXISTING BUILDINGS)
F R
$0.6 \times 8.9 = 5.3$

* FIRE/SMOKE ZONE is a space separated from all other spaces by floors, horizontal exits, or smoke

SURVEYOR SIGNATURE	Regional Director Facilities CHFM	DAIE 11/23/2015	
Thomas Linhoff Form CMS-2786T (02/2013)	Fire Safety Supervisor	11/30/2015	Page 1

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

		1	TABLE 4.					
Safety Parameters			Safety Paran	neters Val	ues			
1. Construction		Combustible rpes III, IV, and V			NonCombustible Types I and II			
Floor or Zone	000	111	200 211 +	- 2HH	000	111	222, 332, 433	
First	-2	0	-2	0	0	2	2	
Second	-7	-2	-4	-2	-2	2	4	
Third	-9	-7		-7		2	4	
4th and Above	-13	-7	-13 -	7	-9	-7	(4)	
2. Interior	Class C	Class E	S Cla	Class A				
Finish (Corridors	-5(0) ^f	0(3) ^f		(3)				
3. Interior	Class C	Class B	3 Cla	Class A				
Finish				(3)				
4. Corridor	None or Incomple	te <1/2 hour	>1/2 to	<1 hour	2	1 hour		
Partitions/Walls	-10(0) ⁸	0	1(1(0)8		2(0)8		
5. Doors to Corridor	No Door	<20 min F	PR >20 t	>2 <u>0 m</u> in FPR		in FPR and o Clos.		
	-10	0	(10			2(0) ^d		
6. Zone Dimensions		Dead End		1		nds >30 ft and Zor	ne Length Is	
o. Zone Dimensions	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>150		100 ft to 150 ft	<100 ft	
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0))°	(0)	1	
7. Vertical Openings	Open 4 or More	Open 2 or		En	closed with	Indicated Fire Resi	st.	
	Floors	Floors		<1 hr		rto <2 hr	>2 hr	
	-14	-10		0		2(0) ^e	3(0) ^e	
8. Hazardous Areas	Double	Deficiency		Single D	Deficiency		No Deficiencies	
Control of the second of the American second of the second	In Zone	Outside Zor	ne Ir	In Zone		acent Zone		
	-11	-5		-6		-2	0	
9. Smoke Control	No Control	Smoke Bar Serves Zo		Mech. Assis		ns		
	m.m.c	0			3			
10. Emergency	-5(0) ^c <2 Routes	0		Multipl	e Routes			
Movement	<2 Routes		W/O F	lorizontal		rizontal		
Routes		Deficien		kit(s)	1	xit(s)	Direct Exit(s)	
A	-8	-2	(0		1	5	
11. Manual Fire Alarm		ual Fire Alarm			Fire Alarm			
11. Fandaring Adm	110 (1011		W/O F	.D. Conn.	W/F	D. Conn		
		-4		1	(2		
12. Smoke Detection		1				idor and	Total Spaces	
and Alarm	None	Corridor O	nly Roor	ns Only	Habit	. Spaces	In Zone	
2	0(3) ⁹	2(3)9		(3) ⁹	(4)	5	
la Automatic Sprinklers	5212	Corridor a Habit. Spa		ntire ilding				
- Spirings	None 0	8	-	10	-			

NOTE: * Use (0) where parameter 5 is -10. bUse (0) where parameter 10 is -8.

d Use (0) where parameter 4 is -10.

* Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

For SI units: 1 ft = 0.3048 m

Use (0) on floor with fewer than 31 patients (existing buildings only)

[·] Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

]	ABI	E 5. INDIVIDU	AL SAFETY EVALUAT	TONS	
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)
1. Construction	4		4		4
Interior Finish (Corr. and Exit)	3			3	3
3. Interior Finish (Rooms)	3				3
4. Corridor Partitions/Walls	2				2
5. Doors to Corridor	1			1	1
6. Zone Dimensions				0	0
7. Vertical Openings	-1	0		-10	-10
8. Hazardous Areas	0		0		0
9. Smoke Control				0	0
10. Emergency Movement Routes				0	0
11. Manual Fire Alarm			2		2
12. Smoke Detection and Alarm			4	4	4
13. Automatic Sprinklers	10)	10	10 x1/2 = 5	10
Total Value		S ₁ = 13	S ₂ = 20	S3=3	S ₄ = 19

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES) **People Movement** Extinguishment Containment (Sc) (Sa) (Sb) Exist. Zone Location Exist. New Exist. New New 1 story 8(5)a 11 15(12)a 5 15 10(7)a 2d or 3rd story^b 17(14)a 3 9 6 18 19(16)a 11(8)a 4th story or

a. Use () in zones that do not contain patient sleeping rooms.

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE	FIRE SAFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment	minus	Mandatory	≥	0	S1		Sa	=	С		
Safety (S1)		Containment (Sa	(Sa)	13	3	9		4	✓		
Extinguishment	minus	Mandatory	6000	-	S2 52	<u>.</u> -	Sb	=	E		
Safety (S2)		Extinguishment	(Sb) ≥	: 0	20		6		14	√	
People Movemer	nt minus	Mandatory Peo	ple	0	S3	4	Sc	=	Р	,	
Safety (S3)		Movement (Sc)	2	U	3		3		0	V	
General		Occupancy	≥	0	S4	-	R	=	GG		
Safety (S4)	minus	Risk (R)			19		5		14	1	

	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.	√		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	V		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	1		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	V		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	√		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
1.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	√		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	√		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1	_	
L	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

"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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.

ZONE 11

OF __1

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000	LIFE	SAFETY	CODE
2000	FTLE	SALLII	CODE

FACILITY	FV University Transitional Services	BUILDING 01-Main Building
ZONE(S) E	EVALUATED Fifth Floor North	
PROVIDER	NENDOR NO. 245170	DATE OF SURVEY 11/23/2015

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value.

 Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk Factors Values							
1. Patient	Mobility Status	Mobile	Mobile Limited Mobility		Not Mobile	Not Movable			
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5			
Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30			
	Risk Factor	1.0	1.2		1.5	2.0			
3. Zone	Floor	11	2 or 3	41661	7 ⁻¹ and Above	Basements			
Location (L)	Risk Factor	1.1	1.2	1)	1.6	1.6			
4. Ratio of	Patients Attendant	1-2	3-5 1	<u>6-10</u> 1	>10 1	One or More None			
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0			
5. Patient	Age	Under 65 Year	rs and Over 1 year	65 \	65 Years and Over 1 Year and Younger				
Average Age (A)	Risk Factor		1.0		1.2				

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.



Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS)
F R	F R
1.0 X	$0.6 \times 7.1 = 4.3$

* FIRE/SMOKE ZONE is a space separated from all other spaces by floors, horizontal exits, or smoke

The control of the co	nooney mornastrant assay or emission		
SURVEYOR SIGNATURE	Regional Director Facilities CHFM	DAIE 11/23/2015	
FIRE AUTHORITY SIGNATURE	THE	DAIL	
Thomas Linhoff Form CMS-2786T (02/2013)	Fire Safety Supervisor	11/30/2015	Page 1

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

	Combustible pes III, IV, and V 111 0 -2 -7 -7 Class B 0(3) ^f Class B 1(3) ^f te < ¹ /2 hou	-2 -4 -9 -13 3	+ 2HH 0 -2 -7 -7 Class A 3 Class A 3		NonCombustib Types I and II 111 2 2 2 2 -7		
Tyl 000 -2 -7 -9 -13 Class C -5(0) ^f Class C -3(1) ^f None or Incomplet -10(0) ⁸	pes III, IV, and V 111 0 -2 -7 -7 Class B 0(3) ^f Class B 1(3) ^f e < 1/2 hou	-2 -4 -9 -13 3	0 -2 -7 -7 Class A 3 Class A	000 0 -2 -7	Types I and II 111 2 2 2	222, 332, 433	
-2 -7 -9 -13 Class C -5(0) ^f Class C -3(1) ^f None or Incomplet -10(0) ⁸	0 -2 -7 -7 Class E 0(3) ^f Class E 1(3) ^f ce < ¹ /2 hou	-2 -4 -9 -13 3	0 -2 -7 -7 Class A 3 Class A	0 -2 -7	2 2 2	2 4	
-7 -9 -13 Class C -5(0) ^f Class C -3(1) ^f None or Incomplet -10(0) ⁸	-2 -7 -7 Class E 0(3) ^f Class E 1(3) ^f ce < ¹ /2 hou	-4 -9 -13 3	-2 -7 -7 Class A 3	-2 -7	2	4	
-9 -13 Class C -5(0) ^f Class C -3(1) ^f None or Incomplet -10(0) ⁸	-7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -	-9 -13 3 6	-7 -7 Class A 3	-7	2	4	
Class C -5(0) ^f Class C -3(1) ^f None or Incomplet -10(0) ⁸	-7 Class E 0(3) ^f Class E 1(3) ^f class E 1(3) ^f e < ¹ /2 hou	-13 3 G	-7 Class A 3 Class A				
Class C -5(0) ^f Class C -3(1) ^f None or Incomplet -10(0) ⁸	Class B 0(3) ^f Class B 1(3) ^f Class B 1(3) ^f Class B	3 (Class A	-9	-7	(4)	
-5(0) ^f Class C -3(1) ^f None or Incomplet -10(0) ⁸	0(3) ^f Class E 1(3) ^f e < ¹ /2 hou	3 (3 Class A				
Class C -3(1) ^f None or Incomplet -10(0) ⁸	Class E 1(3) ^f te < ¹ /2 hou		Class A				
-3(1) ^f None or Incomplet -10(0) ⁸	1(3) ¹ te < ¹ /2 hou						
None or Incomplet -10(0) ⁸	e <1/2 hou	1/04	3				
None or Incomplet -10(0) ⁸	e <1/2 hou	- 1,0					
-10(0) ⁸	The second secon	> 12	o <1 hour	>1.hc	our		
No Door		ACCOUNT.	L(0) ⁸	2(0))		
	<20 min F	:pp >20) min FPR	>20 min Fl Auto Cl			
- Control of the Cont	0			2(0)	d		
	Dead End					ne Length Is	
>100 ft	The state of the s	30 ft to 50 ft	>150			<100 ft	
		And the control of the second section of	2(0) ^b -2(0) ^c 0			1	
	THE STATE OF THE S	1 11	1170	THE RESIDENCE OF THE PARTY OF T	cated Fire Resis	st.	
Floors	Floors			>1 hr to <2 hr		>2 hr	
-14	-10		0	2(0)		3(0) ^e	
Double	Deficiency		Single D	eficiency		No Deficiencies	
In Zone	Outside Zo	ne	In Zone	In Adjacen	t Zone		
-11	-5		-6	-2		0	
No Control	Smoke Bar	rier	Mech. Assi	sted Systems			
	Serves Zo	ne	by	Zone			
-5(0) ^c	(0)						
<2 Routes	Mult			ultiple Routes			
	Deficien	15		Horizontal Exit(s)		Direct Exit(s)	
-8	-2		0	1		5	
No Manua	al Fire Alarm		Manual				
		W/O	F.D. Conn.	W/F.D. C	Conn		
	-4		1	2)		
News	C	mhr. Dav	oma Only			Total Spaces In Zone	
		riiy Roo		4)	5	
	Corridor a		Entire			并 3	
				-			
	-10 >100 ft -6(0) ^b Open 4 or More Floors -14 Double In Zone -11 No Control -5(0) ^c <2 Routes	-10 Dead End >100 ft >50 ft to 100 ft -6(0) ^b Open 4 or More Floors Floors -14 Outside Zor -11 -5 No Control Smoke Bar Serves Zor -5(0) ^c Open 2 Or -2 Routes -8 Deficien -8 Deficien -8 Corridor Or 0(3) ⁹ 2(3) ⁹ Corridor a Habit. Spar	Dead End Dead End	Dead End	Dead End	Dead End	

NOTE: * Use (0) where parameter 5 is -10. bUse (0) where parameter 10 is -8.

d Use (0) where parameter 4 is -10.

