
C&T REMARKS - CMS 1539 FORM

STATE AGENCY REMARKS

CCN: 24 5266 On December 22, 2016 a Post Certification Revisit (PCR) was completed and verified correction of deficiencies issued pursuant to the November 10, 2016 survey, effective December 20, 2016.

The facility did not achieve compliance with the Fire Safety Evaluation Score (FSES) for life safety code deficiencies cited at K0161 and K0162, issued pursuant to the November 16, 2016 survey. As a result of the FSES findings, the facility requested a waiver of the FSES for deficiencies cited at K0161 and K0162. The waiver request has been forwarded to the CMS Region V office for their final review and determination. Approval of the waiver has been recommended.

Refer to the CMS 2567b for health. Post Certification Revisit (PCR) to follow.

Effective December 20, 2016 the facility is certified for 95 skilled nursing facility beds.



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

CMS Certification Number (CCN): 245266

February 14, 2017

Mr. David Brennan, Administrator
Benedictine Health Center Of Minneapolis
618 East 17th Street
Minneapolis, Minnesota 55404

Dear Mr. Brennan:

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 December 20, 2016 the above facility is certified for:

95 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 95 skilled nursing facility beds.

We have recommended CMS approve the waivers that you requested for the following Life Safety Code Requirements: K0161 and K0162.

If you are not in compliance with the above requirements at the time of your next survey, you will be required to submit a Plan of Correction for these deficiency(ies) or renew your request for waiver in order to continue your participation in the Medicare Medicaid Program.

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.

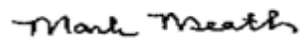
Benedictine Health Center Of Minneapolis

February 14, 2017

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Feel free to contact me if you have questions related to this eNotice.

Sincerely,

A handwritten signature in black ink that reads "Mark Meath". The signature is written in a cursive, slightly slanted style.

Mark Meath, Enforcement Specialist

Program Assurance Unit

Licensing and Certification Program

Health Regulation Division

Email: mark.meath@state.mn.us

Telephone: (651) 201-4118 Fax: (651) 215-9697



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered
January 24, 2017

Mr. David Brennan, Administrator
Benedictine Health Center Of Minneapolis
618 East 17th Street
Minneapolis, Minnesota 55404

RE: Project Number S5266029

Dear Mr. Brennan:

On December 7, 2016, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on November 10, 2016. 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 22, 2016, the Minnesota Department of Health completed a Post Certification Revisit (PCR) by review of your plan of correction to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on November 10, 2016. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of December 20, 2016. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on November 10, 2016, effective December 20, 2016 and therefore remedies outlined in our letter to you dated December 7, 2016, will not be imposed.

Your request for a continuing waiver involving the deficiencies cited under K0161 and K0162 at the time of the November 10, 2016 standard survey has been forwarded to CMS for their review and determination. Your facility's compliance is based on pending CMS approval of your request for waiver.

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.

Feel free to contact me if you have questions related to this eNotice.

Sincerely,

A handwritten signature in black ink that reads "Mark Meath".

Mark Meath, Enforcement Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Email: mark.meath@state.mn.us

Telephone: (651) 201-4118 Fax: (651) 215-9697

An equal opportunity employer.

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245266	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/22/2016	Y3
NAME OF FACILITY BENEDICTINE HEALTH CENTER OF MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404		

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0371	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.35(i)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	12/20/2016	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) GL/mm	DATE 01/24/2017	SIGNATURE OF SURVEYOR 15507	DATE 12/22/2016
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/10/2016	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: 9K9K
Facility ID: 00960

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245266		3. NAME AND ADDRESS OF FACILITY (L3) BENEDICTINE HEALTH CENTER OF MINNEAPOLIS			4. TYPE OF ACTION: <u>2</u> (L8)	
2.STATE VENDOR OR MEDICAID NO. (L2) 196677400		(L4) 618 EAST 17TH STREET			1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7)			FISCAL YEAR ENDING DATE: (L35) 06/30	
6. DATE OF SURVEY 11/10/2016 (L34)		01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE				
8. ACCREDITATION STATUS: <u> </u> (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other		10.THE FACILITY IS CERTIFIED AS: A. In Compliance With <u> </u> And/Or Approved Waivers Of The Following Requirements: Program Requirements <u> </u> 2. Technical Personnel <u> </u> 6. Scope of Services Limit Compliance Based On: <u> </u> 3. 24 Hour RN <u> </u> 7. Medical Director <u> </u> 1. Acceptable POC <u> </u> 4. 7-Day RN (Rural SNF) <u> </u> 8. Patient Room Size <u> </u> 5. Life Safety Code <u> </u> 9. Beds/Room				
11. LTC PERIOD OF CERTIFICATION From (a): To (b):		X B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: B, 5* (L12)				
12.Total Facility Beds 95 (L18)						
13.Total Certified Beds 95 (L17)						
14. LTC CERTIFIED BED BREAKDOWN					15. FACILITY MEETS	
18 SNF 18/19 SNF 19 SNF ICF IID 95 (L37) (L38) (L39) (L42) (L43)					1861 (e) (1) or 1861 (j) (1): (L15)	

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

See Attached Remarks

17. SURVEYOR SIGNATURE <u>Lisa Hakanson, HFE NEII</u> (L19)		Date: 12/20/2016	18. STATE SURVEY AGENCY APPROVAL <u>Mark Meath, Enforcement Specialist</u> (L20)		Date: 01/06/2017
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PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <input checked="" type="checkbox"/> 1. Facility is Eligible to Participate <input type="checkbox"/> 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : <u> </u>	
22. ORIGINAL DATE OF PARTICIPATION 02/24/1984 (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		24. LTC AGREEMENT ENDING DATE (L25)	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)		26. TERMINATION ACTION: (L30) <u>VOLUNTARY</u> <u>00</u> <u>INVOLUNTARY</u> 01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement 03-Risk of Involuntary Termination <u>OTHER</u> 04-Other Reason for Withdrawal 07-Provider Status Change 00-Active	
28. TERMINATION DATE:		29. INTERMEDIARY/CARRIER NO. 03001 (L28)		30. REMARKS	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE 01/06/2017 (L33)		DETERMINATION APPROVAL	

C&T REMARKS - CMS 1539 FORM**STATE AGENCY REMARKS**

CCN: 24 5266

At the time of the November 10, 2016 standard survey the facility was not in substantial compliance with Federal participation requirements. The facility has been given an opportunity to correct before remedies would be imposed. The most serious deficiencies are widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), whereby corrections are required.

The facility's request for an annual waiver of life safety code deficiencies cited at K0161 and K0162, issued pursuant to the life safety code survey of November 16, 2016 has been forwarded to the CMS Region V Office for their review and determination. Approval of the waiver has been recommended.

Refer to the CMS 2567 for both health and life safety code along with the facility's plan of correction and 2786R justification page for the life safety code waivers. Post Certification Revisit (PCR) to follow.



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered
December 7, 2016

Mr. David Brennan, Administrator
Benedictine Health Center Of Minneapolis
618 East 17th Street
Minneapolis, Minnesota 55404

RE: Project Number S5266029

Dear Mr. Brennan:

On November 10, 2016, 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:

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

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

Remedies - 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;

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

Informal Dispute Resolution - 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:

Gayle Lantto, Unit Supervisor
Metro D Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health

Email: gayle.lantto@state.mn.us
Phone: (651) 201-3794 Fax: (651) 215-9697

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 20, 2016, 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 20, 2016 the following remedy will be imposed:

- Per instance civil money penalty. (42 CFR 488.430 through 488.444)

ELECTRONIC PLAN OF CORRECTION (ePoC)

An ePoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your ePoC 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,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

If an acceptable ePoC 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 ePoC 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 ePoC 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 ePoC 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 ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, 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 ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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 10, 2017 (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

Benedictine Health Center Of Minneapolis

December 7, 2016

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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 10, 2017 (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 an ePoC 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/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 electronic 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, Fire Safety Supervisor
Health Care Fire Inspections
Minnesota Department of Public Safety
State Fire Marshal Division

Email: tom.linhoff@state.mn.us
Telephone: (651) 430-3012 Fax: (651) 215-0525

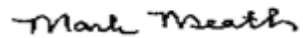
Benedictine Health Center Of Minneapolis

December 7, 2016

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Feel free to contact me if you have questions related to this eNotice.

Sincerely,

A handwritten signature in black ink that reads "Mark Meath". The signature is written in a cursive, slightly slanted style.

Mark Meath, Enforcement Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health

Email: mark.meath@state.mn.us

Telephone: (651) 201-4118

Fax: (651) 215-9697

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

PRINTED: 12/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/10/2016
NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to store food in a manner that minimized the risk of foodborne illness, potentially affecting 55 residents who were served food from the kitchen. Findings include:	F 371	Plan of Action: F 371 A. The items noted as being uncovered, undated or unlabeled were disposed of on 11/7/16 and the microwave was cleaned. The posting related to the storage of leftovers was reprinted and posted on the cooler door.	12/20/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/14/2016

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 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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/10/2016
NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	<p>Continued From page 1</p> <p>An initial tour of the kitchen was conducted with the registered dietitian (RD) on 11/7/16, at 12:06 p.m. The dietitian verified the following:</p> <p>In the walk-in cooler, Styrofoam bowls were stored with various products. Multiple bowls were dated 11/18/16, which the RD identified was pureed beef; a bowl identified as syrup was dated 10/9; and multiple bowls with four covers slightly ajar were dated 11/3 were identified as pureed sweet potatoes. Plastic bags of product was stored. This included undated cut cantaloupe cubes; undated sliced pickles, sliced beets dated 10/22, an approximate half full undated and opened bag of Hillshire smoked ham slices; undated fish; undated half full Jennie-O turkey breast; and undated cubed beets. In addition, an opened carton of nearly empty tomato juice was dated 10/30/16. The RD stated, "I am going to throw the tomato juice away and will notify the dietary manager [DM]." The RD explained left over foods were kept three to seven days.</p> <p>The unit food storage was observed on 11/7/16, beginning at 12:29 p.m. with the DM, who verified the following: A glass of undated prune juice that was not identified as such was in the refrigerator in the 3rd floor medication room. The 2nd floor the microwave was soiled with food splatters. The DM stated, "It needs some cleaning," and said the thought it was the housekeepers' responsibility for the upkeep. On 1st floor an unidentified, undated Tupperware bowl of coleslaw and a bowl of fruit cocktail were stored in the in the freezer uncovered, undated and not labeled. The DM stated, "I will empty and wash the bowl and return it, as someone is probably wanting that container back." The DM stated she had made fruit cocktail about a week ago Friday</p>	F 371	<p>B. Review of expectations related to food storage, dating and labeling was initiated on 11/7/16 with dietary staff by the Dietary Manager. Review of expectations related to food storage on the nursing unit specific to dating, covering, labeling has been provided. Review of expectation related to microwave cleaning for the housekeeping staff has been provided.</p> <p>C. Random audits of dietary refrigerator and nursing unit refrigerators for compliance with labeling, covering and dating of items present. Random audit of nursing unit microwaves for cleanliness. These audits will be performed by various members of the interdisciplinary team.</p> <p>D. Audit results will be communicated to the Quality Council for review.</p> <p>Date of compliance: December 20, 2016</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/10/2016
NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	<p>Continued From page 2</p> <p>evening. At 12:40 p.m. the DM reported cantaloupe had been on the menu "yesterday" and staff were trained to date everything opened in the cooler and freezer. The DM stated staff knew to date and keep leftover foods for three to seven dates, explaining there were some foods that were "safe for seven days." The DM stated, "I told the staff to date the cantaloupe yesterday." The bag of fish was dated 11/4/16, as that was when it was served to the residents "last Friday." A paper posted on the cooler instructing staff to discard food after three days had been changed to something illegible. The DM stated the illegible information should have read, "seven days." At 1:32 p.m. the DM provided an undated facility policy for storage of leftovers.</p> <p>On 11/9/16, at 2:34 p.m. cook-A stated he was trained to label and date leftovers before placing them for storage in the cooler. Cook-A stated leftover foods were to be kept "no longer than seven days."</p> <p>On 11/9/16, at 5:56 p.m. on 11/9/16, the DM reported, I re-educated staff on the storage of leftovers." The DM then showed the surveyor a policy and attendance record for the dietary staff re-educated on 11/7/16.</p> <p>The following day on 11/10/16, at 11:12 a.m. the director of nursing stated the DM had verified 55 residents were served food out of the kitchen.</p> <p>The undated storage instructions indicated, "Cold temperatures keep most harmful bacteria from multiplying, so be sure to refrigerate or freeze foods quickly and follow these tips! THE COOL RULES:...Discard all leftovers after 3 days." The number three was crossed off and handwritten</p>	F 371			

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


PRINTED: 12/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/10/2016
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F 371	Continued From page 3 was the illegible number seven according to the previous interview with the DM. The undated Storage of Leftovers policy indicated, "Policy: To avoid contamination due to bacterial growth, leftovers will be properly stored in food-approved containers. Procedure: 1. The Food Service Director is responsible to ensure that foods are stored properly... 3. Leftover containers must be covered tightly and clearly labeled with the name of the contents and date... 5. Leftovers must be used with seven (7) calendar days or less from the day of preparation, including the day of preparation." The same facility policy Storage of Leftovers also indicated, "Monitoring: A designated employee will check refrigerators daily to verify that foods are date marked and that foods exceeding the 7-day time period are not being used or stored. Corrective Action: Foods that are not date marked or that exceed the 7-day time period will be discarded. Verification and Record keeping: The Food Service Director or designee will complete the Food Safety Checklist daily."	F 371			

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

Final

PRINTED: 12/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245266	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/16/2016
NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY</p> <p>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.</p> <p>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.</p> <p>A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division on November 16, 2016. At the time of this survey, Benedictine Health Center of Minneapolis was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2012 Edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 19 Existing Health Care.</p> <p>PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES (K-TAGS) TO:</p> <p>Healthcare Fire Inspections State Fire Marshal Division 445 Minnesota St., Suite 145 St. Paul, MN 55101-5145, OR</p> <p>By email to:</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/15/2016

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 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 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.

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K 000	Continued From page 1 Marian.Whitney@state.mn.us and Angela.Kappenman@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 prevent a reoccurrence of the deficiency. Benedictine Health Center of Minneapolis is a 5-story building that is determined to be of Type II(000) construction. It has a full basement and is fully fire 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 95 beds and had a census of 80 at time of the survey.	K 000		
K 161 SS=F	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of	K 161		12/15/16

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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404	
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K 161	Continued From page 2 stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This STANDARD is not met as evidenced by: Based on observation and staff interview, this building does not meet the requirement for construction type and height in accordance with the 2012 LSC (NFPA 101). 19.1.6.1. This deficient practice could affect all 80 residents. Findings include: On a facility tour between the hours of 0930 and	K 161	An annual waiver is requested for K161 and K162; please refer to attachment sent to state fire marshal electronically.	

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K 161	Continued From page 3 1330 on November 16, 2016, observation revealed that this 5-story, non-combustible facility of Type II(000) construction does not meet the minimum construction requirements for a building of this height. This deficient practice was verified by the Maintenance Supervisor at the time of the inspection. Note: This deficiency need not be corrected if an FSES can establish that the fire has an overall level of fire safety equivalent to that required by the Life Safety Code.	K 161		
K 162 SS=F	NFPA 101 Roofing Systems Involving Combustibles Roofing Systems Involving Combustibles 2012 EXISTING Buildings of Type I (442), Type I (332), Type II (222), or Type II (111) having roof systems employing combustible roofing supports, decking or roofing meet the following: 1. roof covering meets Class C requirements 2. roof is separated from occupied building portions with 2-hour fire resistive noncombustible floor assembly using not less than 2-1/2 inches concrete or gypsum fill 3. attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system 19.1.6.2*, ASTM E108, ANSI/UL 790 This STANDARD is not met as evidenced by: Based on observation and staff interview, this building does not meet the requirement for roof construction based on the height of the building in accordance with the 2012 LSC (NFPA 101). 19.1.6.2. This deficient practice could affect all 80 residents.	K 162	An annual waiver is requested for K161 and K162; please refer to attachment sent to state fire marshal electronically.	12/15/16

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K 162	Continued From page 4 Findings include: On a facility tour between the hours of 0930 and 1330 on November 16, 2016, observation revealed that the roof of the facility does not have a fire rating. A building of this height would be required to have a two hour fire-rated roof based on a minimum construction of Type II(222). This deficient practice was verified by the Maintenance Supervisor at the time of the inspection. Note: This deficiency need not be corrected if an FSES can establish that the fire has an overall level of fire safety equivalent to that required by the Life Safety Code.	K 162			

PART III – RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS

For each item of the Life Safety Code recommended for waiver, list the survey report form item number and state the reason for the conclusion that: (a) the specific provisions of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. If additional space is required, attach additional sheet(s).