For SI units: 1 ft = 0.3048 m

Use (0) on floor with fewer than 31 patients (existing buildings only)

^{*} Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

[·] Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS					
Safety Parameters	Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)	
1. Construction	4	4		4	
Interior Finish (Corr. and Exit)	3		3	3	
3. Interior Finish (Rooms)	3			3	
4. Corridor Partitions/Walls	2			2	
5. Doors to Corridor	1		1	1	
3. Zone Dimensions			0	0	
7. Vertical Openings	-10		-10	-10	
8. Hazardous Areas	0	0		0	
9. Smoke Control			0	0	
10. Emergency Movement Routes			0	0	
11. Manual Fire Alarm		2		2	
12. Smoke Detection and Alarm		4	4	4	
13. Automatic Sprinklers	10	10	10 x1/2 = 5	10	
Total Value	S ₁ = 13	S ₂ = 20	S3=3	S ₄ = 19	

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES) Extinguishment People Movement Containment (Sc) (Sa) (Sb) New Exist. New Exist. Zone Location Exist. New 1 story 11 8(5)a 15(12)a 5 4 1 15 2d or 3rd storyb 17(14)a 10(7)a 3 6 9 18 19(16)a 11(8)a 4th story or

a. Use () in zones that do not contain patient sleeping rooms.

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

	TABLE 7. ZONE FIRE SAF	ETY EC	UIVALENCY EV	ALU	ATION			Yes	No
Containment minus	Mandatory	≥ 0	S1		Sa	=	С		
Safety (S1)	Containment (Sa)	13		9	9	4	V		
Extinguishment minus	Mandatory		S2 54	<u>-</u>	Sb	=	E		
Safety (S2)	Extinguishment (Sb)	≥ 0	20		6		14	✓	
People Movement minus	Mandatory People	٠	S3	-	Sc	=	Р		
Safety (S3)	Movement (Sc)	≥ 0	3		3		0	√	
General	Occupancy	≥ 0	S4	-	R	=	G G		
Safety (S4) minus	Risk (R)		19		4		15	1	

	TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEE	T		
Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic.
Α.	Building utilities conform to the requirements of Section 9.1.	1		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	1		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	1		
E.	There are no flue-fed incinerators.	1		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	√		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
1.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	V		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	1		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	V		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.

ZONE 12

OF

14

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

			2000 LIFE SAFETY CODE
FACILITY	FV Unive	rsity Transitional Services	BUILDING 01-Main Building
ZONE(S) EV	/ALUATED	Fifth Floor South	
PROVIDERN	ENDOR NO.	245170	DATE OF SURVEY 11/23/2015

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Risk Parameters		Risk F	actors Values				
1. Patient	Mobility Status	Mobile	Limited M	obility	Not Mobile	Not Movable	
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5	
Patient Density (D)	No. of Patients	1-5	6-10		11-30	>30	
	Risk Factor	1.0	1.2)	1.5	2.0	
3. Zone	Floor	11	2 or 3	41b6	71 and Above	Basements	
Location (L)	Risk Factor	1.1	1.2	(1)	1.6	1.6	
4. Ratio of	Patients Attendant	1-2 1	3-5 1	<u>6-10</u> 1	>10	One or More None	
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0	
5. Patient	Age	Under 65 Yea	ars and Over 1 year		65 Years and Over 1 Year	ar and Younger	
Average Age (A)	Risk Factor		1.0		1.2		

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

			_		7.		-		-	_
	M		D		L				Α	r
OCCUPANCY RISK	3 2	Y	12	X	1 4	X	1 0	X	12	6.5

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS)
1.0 X R	$0.6 \times 6.5 = 3.9$

*FIRE/SMOKE ZONE is a space separated/from all o	ther spaces by floors, horizontal exits, or smoke
--	---

SURVEYOR SIGNATURE	IIILE Regional Director Facilities CHFM	DAIE 11/23/2015
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A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE 4.						
Safety Parameters			Safety Pa	aramete	rs Value	s			
1. Construction		ombustible es III, IV, and V				NonCombustible Types I and II			
Floor or Zone	000	111	200	211 + 2HH		000	111	222, 332, 433	
First	-2	0	-2	0		0	2	2	
Second	-7	-2	-4	-2		-2		4	
Third	-9	-7	-9	-7		-7	2	4	
4th and Above	-13	-7	-13	-7		-9	-7	4	
2. Interior	Class C	Class E	3	Class A					
Finish (Corridors	-5(0) ^f	0(3) ^f		(3)					
3. Interior	Class C	Class E	3	Class A					
Finish	-3(1) ^f	1(3) ^f		(3)					
4. Corridor	None or Incomplete	<1/2 hou	r >	1/2 to <1 h	our	>1_hour			
Partitions/Walls	-10(0) ⁸	0		1(0) ⁸		2(0)8)		
5. Doors to Comdor	No Door	<20 min F	-PR	>20 min F	PR	>20 min FPR and Auto Clos.			
	-10	0		(1(0)9		2(0)	i		
6. Zone Dimensions	No Donat Ende y 2			>30 ft and Zor	ne Length Is				
o. Zone Dimensions	>100 ft	>50 ft to 100 ft	30 ft to 50) ft	>150 ft		ft to 150 ft	<100 ft	
	-6(0) ^b	-4(0) ^b	-2(0)b	-2(0) ^b -2(0			(0)	1	
7. Vertical Openings	Open 4 or More	Open 2 or			Enclosed with Indicated Fire R			st.	
7. Vertical Operings	Floors	Floors	-	<1 hr		>1 hr to <2 hr		>2 hr	
	-14	(-10)		0		2(0) ^e		3(0) ^e	
8. Hazardous Areas	Double I	Deficiency		5	Single Defic	ciency		No Deficiencies	
5-44-0712309251101025600144-25-50-03-48-61-49-02-9	In Zone			In Zone		In Adjacent Zone			
	-11	-5		-6		-2		0	
9. Smoke Control	No Control	Smoke Bar				sisted Systems			
		Serves Zo	one		by Zor	ne			
	-5(0) ^c					ii.			
10. Emergency	<2 Routes				Multiple Ro				
Movement			V	W/O Horizo	ntal	Horizon			
Routes		Deficien	it	Exit(s)		Exit(s)	Direct Exit(s)	
	-8	-2		(0)		1		5	
11. Manual Fire Alarm	No Manua	al Fire Alarm			Manual Fire				
			V	W/O F.D. Co	onn.	W/F.D. C	onn		
		-4		1		2		T-1-1-C	
12. Smoke Detection and Alarm		DATE HART 1954				Corridor Habit. Sp		Total Spaces In Zone	
Selful / Sullin	None	Corridor C	nly	Rooms Or	nly	4		5	
lo & tamatia	0(3) ⁹	2(3)9		3(3) ⁹		4	/	J	
la Automatic Sprinklers	None	Corridor a Habit. Spa		Entire Building					
	0	8		(10)					

For SI units: 1 ft = 0.3048 m

NOTE: * Use (0) where parameter 5 is -10.

bUse (0) where parameter 10 is -8.

^c Use (0) on floor with fewer than 31 patients (existing buildings only)

d Use (0) where parameter 4 is -10.

^e Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

^a Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S₆ to blocks labeled S₁, S₂, S₃, S₆ in Table 7 on page 4 of this sheet.

	TABLE 5. INDIVIDUAL SAFETY EVALUATIONS								
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4				
1. Construction	4		4		4				
Interior Finish (Corr. and Exit)	3			3	3				
3. Interior Finish (Rooms)	3				3				
4. Corridor Partitions/Walls	2				2				
5. Doors to Corridor	1			1	1				
6. Zone Dimensions				0	0				
7. Vertical Openings	-:	10		-10	-10				
8. Hazardous Areas	0		0		0				
9. Smoke Control				0	0				
10. Emergency Movement Routes				0	0				
11. Manual Fire Alarm			2		2				
12. Smoke Detection and Alarm			4	4	4				
13. Automatic Sprinklers	1	0	10	10 x1/2 = 5	10				
Total Value		S1= 13	S ₂ = 20	S3=3	S ₄ = 19				

		inment Sa)	Extingu (S	ishment b)		lovement ic)
Zone Location	New	Exist.	New	Exist.	New	Exist.
11 story	11	5	15(12)a	4	8(5)a	1
2d or 3rd story ^b	15	9	17(14)a	6	10(7)a	3
4th story or	18	9	19(16)a	6)	11(8)a	(3)

a. Use () in zones that do not contain patient sleeping rooms.

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE	SAFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment	minus	Mandatory	≥	0	S1	-	Sa	=	С		
Safety (S1)		Containment (Sa)	a)		13		9		4	V	
Extinguishment	minus	Mandatory	> 0		S2 52		Sb =		E		
Safety (S2)		Extinguishment (Sb)	(Sb) ≥ 0		20		6		14	√	
People Movemen	t minus	Mandatory People		0	S3		Sc	=	Р	,	
Safety (S3)		Movement (Sc)		0	3		3		0	V	
General		Occupancy	≥	0	S4	-	R	=	GG		
Safety (S4)	minus	Risk (R)			19		4		15	1	

	TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEE	T		
Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic.
Α.	Building utilities conform to the requirements of Section 9.1.	1		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	√		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	V		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	1		La Liberta
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	√		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	/		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	1		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.

ZONE 13

OF 14

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000	ITEE	SAFETY	CODE
2000	Land II had	JP41 L I I	

FACILITY FV University Transitional Services

BUILDING 01-Main Building

ZONE(S) EVALUATED Fifth Floor East

PROVIDERNENDOR NO. 245170

DATE OF SURVEY 11/23/2015

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

				15-1-2-			
Risk Parameters		Risk F	actors Values				
1. Patient	Mobility Status	Mobile	Mobile Limited Mobility		Not Mobile	Not Movable	
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5	
Patient Density (D)	No. of Patients	1-5	6-10)	11-30	>30	
	Risk Factor	1.0	1.2)	1.5	2.0	
3. Zone	Floor	11	2 or 3	41 b61	71 and Above	Basements	
Location (L)	Risk Factor	1.1	1.2	(1)	1.6	1.6	
4.Ratio of	Patients Attendant	1-2 1	3-5 1	<u>6-10</u>	>10	One or More	
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0	
5. Patient	Age	Under 65 Yea	ers and Over 1 year		65 Years and Over 1 Yea	r and Younger	
Average Age (A)	Risk Factor		1.0		1.2		

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

10 10 10 10 10 10 10 10 10 10 10 10 10 1	STATE OF THE OWNER.	reference account		1944-9-3110-31	Try Seminor			
	M	D		L	T		Α	F
OCCUPANCY RISK	3.2	X 1.2	X	1.4 X	1.0	X	1.2	6.5

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS)
1.0 X R	0.6 X 6.5 = 3.9

*FIRE/SMOKE,ZONE is a space separated from all other spaces by floors, horizontal exits, or smoke

SURVEYOR SIGNATURE	IIILE Regional Director Facilities CHFM	DAIE 11/23/2015	
FIRE AUTHORITY SIGNATURE	THE	11/30/2015	
Thomas Linhoff Form CMS-2786T (02/2013)	Fire Safety Supervisor	1	Page 1