PROVISION NUMBER(S)	JUSTIFICATION
K400	An annual waiver is requested for K161 and K162 for the following reasons (continued):
K161 Building does not meet construction type and height requirements of NFPA 101(12), Sec. 19.1.6.1	B. The waiver would not adversely affect the health and safety of the residents, visitors and staff because (continued): 9. None of the smoke compartments containing sleeping rooms on 2 nd , 3 rd and 4 th Floors exceed 3,500 ft ² in size, which is far below the 22,500 ft ² allowed by NFPA 101(12), Sec. 19.3.7.1(1). 10. The maximum travel distance from any point in the smoke compartments containing sleeping rooms on 2 nd , 3 rd and 4 th Floors to reach a smoke barrier door is less than 85 ft, which is less than half of the maximum 200 ft travel distance specified in NFPA 101(12), Sec. 19.19.3.7.1(1).
K162 Building roof-ceiling assembly lacks fire resistance rating NFPA 101(12), Sec. 19.1.6.2	11. As shown on the enclosed FSES worksheets – Form CMS-2786T (10/2016): a. Nighttime staffing levels on floors containing resident rooms are such that a staff to resident ratio of not more than 10 residents to one (1) staff is maintained at all times – see Worksheet 4.7.2. b. The basement level and 1 st and 2 nd Floors of the building achieve a passing FSES score. c. A comparison of the scores for the Safety Parameter Values in Worksheet 4.7.6 (used to show equivalency for the 2012 <i>Life Safety Code</i>) with those in Table 4 of the FSES worksheets used to show equivalency for the 2000 <i>Life Safety Code</i> serves as confirmation that no building fire/life safety features have been removed or reduced since the facility's previous FSES evaluation conducted in November, 2015.

Surveyor (Signature)	Title	Office	Date
Fire Authority Official (Signature)	Title	Office	Date
THOMAS LINHOFF 12424	FIRE SAFETY SUPERVISOR	STATE FIRE MARSHAL	12-16-16

**FIRE SAFETY EVALUATION SYSTEM
HEALTH CARE FACILITIES**

(NFPA 101A, "Guide on Alternative Approaches to Life Safety" 2013 Edition)

Complete the following worksheets for each fire/smoke zone*.

Where conditions are the same in several zones, one set of worksheets can be used for those zones.

* Fire/smoke zone is a space separated from all other spaces by floors, horizontal exits, or smoke barriers

Step 1 — Complete Cover Sheet using Worksheet 4.7.1.

WORKSHEET 4.7.1 – COVER SHEET

ZONE 9 & 10 OF 16 ZONES

NAME OF FACILITY <u>BENEDICTINE HC OF MINNEAPOLIS</u>		ADDRESS OF FACILITY <u>618 E. 17TH ST, MINNEAPOLIS, MN 55404</u>	
ZONE(S) EVALUATED <u>THIRD FLOOR EAST / THIRD FLOOR WEST</u>			
PROVIDER/VENDOR NO. <u>245266</u>		DATE OF SURVEY <u>11/21/2016</u>	
SURVEYOR SIGNATURE <u>Robert J. Embetta</u>		TITLE <u>PRESIDENT</u>	OFFICE <u>FIRE SAFETY RESOURCES, LLC</u>
SURVEYOR ID			DATE <u>12/09/2016</u>
FIRE AUTHORITY SIGNATURE		TITLE	OFFICE
			DATE

ADDITIONAL COMMENTS:

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.

Step 2 — Determine Occupancy Risk Parameter Factors using Worksheet 4.7.2.
For each Risk Parameter in Worksheet 7.2, select and circle the appropriate risk factor value.
Choose only one for each of the five Risk Parameters.

WORKSHEET 4.7.2 – OCCUPANCY RISK PARAMETER FACTORS

Risk Parameters	Risk Factor Values					
1. Patient Mobility (M)	Mobility Status	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 Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	1.1	1.2	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	$\frac{1-2}{1}$	$\frac{3-5}{1}$	$\frac{6-10}{1}$	$\frac{>10}{1}$	One or More None
	Risk Factor	1.0	1.1	1.2	1.5	4.0*
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 Year			65 Years and Over or 1 Year and Younger	
	Risk Factor	1.0			1.2	

*A risk factor of 4.0 is charged to any zone that houses patients without any staff in immediate attendance.

Step 3 — Compute Occupancy Risk Factor (F) using Worksheet 4.7.3.
(1) Transfer the circled risk factor values from Worksheet 4.7.2 to the corresponding blocks in Worksheet 4.7.3.
(2) Compute F by multiplying the risk factor values as indicated in Worksheet 4.7.3.

WORKSHEET 4.7.3 - OCCUPANCY RISK FACTOR CALCULATION

$$\text{OCCUPANCY RISK } \begin{matrix} \text{M} & \text{D} & \text{L} & \text{T} & \text{A} & \text{F} \\ \boxed{3.2} & \times & \boxed{1.2} & \times & \boxed{1.2} & \times & \boxed{1.1} & \times & \boxed{1.2} & = & \boxed{6.1} \end{matrix}$$

Step 4 — Compute Adjusted Building Status (R) - Use Worksheets 4.7.4 or 4.7.5.
(1) If building is classified as “NEW” use Worksheet 4.7.4. If building is classified as “Existing” use Worksheet 4.7.5.
(2) Transfer the value of F from Worksheet 4.7.3 to Worksheets 4.7.4 or 4.7.5, as appropriate. Calculate R.
(3) Transfer R to the block labeled R in Worksheet 4.7.9.
(4) In Worksheets 4.7.4 and 4.7.5, results are always rounded up (i.e., 3.2 is rounded to 4.0).

WORKSHEET 4.7.4 ADJUSTED OCCUPANCY RISK FACTOR (NEW)

F R

WORKSHEET 4.7.5 ADJUSTED OCCUPANCY RISK FACTOR (EXISTING)

$$0.6 \times \begin{matrix} \text{F} \\ \boxed{6.1} \end{matrix} = \begin{matrix} \text{R} \\ \boxed{3.7} \end{matrix} = 4$$

Step 5 — Determine Safety Parameter Values using Worksheet 4.7.6.

- (1) Select and circle the safety value for each safety parameter that best describes the conditions in the zone.
- (2) Choose only one value for each of the 13 parameters.
- (3) If two or more appear to apply, choose the one with the lowest point value.