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE 4.						
Safety Parameters	Safety Parameters Values								
1. Construction	Ту	Combustible pes III, IV, and V			NonCombusti Types I and I				
Floor or Zone	000	111	200 21	1 + 2HH	000	111	222, 332, 433		
First	-2	0	-2	0	0	2	2		
Second	-7	-2	-4	-2	-2	2	4		
Third	-9	-7	-9	-7	-7	2	4		
4th and Above	-13	-7	-13	-7	-9	-7	4		
2. Interior Finish (Corridors	Class C	Class B	3	Class A					
and Evite\	-5(0) ^f	0(3) ^f							
3. Interior Finish	Class C	Class B	3	Class A					
	-3(1) ^f	1(3) ^f		(3)					
4. Corridor Partitions/Walls	None or Incomplet			>1/2 to <1 hour		>1 bour			
	-10(0) ⁸	0		1(0)8		2(0)8			
5. Doors to Corndor	No Door	<20 min F	PR >2	>20_min FPR		min FPR and uto Clos.			
	-10	0		1(0)		2(0) ^d			
b. Zone Dimensions	35-560	Dead End		T	No Dead	Ends >30 ft and Zo	ne Length Is		
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft			100 ft to 150 ft	<100 ft		
	-6(0) ^b	-4(0) ^b	-2(0) ^b			0	(1)		
7. Vertical Openings	Open 4 or More	Open 2 or		E	Enclosed with	losed with Indicated Fire Resist.			
	Floors	Floors		<1 hr		hr to <2 hr	>2 hr		
	-14	(-10)		0		2(0) ^e	3(0) ^e		
8. Hazardous Areas	Double	Double Deficiency		Single D			No Deficiencies		
	In Zone	Outside Zor	ne	In Zone		djacent Zone			
	-11	-5		-6		-2	0		
9. Smoke Control	No Control	Smoke Bar		Mech. As	sisted Syste	ems			
		Serves Zo	ne	t					
	-5(0) ^c	(0)							
10. Emergency	<2 Routes			Multi					
Movement			W/G	W/O Horizontal		orizontal			
Routes		Deficient	t	Exit(s)		Exit(s)	Direct Exit(s)		
	-8	-2		(0)		1	5		
11. Manual Fire Alarm	No Manua		Manu						
		W/C	W/O F.D. Conn.		F.D. Conn				
		-4		1		(2)			
12. Smoke Detection and Alarm	None	Corridor O	nly Ro	ooms Only		rridor and bit. Spaces	Total Spaces In Zone		
	0(3) ⁹	2(3) ⁹		3(3) ⁹		(4)	5		
la Automatic Sprinklers	None	Corridor a Habit. Spa		Entire Building					
	0	8		10					

NOTE: * Use (0) where parameter 5 is -10.

bUse (0) where parameter 10 is -8.

^o Use (0) on floor with fewer than 31 patients (existing buildings only)

d Use (0) where parameter 4 is -10.

° Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

For SI units: 1 ft = 0.3048 m

Step 5: Compute Individual Safety Evaluations — Use Table 5.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ¹/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS									
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)				
1. Construction	4		4		4				
Interior Finish (Corr. and Exit)	3			3	3				
3. Interior Finish (Rooms)	3				3				
4. Corridor Partitions/Walls	2				2				
5. Doors to Corridor	1			1	1				
6. Zone Dimensions				1	1				
7. Vertical Openings	-1	.0		-10	-10				
8. Hazardous Areas	0		0		0				
9. Smoke Control				0	0				
10. Emergency Movement Routes				0	0				
11. Manual Fire Alarm			2		2				
12. Smoke Detection and Alarm			4	4	4				
13. Automatic Sprinklers	10)	10	10 x1/2 = 5	10				
Total Value		S ₁ = 13	S ₂ = 20	S3=4	S ₄ = 20				

		inment a)			People Movemer (Sc)	
Zone Location	New	Exist.	New	Exist.	New	Exist
1 ⁻¹ story	11	5	15(12)a	4	8(5)a	1
2d or 3rd story ^b	15	9	17(14)a	6	10(7)a	3
4th story or	18	9	19(16)a	6	11(8)a	(3)

a. Use () in zones that do not contain patient sleeping rooms.

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b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

Step 6: Determine Mandatory Safety Requirement Values - Use Table 6.

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE	FIRE SAFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment r Safety (S1)	minus	Mandatory Containment (S		0	S1 13	-	Sa 9	=	C 4	✓	
Extinguishment r Safety (S2)	minus	Mandatory Extinguishment	≥ (Sb)	0	S2 <u>52</u> 20	-	Sb 6	=	E 14	✓	
People Movement Safety (S3)	minus	Mandatory Peo Movement (Sc)	>	0	S3 4		Sc 3	=	P 1	~	
General Safety (S4)	minus	Occupancy Risk (R)	≥	0	S4 20	-	R 4	=	^G G 16	1	

Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic.
Α.	Building utilities conform to the requirements of Section 9.1.	1		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	1		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	1		
E.	There are no flue-fed incinerators.	1		
r.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	1		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	1		
1.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	/	ES	
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	1		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the *Life Safety Code*.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.

ZONE 14

OF

ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000		CAPPY	CODE
2000	LIFE	SAFETY	CODE

FV University Transitional Services **BUILDING** 01-Main Building **FACILITY** ZONE(S) EVALUATED Fifth Floor West DATE OF SURVEY 11/23/2015 PROVIDERNENDOR NO. 245170

COMPLETE THIS WORKSHEET FOR EACH ZONE. WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, ONE WORKSHEET CAN BE USED FOR THOSE ZONES.

- Step 1: Determine Occupancy Risk Parameter Factors Use Table 1.
 - A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

		L. OCCUPANCY		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				
Risk Parameters		RISK F	actors Values					
1. Patient	Mobility Status	Mobile Limited Mobility		atus Mobile Limited		obility	Not Mobile	Not Movable
Mobility (M)	Risk Factor	1.0	1.6		3.2	4.5		
2. Patient Density (D)	No. of Patients	1-5 6-10			11-30	>30		
	Risk Factor	1.0 1.2			1.5	2.0		
3. Zone	Floor	11	2 or 3	41 b61	71 and Above	Basements		
Location (L)	Risk Factor	1.1	1.2	(1)	1.6	1.6		
4. Ratio of	<u>Patients</u> Attendant	1-2	3-5 1	<u>6-10</u> 1	>10	One or More None		
Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0		
5. Patient	Age	Under 65 Yea	rs and Over 1 year	65 \	Years and Over 1 Year	and Younger		
Average Age (A)	Risk Factor		1.0		1.2			

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

- A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
- B. Compute F by multiplying the risk factor values as indicated in Table 2.

	M	D	L	T	Α	F
OCCUPANCY RISK	3 2	X 15 X	1.4 X	10 X	1.2	8.0

Step 3: Compute Adjusted Building Status (R) - Use Table 2.

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table B.
- B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
- C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	TABLE 3B. (EXISTING BUILDINGS)
F R	F R
1.0 X	$0.6 \times 8.0 = 4.8$

FIRE/SMOKE ZONE is a space separated	from all other spaces	by floors,	nonzontal exits, or smoke

FIRESWORE ZONE IS a space separated normal outer spaces by	y moorsy morezonich cataly or smorte		
SURVEYOR SIGNATURE	Regional Director Facilities CHFM	DAIE 11/23/2015	
FIRE AUTHORITY SIGNATURE,	IIILE	DAIL	
Thomas Linhoff	Fire Safety Super Supervisor	11/30/2015	Page 1

Step 4: Determine Safety Parameter Values - Use Table 4.