WORKSHEET 4.7.6 – SAFETY PARAMETER VALUES

Safety Parameters	Parameters Values						
	Combustible Types III, IV, and V				Non-Combustible Types I and II		
Floor or Zone	000	111	200	211, 2HH	000	111	222, 322, 442
1. Construction							
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 and Exits)	Class C -5(0) ^f	Class B 0(3) ^f	Class A 3				
3. Interior Finish (Rooms)	Class C -3(1) ^f	Class B 1(3) ^f	Class A 3				
4. Corridor Partitions/Walls	None or Incomplete -10(0) ^a	<1/2 hour 0	>1/2 to <1 hour 1(0) ^a	≥1 hour 2(0) ^a			
5. Doors to Corridor	No Door -10	<20 min FPR 0	≥ 20 min FPR 1(0) ^d	≥ 20 min FPR and Auto Closure 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 ft.	100 ft. to 150 ft.	<100 ft.	
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0) ^c 0(0) ^h	0(0) ^h	1	
7. Vertical Openings	Open 4 or More Floors -14	Open 2 or 3 Floors -10	Enclosed with Indicated Fire Resistance				
			<1 hr.	≥1 hr. to <2 hr.	≥2 hr.		
			0	2(0) ^e	3(0) ^e		
8. Hazardous Areas	Double Deficiency		Single Deficiency		No Deficiencies		
	In Zone -11	Outside Zone -5	In Zone -6	In Adjacent Zone -2			0
9. Smoke Control	No Control -5(0) ^c	Smoke Barrier Serves Zone 0	Mechanically Assisted Systems by Zone 3				
10. Emergency Movement Routes	<2 Routes -8	Multiple Routes			Direct Exit(s)		
		Deficient -2	W/O Horizontal Exit(s) 0	Horizontal Exit(s) 1	5		
11. Manual Fire Alarm	No Manual Fire Alarm -4		Manual Fire Alarm				
			W/O F.D. Conn. 1	W/F.D. Conn. 2			
12. Smoke Detection and Alarm	None 0(3) ^g	Corridor Only 2(3) ^g	Rooms Only 3(3) ^g	Corridor and Habit. Spaces 4	Total Spaces in Zone 5		
13. Automatic Sprinklers	None 0	Corridor and Habit. Space 8	Entire Building 10				

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

^b Use (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").

For SI Units: 1 ft.² = 0.3048 m²

^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.

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

^h Use (0) where zone area ≤ 22,500 ft.² and distance from any point to reach a door in smoke barrier is ≤ 200 ft.

Step 6 — Compute Individual Safety Evaluations using Worksheet 4.7.7.

- (1) Transfer each of the 13 circled Safety Parameter Values from Worksheet 4.7.6 to every unshaded block in the line with the corresponding Safety Parameter in Worksheet 4.7.7. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Worksheet 4.7.7 as 1/2 the corresponding value circled in Worksheet 4.7.6.
- (2) Add the four columns, keeping in mind that any negative numbers deduct.
- (3) Transfer the resulting total values for S1, S2, S3, S4 to blocks labeled S1, S2, S3, S4 in Worksheet 4.7.9 on page 4 of this sheet.

WORKSHEET 4.7.7 - INDIVIDUAL SAFETY EVALUATIONS

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

Step 7 — Determine Mandatory Safety Requirement values using Worksheet 4.7.8A, 4.7.8B, or 4.7.8C.

- (1) Using the facility type (i.e., Hospital or Nursing Home), classification (i.e., New, Existing or Rehabilitated) and the floor where the zone is located, circle the appropriate value in each of the three columns found in Worksheet 4.7.8A, 4.7.8B, or 4.7.8C.
- (2) Transfer the three circled values to the blocks marked S_a, S_b, and S_c in Worksheet 4.7.9.
- (3) The Mandatory Safety Requirement value for basements are based on the distance of the basement level from the closest level of discharge (See 4.6.1.2 and 4.6.1.3).

**WORKSHEET 4.7.8A - MANDATORY SAFETY REQUIREMENTS –
NEW HOSPITALS, EXISTING HOSPITALS OR NEW NURSING HOMES**

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Existing	New	Existing	New	Existing
1 st story	11	5	15(12) ^a	4	8(5) ^a	1
2 nd or 3 rd story ^b	15	9	17(14) ^a	6	10(7) ^a	3
4 th story or higher, but not high rise	18	9	19(16) ^a	6	11(8) ^a	3
High rise	18	17	19(16) ^a	16	11(8) ^a	7

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING hospital, 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: S_a=7, S_b=10, and S_c=7

**WORKSHEET 4.7.8B - MANDATORY SAFETY REQUIREMENTS –
EXISTING NURSING HOMES**

Zone Location	Containment (S _a)	Extinguishment (S _b)	People Movement (S _c)
1 st story	0	10	0
2 nd story	2	10	2
3 rd story	6	14	2
4 th story or higher	8	16	2

**WORKSHEET 4.7.8C - MANDATORY SAFETY REQUIREMENTS –
MAJOR REHABILITATION IN NONSPRINKLERED EXISTING HOSPITALS**

Zone Location	Containment (S _a)	Extinguishment (S _b)	People Movement (S _c)
1 st story	13	17(14)*	8(5)*
2 nd or 3 rd story	17	19(16)*	10(7)*
4 th story or higher	18	19(16)*	11(8)*

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

Step 8 — Identify Zone Fire Safety Equivalency using Worksheet 4.7.9.

- (1) Transfer the three circled values from Worksheet 4.7.8A, 4.7.8B, or 4.7.8C to the blocks marked Sa, Sb, and Sc in Worksheet 4.7.9.
- (2) 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.

WORKSHET 4.7.9 - ZONE FIRE SAFETY EQUIVALENCY EVALUATION

					YES	NO
Containment Safety (S ₁)	minus	Mandatory Containment (Sa)	≥ 0	S ₁ — S _a = C 9 — 6 = 3	✓	
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (Sb)	≥ 0	S ₂ — S _b = E 8 — 14 = -6		✓
People Movement Safety (S ₃)	minus	Mandatory People Movement (Sc)	≥ 0	S ₃ — S _c = P 10 — 2 = 8	✓	
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	S ₄ — R = G 13 — 4 = 9	✓	

Step 9 — Evaluate other considerations not previously addressed using Worksheet 4.7.10.

Complete one copy of this separate worksheet for each facility.
For each consideration, select and mark the appropriate column.

WORKSHEET 4.7.10 FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

		Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.	✓		<input checked="" type="checkbox"/>
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.	✓		<input checked="" type="checkbox"/>
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	✓		<input checked="" type="checkbox"/>
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.	✓		<input checked="" type="checkbox"/>
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	✓		<input checked="" type="checkbox"/>
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 18.3.5.12 and 19.3.5.12.	✓		<input checked="" type="checkbox"/>
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.			✓

Step 10 — Determine the equivalency Conclusion to determine if the level of life safety is at least equivalent to that prescribed by the Life Safety Code using Worksheet 4.7.11.

WORKSHEET 4.7.11- CONCLUSIONS

1. All of the checks in Worksheet 4.7.9 are in the "Yes" column and all applicable considerations in Worksheet 4.7.10 are marked as "Met". The level of safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.
2. All of the checks in Worksheet 4.7.9 are in the "Yes" column and all considerations in Worksheet 4.7.10 marked as "Not Met" have been evaluated and mitigated to the satisfaction of the AHJ. The level of safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.
3. One or more of the checks on Worksheet 4.7.9 are in the "No" column or any considerations in Worksheet 4.7.10 marked as "Not Met" have NOT been evaluated and mitigated to the satisfaction of the AHJ. The level of safety is not shown by this system to be equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.

**FIRE SAFETY EVALUATION SYSTEM
HEALTH CARE FACILITIES**

(NFPA 101A, "Guide on Alternative Approaches to Life Safety" 2013 Edition)

Complete the following worksheets for each fire/smoke zone*.

Where conditions are the same in several zones, one set of worksheets can be used for those zones.

* Fire/smoke zone is a space separated from all other spaces by floors, horizontal exits, or smoke barriers

Step 1 — Complete Cover Sheet using Worksheet 4.7.1.

WORKSHEET 4.7.1 – COVER SHEET

ZONE 7 OF 16 ZONES

NAME OF FACILITY <u>BENEDICTINE HC OF MINNEAPOLIS</u>		ADDRESS OF FACILITY <u>618 E. 17TH ST, MINNEAPOLIS, MN 55404</u>	
ZONE(S) EVALUATED <u>SECOND FLOOR CENTER</u>			
PROVIDER/VENDOR NO. <u>245266</u>		DATE OF SURVEY <u>11/21/2016</u>	
SURVEYOR SIGNATURE <u>Robert J. Umhelle</u>		TITLE <u>PRESIDENT</u>	OFFICE <u>FIRE SAFETY RESOURCES, LLC</u>
SURVEYOR ID			DATE <u>12/09/2016</u>
FIRE AUTHORITY SIGNATURE		TITLE	OFFICE
			DATE

ADDITIONAL COMMENTS:

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.