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

			TABLE 4.								
Safety Parameters		Safety Parameters Values									
1. Construction	Ci Typ	ombustible es III, IV, and V					Combustible pes I and II				
Floor or Zone 000		111	200 211	211 + 2HH		111	222, 332, 433				
First	-2	0	-2	0	0	2	2				
Second	-7	-2	-4	-2	-2	2	4				
Third	-9	-7	-9	-7	-7	2	4				
4th and Above	-13	-7	-13	-7	-9	-7	4				
2. Interior Finish (Corridors	Class C -5(0) ^f	Class B 0(3) ^f									
3. Interior	Class C	Class B									
Finish	-3(1) ^f	1(3) ^f	1	3	-						
4. Carridar	None or Incomplete		>1/2 to	<1 hour	>	1 hour					
Partitions/Walls	-10(0) ⁸	0		(0)8	1	2(0)8					
5. Doors to Corndor	No Door	<20 min F				2.50		>20_min FPR		nin FPR and to Clos.	
	-10	0		(1(0))		2(0) ^d					
6. Zone Dimensions	10	Dead End	-	T	No Dead B	ends >30 ft and Zor	ne Lenath Is				
o. Zone Dimensions	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>15		100 ft to 150 ft	<100 ft				
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0)° 0			1				
7 Vertical Openings	Open 4 or More	Open 2 or 3				Indicated Fire Resi	st.				
7. Vertical Openings	Floors	Floors		1 hr		nr to <2 hr	>2 hr				
20	-14	(-10)		0		2(0) ^e	3(0) ^e				
8. Hazardous Areas	Double D	eficiency		Single D			No Deficiencies				
	In Zone	Outside Zon	ne I	In Zone		acent Zone					
	-11	-5		-6		-2	0				
9. Smoke Control	No Control	Smoke Barr Serves Zo			sted Syster Zone	ns					
	-5(0) ^c	0									
10. Emergency	<2 Routes			Multip	le Routes						
Movement			W/O	Horizontal	Ho	rizontal					
Routes		Deficient	- E	exit(s)		Exit(s)	Direct Exit(s)				
	-8	-2	(0		1	5				
11. Manual Fire Alarm	No Manua	Fire Alarm		Manual	Fire Alarm						
			W/O F	D. Conn.	W/F	.D. Conn					
		-4		1		2					
12. Smoke Detection and Alarm	None	Corridor O	nly Roo	ms Only		ridor and t. Spaces	Total Spaces In Zone				
	0(3)9	2(3)9		3(3) ⁹		4	5				
la Automatic Sprinklers	None	Corridor at Habit. Spa	ice B	Entire uilding			-				
	0	8	(10							

- NOTE: a Use (0) where parameter 5 is -10. bUse (0) where parameter 10 is -8.
 - · Use (0) on floor with fewer than 31 patients (existing buildings only)
 - d Use (0) where parameter 4 is -10.

For SI units: 1 ft = 0.3048 m

- * Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")
 - f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.
- Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

Step 5: Compute Individual Safety Evaluations — Use Table 5.

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S_G to blocks labeled S₁, S₂, S₃, S_G in Table 7 on page 4 of this sheet.

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS								
Safety Parameters		Containment Safety (Si)	Extinguishment Safety (S2)	People Movement Safety (S3)	General Safety (S4)			
1. Construction	4		4		4			
Interior Finish (Corr. and Exit)	3			3	3			
3. Interior Finish (Rooms)	3				3			
4. Corridor Partitions/Walls	2				2			
5. Doors to Corridor	1			1	1			
6. Zone Dimensions				0	0			
7. Vertical Openings	-1	1.0		-10	-10			
8. Hazardous Areas	0		0		0			
9. Smoke Control				0	0			
10. Emergency Movement Routes				0	0			
11. Manual Fire Alarm			2		2			
12. Smoke Detection and Alarm			4	4	4			
13. Automatic Sprinklers	1	0	10	10 x1/2 = 5	10			
Total Value		S ₁ = 13	S ₂ = 20	S3=3	S ₄ = 19			

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES) Extinguishment People Movement Containment (Sc) (Sa) (Sb) Exist. New Exist. New Zone Location Exist. New 1 story 11 8(5)a 15(12)a 5 15 10(7)a 2d or 3rd storyb 17(14)a 3 6 9 18 19(16)a 11(8)a 4th story or

a. Use () in zones that do not contain patient sleeping rooms.

Form CMS-2786T (02/2013) Page 3

b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

Step 6: Determine Mandatory Safety Requirement Values - Use Table 6.

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.
- C. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

		TABLE 7. ZONE FIRE S.	AFET	Y EQUIV	ALENCY EV	ALU	ATION			Yes	No
Containment Safety (S1)	minus	Mandatory Containment (Sa)	2	0	S1 13	(-)	Sa 9	=	C 4	1	
Extinguishment Safety (S2)	minus	Mandatory Extinguishment (Sb)	≥	0	S2 <u>52</u> 20	-	Sb 6	=	E 14	✓	
People Moveme Safety (S3)	nt minus	Mandatory People Movement (Sc)	≥	0	S3 3	•	Sc 3	=	P 0	~	
General Safety (S4)	minus	Occupancy Risk (R)	≥	0	S4 19	-	R 5	=	^G G	~	

	TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEE	Т		1000
Co	mplete one copy of this worksheet for each facility. or each consideration, select and mark the appropriate column.	Met	Not Met	Not Applic
Α.	Building utilities conform to the requirements of Section 9.1.	1		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			1
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	√		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	V		
E.	There are no flue-fed incinerators.	√		
F.	An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	1		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	√		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	√		
Ĭ.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	/		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	1]	
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	1	-	
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.			1

CONCLUSIONS

- 1. ✓ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*
- 2. One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*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 Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

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 Baltimore, Maryland 21244-1850.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7011 2000 0002 5143 6404

November 12, 2015

Ms. Caroline Portoghese, Administrator Fairview University Transitional Services 2450 Riverside Avenue South Minneapolis, Minnesota 55454

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5170025

Dear Ms. Portoghese:

The above facility was surveyed on November 2, 2015 through November 5, 2015 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is <u>only a suggestion</u> and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute after the statement, "This Rule

Fairview University Trans Serv November 12, 2015 Page 2

is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

When all orders are corrected, the order form should be signed and returned to this office at Minnesota Department of Health, P.O. Box 64900, St. Paul, Minnesota 55164-0900. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Shellae Dietrich

Shellae Dietrich, Certification Specialist Licensing and Certification Program Health Regulation Division

Telephone: (651) 201-4106 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility

Licensing and Certification File

FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (XI) PROVIDER!SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING -----B WING 00259 11/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS OTY STATE, ZIP CODE 2450 RIVERSIDE AVENUE SOUTH FAIRVIEW UNIVERSITY TRANS SERV MINNEAPOLIS, MN 55454 SUMMARY STATEMENT OF DEFICIENCES PROVIDER'S PLAN OF CORRECTION (X4) in 10 COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTON SHOULD BE PREFIX PREFIX REGULATORY OR LSC DENTFYNG INFORMATION CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 2 000 2 000 Initial Comments ****ATTENTION-NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute section 144A.10.this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the tem that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 11/2/15, through 11/5/15, surveyors of this Minnesota Department of Health is Department's, visited the above provider and the documenting the State Licensing following correction orders were issued. Please Correction Orders using federal software. indicate in your electronic plan of correction that Tag numbers have been assigned to

Minnesota Department of Health LABORATORY DIVISION OR PE

SUPPLIER REPRESENTATIVE'S SIGNATURE

you have reviewed these orders, and identify the

date when they will be completed.

TITLE

Nursing Homes.

Minnesota State Statutes/Rules for

(X6) DATE

STATE FORM

Tou Administration

If continuation sheet 1 of

PRINTED: 11/12/2015 FORM APPROVED

Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A.BUILDING ----RWNG 00259 11/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 2450 RIVERSIDE AVENUE SOUTH FAIRVIEW UNIVERSITY TRANS SERV MINNEAPOLIS MN 55454 PROVDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFCENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING NFORMATON) TAG TAG DEFICIENCY) 2000 Continued From page 1 2 000 The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, 'This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILLAPPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMITA PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES. 21426 MN St. Statute 144A.04 Subd. 3 Tuberculosis 21426 Prevention And Control (a) A nursing home provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality Weekly Report (MMWR). This program must include a tuberculo sis infection control plan that covers all paid and unpaid employees, contractors, students,

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Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING:----RWING 11/05/2015 00259 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 2450 RIVERSIDE AVENUE SOUTH FAIRVIEW UNIVERSITY TRANS SERV MINNEAPOLIS, MN 55454 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 21426 21426 Continued From page 2 residents, and volunteers. The Department of Health shall provide technical assistance regarding implementation of the guidelines. (b) Written compliance with this subdivision must be maintained by the nursing home. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure resident tuberculin skin test (TST) was completed/documented appropriately and tuberculosis symptom screening was completed for 5 of 5 residents (R75, R82, R85, R70, R83) who were recently admitted to the facility. In addition the facility's TB policy did not include current guidelines for TST reading including measurements and documentation in millimeters (mm), and did not include direction for staff when residents refused TST testing. Findings include: Five residents electronic medical record was reviewed with the facility's director of nursing (DON) on 11/2/15, at 1:30 p.m. the following were identified, and verbally confirmed by the DON: - R75 was admitted to the facility on 10/29/15, had the baseline TB symptoms screening on 10/28/15. R75 refused the 2 step TST. The medical record lacked evidence the physician was notified, or of a follow up of the refusal. The DON stated staff should have called the physician

to report R75's refusal and to ask for further

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Minnesota Deoartment of Health (X1) PROVIDERISUPPLIERICLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A RUII DING - ----**B.WING** 00259 11/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE. ZIP CODE 2450 RIVERSIDEAVENUE SOUTH **FAIRVIEWUNIVERSITYTRANSSERV** MINNEAPOLIS, MN 55454 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFCIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL D PREFIX COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING NFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 21426 Continued From page 3 21426 guidance. - R82 was admitted to the facility on 10/14/15, did not have the baseline TB symptoms screening completed. R82 received the first step TST on 10/14/15, read on 10/16/15, documented as "Negative result", however no induration in mm was documented. The second step was not administered, nor scheduled in the system to be administered. The DON stated a baseline TB symptoms screening should have been completed upon admission, staff should have documented the results in mm's, and a second step TST supposed to be administered one to three weeks after the first TST. -R85 was admitted to the facility on 10'20/15, and had the baseline TB symptoms screening completed on 10/20/15. The first step TST was administered on 10/21/15, with results read "Negative", however no induration in mm was indicated. The second step TST was not administered or scheduled yet. The DON stated staff should have documented results in mm's and should have scheduled the second step TST to be administered. - R70 was admitted to the facility on 9/11/15. There was no evidence in the medical record of a baseline TB symptoms screening. The first TST was administered on 10/3/15, read as "0 mm of induration" on 10/5/15, however the second step TST was not administered. The DON verified R70 should have had a second step TST administered one to three weeks after the first TST. - R83 was admitted to the facility on 10/26/17, and had the baseline TB symptom screening completed on 10'27/15. R83 refused the TST on 10/27/15, however the medical record lacked evidence the physician was notified, or of a follow up of the refusal. The DON stated staff should have called the physician to report R75's refusal

Minnesota Department of Health STATE FORM

and to ask for further guidance. The DON did not

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Minnesota Deoartment of Health