Step 2 — Determine Occupancy Risk Parameter Factors using Worksheet 4.7.2.
For each Risk Parameter in Worksheet 7.2, select and circle the appropriate risk factor value.
Choose only one for each of the five Risk Parameters.

WORKSHEET 4.7.2 – OCCUPANCY RISK PARAMETER FACTORS

Risk Parameters	Risk Factor Values					
		Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
1. Patient 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 Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	1.1	1.2	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	$\frac{1-2}{1}$	$\frac{3-5}{1}$	$\frac{6-10}{1}$	$\frac{>10}{1}$	One or More None
	Risk Factor	1.0	1.1	1.2	1.5	4.0*
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 Year			65 Years and Over or 1 Year and Younger	
	Risk Factor	1.0			1.2	

*A risk factor of 4.0 is charged to any zone that houses patients without any staff in immediate attendance.

Step 3 — Compute Occupancy Risk Factor (F) using Worksheet 4.7.3.
(1) Transfer the circled risk factor values from Worksheet 4.7.2 to the corresponding blocks in Worksheet 4.7.3.
(2) Compute F by multiplying the risk factor values as indicated in Worksheet 4.7.3.

WORKSHEET 4.7.3 - OCCUPANCY RISK FACTOR CALCULATION

$$\text{OCCUPANCY RISK} \quad M \quad D \quad L \quad T \quad A \quad F$$

$$\boxed{3.2} \times \boxed{1.2} \times \boxed{1.2} \times \boxed{1.0} \times \boxed{1.2} = \boxed{5.5}$$

Step 4 — Compute Adjusted Building Status (R) - Use Worksheets 4.7.4 or 4.7.5.
(1) If building is classified as “NEW” use Worksheet 4.7.4. If building is classified as “Existing” use Worksheet 4.7.5.
(2) Transfer the value of F from Worksheet 4.7.3 to Worksheets 4.7.4 or 4.7.5, as appropriate. Calculate R.
(3) Transfer R to the block labeled R in Worksheet 4.7.9.
(4) In Worksheets 4.7.4 and 4.7.5, results are always rounded up (i.e., 3.2 is rounded to 4.0).

WORKSHEET 4.7.4 ADJUSTED OCCUPANCY RISK FACTOR (NEW)

F R

WORKSHEET 4.7.5 ADJUSTED OCCUPANCY RISK FACTOR (EXISTING)

$$0.6 \times \boxed{5.5} = \boxed{3.3} = 4$$

Step 5 — Determine Safety Parameter Values using Worksheet 4.7.6.

- (1) Select and circle the safety value for each safety parameter that best describes the conditions in the zone.
- (2) Choose only one value for each of the 13 parameters.
- (3) If two or more appear to apply, choose the one with the lowest point value.

WORKSHEET 4.7.6 – SAFETY PARAMETER VALUES

Safety Parameters	Parameters Values						
	Combustible Types III, IV, and V				Non-Combustible Types I and II		
Floor or Zone	000	111	200	211, 2HH	000	111	222, 322, 442
1. Construction							
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 and Exits)	Class C -5(0) ^f	Class B 0(3) ^f	Class A 3				
3. Interior Finish (Rooms)	Class C -3(1) ^f	Class B 1(3) ^f	Class A 3				
4. Corridor Partitions/Walls	None or Incomplete -10(0) ^a	<1/2 hour 0	>1/2 to <1 hour 1(0) ^a	≥1 hour 2(0) ^a			
5. Doors to Corridor	No Door -10	<20 min FPR 0	≥20 min FPR 1(0) ^d	≥20 min FPR and Auto Closure 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 ft.	100 ft. to 150 ft.	<100 ft.	
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0) ^c 0(0) ^h	0(0) ^b	1	
7. Vertical Openings	Open 4 or More Floors -14	Open 2 or 3 Floors -10	Enclosed with Indicated Fire Resistance				
			<1 hr.	≥1 hr. to <2 hr.	≥2 hr.		
			0	2(0) ^e	3(0) ^e		
8. Hazardous Areas	Double Deficiency		Single Deficiency		No Deficiencies		
	In Zone	Outside Zone	In Zone	In Adjacent Zone			
	-11	-5	-6	-2	0		
9. Smoke Control	No Control -5(0) ^c	Smoke Barrier Serves Zone 0	Mechanically Assisted Systems by Zone 3				
10. Emergency Movement Routes	<2 Routes -8	Deficient -2	W/O Horizontal Exit(s) 0	Horizontal Exit(s) 1	Direct Exit(s) 5		
11. Manual Fire Alarm	No Manual Fire Alarm -4		Manual Fire Alarm				
			W/O F.D. Conn. 1	W/F.D. Conn. 2			
12. Smoke Detection and Alarm	None 0(3) ^g	Corridor Only 2(3) ^g	Rooms Only 3(3) ^g	Corridor and Habit. Spaces 4	Total Spaces in Zone 5		
13. Automatic Sprinklers	None 0	Corridor and Habit. Space 8	Entire Building 10				

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

^b Use (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").
For SI Units: 1 ft.² = 0.3048 m²

^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.

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

^h Use (0) where zone area ≤ 22,500 ft.² and distance from any point to reach a door in smoke barrier is ≤ 200 ft.

Step 6 — Compute Individual Safety Evaluations using Worksheet 4.7.7.

- (1) Transfer each of the 13 circled Safety Parameter Values from Worksheet 4.7.6 to every unshaded block in the line with the corresponding Safety Parameter in Worksheet 4.7.7. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Worksheet 4.7.7 as 1/2 the corresponding value circled in Worksheet 4.7.6.
- (2) Add the four columns, keeping in mind that any negative numbers deduct.
- (3) Transfer the resulting total values for S1, S2, S3, S4 to blocks labeled S1, S2, S3, S4 in Worksheet 4.7.9 on page 4 of this sheet.

WORKSHEET 4.7.7 - INDIVIDUAL SAFETY EVALUATIONS

Safety Parameters	Containment Safety (S ₁)	Extinguishment Safety (S ₂)	People Movement Safety (S ₃)	General Safety (S ₄)
1. Construction	-2	-2		-2
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions and Walls	0			0
5. Doors to Corridor	1		1	1
6. Zone Dimensions			1	1
7. Vertical Openings	0		0	0
8. Hazardous Areas	0	0		0
9. Smoke Control			0	0
10. Emergency Movement Routes			-2	-2
11. Manual Fire Alarm		2		2
12. Smoke Detection and Alarm		3	3	3
13. Automatic Sprinklers	10	10	$10 \div 2 = 5$	10
Total Value	S₁= 15	S₂= 13	S₃= 11	S₄= 19

Step 7 — Determine Mandatory Safety Requirement values using Worksheet 4.7.8A, 4.7.8B, or 4.7.8C.

- (1) Using the facility type (i.e., Hospital or Nursing Home), classification (i.e., New, Existing or Rehabilitated) and the floor where the zone is located, circle the appropriate value in each of the three columns found in Worksheet 4.7.8A, 4.7.8B, or 4.7.8C.
- (2) Transfer the three circled values to the blocks marked S_a, S_b, and S_c in Worksheet 4.7.9.
- (3) The Mandatory Safety Requirement value for basements are based on the distance of the basement level from the closest level of discharge (See 4.6.1.2 and 4.6.1.3).

**WORKSHEET 4.7.8A - MANDATORY SAFETY REQUIREMENTS –
NEW HOSPITALS, EXISTING HOSPITALS OR NEW NURSING HOMES**

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Existing	New	Existing	New	Existing
1 st story	11	5	15(12) ^a	4	8(5) ^a	1
2 nd or 3 rd story ^b	15	9	17(14) ^a	6	10(7) ^a	3
4 th story or higher, but not high rise	18	9	19(16) ^a	6	11(8) ^a	3
High rise	18	17	19(16) ^a	16	11(8) ^a	7

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING hospital, 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: S_a=7, S_b=10, and S_c=7

**WORKSHEET 4.7.8B - MANDATORY SAFETY REQUIREMENTS –
EXISTING NURSING HOMES**

Zone Location	Containment (S _a)	Extinguishment (S _b)	People Movement (S _c)
1 st story	0	10	0
2 nd story	(2)	(10)	(2)
3 rd story	6	14	2
4 th story or higher	8	16	2

**WORKSHEET 4.7.8C - MANDATORY SAFETY REQUIREMENTS –
MAJOR REHABILITATION IN NONSPRINKLERED EXISTING HOSPITALS**

Zone Location	Containment (S _a)	Extinguishment (S _b)	People Movement (S _c)
1 st story	13	17(14)*	8(5)*
2 nd or 3 rd story	17	19(16)*	10(7)*
4 th story or higher	18	19(16)*	11(8)*

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

Step 8 — Identify Zone Fire Safety Equivalency using Worksheet 4.7.9.

- (1) Transfer the three circled values from Worksheet 4.7.8A, 4.7.8B, or 4.7.8C to the blocks marked Sa, Sb, and Sc in Worksheet 4.7.9.
- (2) 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.

WORKSHET 4.7.9 - ZONE FIRE SAFETY EQUIVALENCY EVALUATION

					YES	NO
Containment Safety (S ₁)	minus	Mandatory Containment (Sa)	≥ 0	S ₁ — S _a = C 15 — 2 = 13	✓	
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (Sb)	≥ 0	S ₂ — S _b = E 13 — 10 = 3	✓	
People Movement Safety (S ₃)	minus	Mandatory People Movement (Sc)	≥ 0	S ₃ — S _c = P 11 — 2 = 9	✓	
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	S ₄ — R = G 19 — 4 = 15	✓	

Step 9 — Evaluate other considerations not previously addressed using Worksheet 4.7.10.

Complete one copy of this separate worksheet for each facility.
For each consideration, select and mark the appropriate column.

WORKSHEET 4.7.10 FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

		Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.	✓		<input checked="" type="checkbox"/>
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.	✓		<input checked="" type="checkbox"/>
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	✓		<input checked="" type="checkbox"/>
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.	✓		<input checked="" type="checkbox"/>
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	✓		<input checked="" type="checkbox"/>
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 18.3.5.12 and 19.3.5.12.	✓		<input checked="" type="checkbox"/>
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.			✓

Step 10 — Determine the equivalency Conclusion to determine if the level of life safety is at least equivalent to that prescribed by the Life Safety Code using Worksheet 4.7.11.

WORKSHEET 4.7.11- CONCLUSIONS

1. All of the checks in Worksheet 4.7.9 are in the "Yes" column and all applicable considerations in Worksheet 4.7.10 are marked as "Met". The level of safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.
2. All of the checks in Worksheet 4.7.9 are in the "Yes" column and all considerations in Worksheet 4.7.10 marked as "Not Met" have been evaluated and mitigated to the satisfaction of the AHJ. The level of safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.
3. One or more of the checks on Worksheet 4.7.9 are in the "No" column or any considerations in Worksheet 4.7.10 marked as "Not Met" have NOT been evaluated and mitigated to the satisfaction of the AHJ. The level of safety is not shown by this system to be equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.

**FIRE SAFETY EVALUATION SYSTEM
HEALTH CARE FACILITIES**
(NFPA 101A, "Guide on Alternative Approaches to Life Safety" 2013 Edition)

Complete the following worksheets for each fire/smoke zone*.

Where conditions are the same in several zones, one set of worksheets can be used for those zones.

* Fire/smoke zone is a space separated from all other spaces by floors, horizontal exits, or smoke barriers

Step 1 — Complete Cover Sheet using Worksheet 4.7.1.

WORKSHEET 4.7.1 – COVER SHEET

ZONE 8 OF 16 ZONES

NAME OF FACILITY <u>BENEDICTINE HC OF MINNEAPOLIS</u>		ADDRESS OF FACILITY <u>618 E. 17TH ST., MINNEAPOLIS, MN 55404</u>	
ZONE(S) EVALUATED <u>THIRD FLOOR NORTH</u>			
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/21/2016</u>		
SURVEYOR SIGNATURE <u>Robert J. Vinko</u>	TITLE <u>PRESIDENT</u>	OFFICE <u>FIRE SAFETY RESOURCES, LLC</u>	DATE <u>12/09/2016</u>
SURVEYOR ID			
FIRE AUTHORITY SIGNATURE	TITLE	OFFICE	DATE

ADDITIONAL COMMENTS:

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.

Step 2 — Determine Occupancy Risk Parameter Factors using Worksheet 4.7.2.
For each Risk Parameter in Worksheet 7.2, select and circle the appropriate risk factor value.
Choose only one for each of the five Risk Parameters.

WORKSHEET 4.7.2 – OCCUPANCY RISK PARAMETER FACTORS

Risk Parameters	Risk Factor Values					
		Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
1. Patient 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 Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	1.1	1.2	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	$\frac{1-2}{1}$	$\frac{3-5}{1}$	$\frac{6-10}{1}$	$\frac{>10}{1}$	One or More None
	Risk Factor	1.0	1.1	1.2	1.5	4.0*
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 Year			65 Years and Over or 1 Year and Younger	
	Risk Factor	1.0			1.2	

*A risk factor of 4.0 is charged to any zone that houses patients without any staff in immediate attendance.

Step 3 — Compute Occupancy Risk Factor (F) using Worksheet 4.7.3.
(1) Transfer the circled risk factor values from Worksheet 4.7.2 to the corresponding blocks in Worksheet 4.7.3.
(2) Compute F by multiplying the risk factor values as indicated in Worksheet 4.7.3.

WORKSHEET 4.7.3 - OCCUPANCY RISK FACTOR CALCULATION

$$\text{OCCUPANCY RISK} \quad M \quad D \quad L \quad T \quad A \quad F$$

$$\boxed{3.2} \times \boxed{1.5} \times \boxed{1.2} \times \boxed{1.2} \times \boxed{1.2} = \boxed{8.3}$$

Step 4 — Compute Adjusted Building Status (R) - Use Worksheets 4.7.4 or 4.7.5.
(1) If building is classified as “NEW” use Worksheet 4.7.4. If building is classified as “Existing” use Worksheet 4.7.5.
(2) Transfer the value of F from Worksheet 4.7.3 to Worksheets 4.7.4 or 4.7.5, as appropriate. Calculate R.
(3) Transfer R to the block labeled R in Worksheet 4.7.9.
(4) In Worksheets 4.7.4 and 4.7.5, results are always rounded up (i.e., 3.2 is rounded to 4.0).

WORKSHEET 4.7.4 ADJUSTED OCCUPANCY RISK FACTOR (NEW)

F

R

WORKSHEET 4.7.5 ADJUSTED OCCUPANCY RISK FACTOR (EXISTING)

$$0.6 \times \boxed{8.3} = \boxed{5}$$

Step 5 — Determine Safety Parameter Values using Worksheet 4.7.6.

- (1) Select and circle the safety value for each safety parameter that best describes the conditions in the zone.
- (2) Choose only one value for each of the 13 parameters.
- (3) If two or more appear to apply, choose the one with the lowest point value.