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDERJSUPPLIER/CLIA IDENTIFICATION NUMBER:	The second secon	LE CONSTRUCTON	(X3) DATE SURVEY COMPLETED				
		00259	B. WING		11/05/	/2015			
FAIRVIEW UNIVERSITY TRANS SERV 2450 RIVE				DDRESS,CITY,STATE, ZIP CODE ERSIDE AVENUE SOUTH POLIS,MN 55454					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENTOFDEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(XS) COMPLETE CATE			
21426	The facility's TB (To Airborne Infectious [University of Minnerevised on 7/15, inc - "3. All residents a baseline tuberculos on admission." - "4. Residents mu Minnesota Rule standministered within 72 hours after administered within 72 hours after administered within 75. The baseline TB blood test or attinitial TST administ admission. If the intest should be admilater. The policy did for induration measinclude directions for the 2 step TST. SUGGESTED MET DON could inservice on the most current in regards to TB coprocedures related revised if necessar be developed, with assessment and as ongoing compliance."	facility's policy was for patient g. Juberculosis) and Other Disease Control Plan-UMMC esota Medical Center] dated dicated: Idmitted to the TCU will have a sis screening tool completed set have a baseline TST. Intest that a TST must be a three months prior to or within ission." TB screening includes either a wo-step procedure with the ered within 72 hours of itial TST is negative, a second inistered one to three weeks a not include current guidelines are surements in mm's, and did not for staff when residents refused to THOD OF CORRECTION: The se all staff responsible for TB at standards and requirements in trol. Facility policies and to TB could be reviewed and y. An auditing system could review by the quality surrance committee to ensure	21426	MN St. Statute 144A.04 Subd. 3 Tuberculosis Prevention And Contr FV System TB Policy updated to the most recent SNF requirement 2013). Nursing education developed and completed to highlight policy characteristic to be highlighted involve: Tuberculosis assessment parascreening to be done on every admission. Policy will outline RN and Maif patient refuses TB screenit. Skin reading documentation reflected as being read in most of induration in addition to pand negative results. Monthly audits of all admissional 100% compliance to the screening amonths. Once maintaining compliance, will move to rand quarterly audits.	o include ts (July, d anges. Der MD steps ng. will be a mount positive cons for ening for 100%	.1/20/15			
21800	MN St. Statute144. Residents of HC F	651 Subd. 4 Patients & ac.Bill of Rights	21800						

PRINTED: 11/12/2015 FORMAPPROVED

Minnesota Department of Health (X1) PROVIDEA/SUPPLIEA/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A.BLDING . - - - -RWING 00259 11/05/2015 STREET ADDRESS. CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2450 RIVERSIDE AVENUE SOUTH FAIRVIEW UNIVERSITY TRANS SERV MINNEAPOLIS, MN 55454 (XS) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTON (X4) D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 21800 21800 Continued From page 5 Subd. 4. Information about rights. Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section 253C.01, the written statement shall also describe the right of a person 16 years old or older to request release as provided in section 2538.04, subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults. This MN Requirement is not met as evidenced Based on interview and document review, the facility failed to provide proper liability and appeal rights notices on a timely manner prior to termination of all Medicare skilled services for 1

of 3 residents (R53) reviewed for liability notice

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (XI) PROVDEA/SUPPLIEAICIA

STATEMENT OF DEFICENCIES AND PLAN OF CORRECTION		(XI) PROVDEA'SUPPLIEAICIA DENTIFICATION NUMBER:		(X2) MULTPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
ANDIEM	OI OURSE HOR	DETTITION	THE STATE AND ST	A BUIL	DING				
		00259		B.WING		1 1/0	5/2015		
FAIRVIEW UNIVERSITY TRANS SERV 2450 RIV				ADDR ESS, CITY, STATE, ZP CODE VERSDE AVENUE SOUTH					
	CUMMADV CTA	TEMENT OF DEFICIENC	MANAGEMENT AND	OLIS,MN 5	PROVIDER'S PLAN OF CORRECTION	ON	(XS)		
(X4) D PREFIX TAG	(EACH DEFICIENCY I	MUST BE PRECEDED E SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	.DBE	COMPLET E DATE		
21800	Continued From pa	ge6		21800					
	and beneficiary app	peal rights.							
	Findings include:								
	R53 was admitted to discharged on 7/2/1 Non-Coverage indicated and a reliable to the reliable	5. A Notice of Me cated R53's skilled 2/15, but had been	dicare d seNices n signed on						
	On 11/3/15, at 8:48 (MDS) registered in acknowledged the timely. When asked for issuing notices supposed to be given RN-B further indicated and thought RS to be discharged to the control of the control	urse (RN)-8 verifice notice had not been of what the facility of RN-B stated notice en within two calested there was nowhy the notice had another setting. p.m. the director are of the issue are	ed and en given policy was e was ndar days. d been given ed medically of nursing nd would						
	Provided in a timely regulatory required. Non-Coverage of \$6/13, directed: "I. Procedure for Maischarge planning Medicare covered plan of care and padischarge date is ecalendar days before expected to end, a management or but the patient the letter end."	manner according tents. Services: TCU political political patients are anticipates services will end the atient program, and established. At least one the covered services will member in elisiness services with the services wit	icy revised 3. The when cased on the da probable st two ervices are will deliver to						

PRINTED: 11/12/2015 FORMAPPROVED

Minneso	ota Department of H	ealth					İ
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDERISUR	PLIER/CUA	(X2) MULTIPL	E CONSTRUCTON	(X3) DATE :	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION	NUMBER	A. BUILDI	N G :	COMP	LL ILV
		00259		B. WING		11/0	5/2015
		00200				1 170	3,2013
NAME OF F	PROVIDER OR SUPPLIER				STATE ZP CODE		
FAIRVIR	W UNIVERSITY TRAN	IS SERV			IUE SOUTH		
I All VIL	. ONIVERSITE INAN	IO OLIV	MINNEAP	OLIS, MN 5	5454		-
(X4) ID	SUMMARY STA	TEMENT OF DEFICIEN	ICIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(XS)
PREFIX		MUST BE PRECEDED		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING NFOI	(IVIATION)	TAG	DEFICIENCY)	LIMIL	3
							1
21800	Continued From pa	age7		21800			-
	SUGGESTED ME	THOD OF CORRE	ECTION: The				
	administrator or de						
	the process of prov						
	resident appeals rig						
	designee could the						
	TIME PERIOD FOI	RCORRECTION	Twenty-one				
	(21) days.						/
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