WORKSHEET 4.7.6 – SAFETY PARAMETER VALUES

Safety Parameters	Parameters Values						
	Combustible Types III, IV, and V				Non-Combustible Types I and II		
1. Construction	000	111	200	211, 2HH	000	111	222, 322, 442
Floor or Zone	000	111	200	211, 2HH	000	111	222, 322, 442
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 and Exits)	Class C -5(0) ^f	Class B 0(3) ^f	Class A 3				
3. Interior Finish (Rooms)	Class C -3(1) ^f	Class B 1(3) ^f	Class A 3				
4. Corridor Partitions/Walls	None or Incomplete -10(0) ^a	<1/2 hour 0	>1/2 to <1 hour 1(0) ^a	≥1 hour 2(0) ^a			
5. Doors to Corridor	No Door -10	<20 min FPR 0	≥20 min FPR 1(0) ^d	≥20 min FPR and Auto Closure 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 ft.	100 ft. to 150 ft.	<100 ft.	
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0) ^c (0) ^h	0(0) ^h	1	
7. Vertical Openings	Open 4 or More Floors -14	Open 2 or 3 Floors -10	Enclosed with Indicated Fire Resistance				
			<1 hr.	≥1 hr. to <2 hr.	≥2 hr.		
			0	2(0) ^e	3(0) ^e		
8. Hazardous Areas	Double Deficiency		Single Deficiency		No Deficiencies		
	In Zone	Outside Zone	In Zone	In Adjacent Zone			
	-11	-5	-6	-2	0		
9. Smoke Control	No Control -5(0) ^c	Smoke Barrier Serves Zone 0	Mechanically Assisted Systems by Zone 3				
10. Emergency Movement Routes	<2 Routes -8	Multiple Routes			Direct Exit(s)		
		Deficient -2	W/O Horizontal Exit(s) 0	Horizontal Exit(s) 1	5		
11. Manual Fire Alarm	No Manual Fire Alarm -4		Manual Fire Alarm				
			W/O F.D. Conn. 1	W/F.D. Conn. 2			
12. Smoke Detection and Alarm	None 0(3) ^g	Corridor Only 2(3) ^g	Rooms Only 3(3) ^g	Corridor and Habit. Spaces 4	Total Spaces in Zone 5		
13. Automatic Sprinklers	None 0	Corridor and Habit. Space 8	Entire Building 10				

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

^b Use (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").
For SI Units: 1 ft.² = 0.3048 m²

^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.

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

^h Use (0) where zone area ≤ 22,500 ft.² and distance from any point to reach a door in smoke barrier is ≤ 200 ft.

Step 6 — Compute Individual Safety Evaluations using Worksheet 4.7.7.

- (1) Transfer each of the 13 circled Safety Parameter Values from Worksheet 4.7.6 to every unshaded block in the line with the corresponding Safety Parameter in Worksheet 4.7.7. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Worksheet 4.7.7 as 1/2 the corresponding value circled in Worksheet 4.7.6.
- (2) Add the four columns, keeping in mind that any negative numbers deduct.
- (3) Transfer the resulting total values for S₁, S₂, S₃, S₄ to blocks labeled S₁, S₂, S₃, S₄ in Worksheet 4.7.9 on page 4 of this sheet.

WORKSHEET 4.7.7 - INDIVIDUAL SAFETY EVALUATIONS

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

Step 7 — Determine Mandatory Safety Requirement values using Worksheet 4.7.8A, 4.7.8B, or 4.7.8C.

- (1) Using the facility type (i.e., Hospital or Nursing Home), classification (i.e., New, Existing or Rehabilitated) and the floor where the zone is located, circle the appropriate value in each of the three columns found in Worksheet 4.7.8A, 4.7.8B, or 4.7.8C.
- (2) Transfer the three circled values to the blocks marked S_a, S_b, and S_c in Worksheet 4.7.9.
- (3) The Mandatory Safety Requirement value for basements are based on the distance of the basement level from the closest level of discharge (See 4.6.1.2 and 4.6.1.3).

**WORKSHEET 4.7.8A - MANDATORY SAFETY REQUIREMENTS –
NEW HOSPITALS, EXISTING HOSPITALS OR NEW NURSING HOMES**

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Existing	New	Existing	New	Existing
1 st story	11	5	15(12) ^a	4	8(5) ^a	1
2 nd or 3 rd story ^b	15	9	17(14) ^a	6	10(7) ^a	3
4 th story or higher, but not high rise	18	9	19(16) ^a	6	11(8) ^a	3
High rise	18	17	19(16) ^a	16	11(8) ^a	7

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING hospital, 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: S_a=7, S_b=10, and S_c=7

**WORKSHEET 4.7.8B - MANDATORY SAFETY REQUIREMENTS –
EXISTING NURSING HOMES**

Zone Location	Containment (S _a)	Extinguishment (S _b)	People Movement (S _c)
1 st story	0	10	0
2 nd story	2	10	2
3 rd story	6	14	2
4 th story or higher	8	16	2

**WORKSHEET 4.7.8C - MANDATORY SAFETY REQUIREMENTS –
MAJOR REHABILITATION IN NONSPRINKLERED EXISTING HOSPITALS**

Zone Location	Containment (S _a)	Extinguishment (S _b)	People Movement (S _c)
1 st story	13	17(14)*	8(5)*
2 nd or 3 rd story	17	19(16)*	10(7)*
4 th story or higher	18	19(16)*	11(8)*

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

Step 8 — Identify Zone Fire Safety Equivalency using Worksheet 4.7.9.

- (1) Transfer the three circled values from Worksheet 4.7.8A, 4.7.8B, or 4.7.8C to the blocks marked Sa, Sb, and Sc in Worksheet 4.7.9.
- (2) 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.

WORKSHET 4.7.9 - ZONE FIRE SAFETY EQUIVALENCY EVALUATION

					YES	NO
Containment Safety (S ₁)	minus	Mandatory Containment (Sa)	≥ 0	S ₁ — S _a = C 10 — 6 = 4	✓	
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (Sb)	≥ 0	S ₂ — S _b = E 8 — 14 = -6		✓
People Movement Safety (S ₃)	minus	Mandatory People Movement (Sc)	≥ 0	S ₃ — S _c = P 11 — 2 = 9	✓	
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	S ₄ — R = G 14 — 5 = 9	✓	

Step 9 — Evaluate other considerations not previously addressed using Worksheet 4.7.10.

Complete one copy of this separate worksheet for each facility.
For each consideration, select and mark the appropriate column.

WORKSHEET 4.7.10 FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

		Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.	✓		<input checked="" type="checkbox"/>
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.	✓		<input checked="" type="checkbox"/>
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	✓		<input checked="" type="checkbox"/>
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.	✓		<input checked="" type="checkbox"/>
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	✓		<input checked="" type="checkbox"/>
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 18.3.5.12 and 19.3.5.12.	✓		<input checked="" type="checkbox"/>
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.			✓

Step 10 — Determine the equivalency Conclusion to determine if the level of life safety is at least equivalent to that prescribed by the Life Safety Code using Worksheet 4.7.11.

WORKSHEET 4.7.11- CONCLUSIONS

1. All of the checks in Worksheet 4.7.9 are in the "Yes" column and all applicable considerations in Worksheet 4.7.10 are marked as "Met". The level of safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.
2. All of the checks in Worksheet 4.7.9 are in the "Yes" column and all considerations in Worksheet 4.7.10 marked as "Not Met" have been evaluated and mitigated to the satisfaction of the AHJ. The level of safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.
3. One or more of the checks on Worksheet 4.7.9 are in the "No" column or any considerations in Worksheet 4.7.10 marked as "Not Met" have NOT been evaluated and mitigated to the satisfaction of the AHJ. The level of safety is not shown by this system to be equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.

**FIRE SAFETY EVALUATION SYSTEM
HEALTH CARE FACILITIES**

(NFPA 101A, "Guide on Alternative Approaches to Life Safety" 2013 Edition)

Complete the following worksheets for each fire/smoke zone*.

Where conditions are the same in several zones, one set of worksheets can be used for those zones.

* Fire/smoke zone is a space separated from all other spaces by floors, horizontal exits, or smoke barriers

Step 1 — Complete Cover Sheet using Worksheet 4.7.1.

WORKSHEET 4.7.1 – COVER SHEET

ZONE 56 OF 16 ZONES

NAME OF FACILITY <u>BENEDICTINE HC OF MINNEAPOLIS</u>		ADDRESS OF FACILITY <u>618 E. 17TH ST., MINNEAPOLIS, MN 55404</u>	
ZONE(S) EVALUATED <u>SECOND FLOOR EAST / SECOND FLOOR WEST</u>			
PROVIDER/VENDOR NO. <u>245266</u>		DATE OF SURVEY <u>11/21/2016</u>	
SURVEYOR SIGNATURE <u>Robert J. Umbello</u>		TITLE <u>PRESIDENT</u>	OFFICE <u>FIRE SAFETY RESOURCES, LLC</u>
SURVEYOR ID			DATE <u>12/09/2016</u>
FIRE AUTHORITY SIGNATURE		TITLE	OFFICE
			DATE

ADDITIONAL COMMENTS:

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.

Step 2 — Determine Occupancy Risk Parameter Factors using Worksheet 4.7.2.
For each Risk Parameter in Worksheet 7.2, select and circle the appropriate risk factor value.
Choose only one for each of the five Risk Parameters.

WORKSHEET 4.7.2 – OCCUPANCY RISK PARAMETER FACTORS

Risk Parameters	Risk Factor Values					
		Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
1. Patient 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 Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	1.1	1.2	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	$\frac{1-2}{1}$	$\frac{3-5}{1}$	$\frac{6-10}{1}$	$\frac{>10}{1}$	One or More None
	Risk Factor	1.0	1.1	1.2	1.5	4.0*
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 Year			65 Years and Over or 1 Year and Younger	
	Risk Factor	1.0			1.2	

*A risk factor of 4.0 is charged to any zone that houses patients without any staff in immediate attendance.

Step 3 — Compute Occupancy Risk Factor (F) using Worksheet 4.7.3.
(1) Transfer the circled risk factor values from Worksheet 4.7.2 to the corresponding blocks in Worksheet 4.7.3.
(2) Compute F by multiplying the risk factor values as indicated in Worksheet 4.7.3.

WORKSHEET 4.7.3 - OCCUPANCY RISK FACTOR CALCULATION

$$\text{OCCUPANCY RISK} \quad \begin{matrix} M & D & L & T & A & F \\ \boxed{3.2} & \times & \boxed{1.2} & \times & \boxed{1.2} & \times & \boxed{1.0} & \times & \boxed{1.2} & = & \boxed{5.5} \end{matrix}$$

Step 4 — Compute Adjusted Building Status (R) - Use Worksheets 4.7.4 or 4.7.5.
(1) If building is classified as “NEW” use Worksheet 4.7.4. If building is classified as “Existing” use Worksheet 4.7.5.
(2) Transfer the value of F from Worksheet 4.7.3 to Worksheets 4.7.4 or 4.7.5, as appropriate. Calculate R.
(3) Transfer R to the block labeled R in Worksheet 4.7.9.
(4) In Worksheets 4.7.4 and 4.7.5, results are always rounded up (i.e., 3.2 is rounded to 4.0).

WORKSHEET 4.7.4 ADJUSTED OCCUPANCY RISK FACTOR (NEW)

F R

WORKSHEET 4.7.5 ADJUSTED OCCUPANCY RISK FACTOR (EXISTING)

$$0.6 \times \boxed{5.5} = \boxed{3.3} = 4$$

Step 5 — Determine Safety Parameter Values using Worksheet 4.7.6.

- (1) Select and circle the safety value for each safety parameter that best describes the conditions in the zone.
- (2) Choose only one value for each of the 13 parameters.
- (3) If two or more appear to apply, choose the one with the lowest point value.

WORKSHEET 4.7.6 – SAFETY PARAMETER VALUES

Safety Parameters	Parameters Values						
	Combustible Types III, IV, and V				Non-Combustible Types I and II		
1. Construction	000	111	200	211, 2HH	000	111	222, 322, 442
Floor or Zone	000	111	200	211, 2HH	000	111	222, 322, 442
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 and Exits)	Class C -5(0) ^f	Class B 0(3) ^f	Class A 3				
3. Interior Finish (Rooms)	Class C -3(1) ^f	Class B 1(3) ^f	Class A 3				
4. Corridor Partitions/Walls	None or Incomplete -10(0) ^a	<1/2 hour 0	>1/2 to <1 hour 1(0) ^a	≥1 hour 2(0) ^a			
5. Doors to Corridor	No Door -10	<20 min FPR 0	≥ 20 min FPR 1(0) ^d	≥ 20 min FPR and Auto Closure 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 ft.	100 ft. to 150 ft.	<100 ft.	
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0) ^c (0) ^h	0(0) ^h	1	
7. Vertical Openings	Open 4 or More Floors -14	Open 2 or 3 Floors -10	Enclosed with Indicated Fire Resistance				
			<1 hr.	≥1 hr. to <2 hr.	≥2 hr.		
			0	2(0) ^e	3(0) ^e		
8. Hazardous Areas	Double Deficiency		Single Deficiency		No Deficiencies		
	In Zone -11	Outside Zone -5	In Zone -6	In Adjacent Zone -2			
						0	
9. Smoke Control	No Control -5(0) ^c	Smoke Barrier Serves Zone 0	Mechanically Assisted Systems by Zone 3				
10. Emergency Movement Routes	<2 Routes -8	Deficient -2	W/O Horizontal Exit(s) 0	Horizontal Exit(s) 1	Direct Exit(s) 5		
11. Manual Fire Alarm	No Manual Fire Alarm -4		Manual Fire Alarm				
			W/O F.D. Conn. 1	W/F.D. Conn. 2			
12. Smoke Detection and Alarm	None 0(3) ^g	Corridor Only 2(3) ^g	Rooms Only 3(3) ^g	Corridor and Habit. Spaces 4	Total Spaces in Zone 5		
13. Automatic Sprinklers	None 0	Corridor and Habit. Space 8	Entire Building 10				

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

^b Use (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").

For SI Units: 1 ft.² = 0.3048 m²

^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.

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

^h Use (0) where zone area ≤ 22,500 ft.² and distance from any point to reach a door in smoke barrier is ≤ 200 ft.

Step 6 — Compute Individual Safety Evaluations using Worksheet 4.7.7.

- (1) Transfer each of the 13 circled Safety Parameter Values from Worksheet 4.7.6 to every unshaded block in the line with the corresponding Safety Parameter in Worksheet 4.7.7. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Worksheet 4.7.7 as 1/2 the corresponding value circled in Worksheet 4.7.6.
- (2) Add the four columns, keeping in mind that any negative numbers deduct.
- (3) Transfer the resulting total values for S1, S2, S3, S4 to blocks labeled S1, S2, S3, S4 in Worksheet 4.7.9 on page 4 of this sheet.

WORKSHEET 4.7.7 - INDIVIDUAL SAFETY EVALUATIONS

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

Step 7 — Determine Mandatory Safety Requirement values using Worksheet 4.7.8A, 4.7.8B, or 4.7.8C.

- (1) Using the facility type (i.e., Hospital or Nursing Home), classification (i.e., New, Existing or Rehabilitated) and the floor where the zone is located, circle the appropriate value in each of the three columns found in Worksheet 4.7.8A, 4.7.8B, or 4.7.8C.
- (2) Transfer the three circled values to the blocks marked S_a, S_b, and S_c in Worksheet 4.7.9.
- (3) The Mandatory Safety Requirement value for basements are based on the distance of the basement level from the closest level of discharge (See 4.6.1.2 and 4.6.1.3).

**WORKSHEET 4.7.8A - MANDATORY SAFETY REQUIREMENTS –
NEW HOSPITALS, EXISTING HOSPITALS OR NEW NURSING HOMES**

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Existing	New	Existing	New	Existing
1 st story	11	5	15(12) ^a	4	8(5) ^a	1
2 nd or 3 rd story ^b	15	9	17(14) ^a	6	10(7) ^a	3
4 th story or higher, but not high rise	18	9	19(16) ^a	6	11(8) ^a	3
High rise	18	17	19(16) ^a	16	11(8) ^a	7

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING hospital, 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: S_a=7, S_b=10, and S_c=7

**WORKSHEET 4.7.8B - MANDATORY SAFETY REQUIREMENTS –
EXISTING NURSING HOMES**

Zone Location	Containment (S _a)	Extinguishment (S _b)	People Movement (S _c)
1 st story	0	10	0
2 nd story	2	10	2
3 rd story	6	14	2
4 th story or higher	8	16	2

**WORKSHEET 4.7.8C - MANDATORY SAFETY REQUIREMENTS –
MAJOR REHABILITATION IN NONSPRINKLERED EXISTING HOSPITALS**

Zone Location	Containment (S _a)	Extinguishment (S _b)	People Movement (S _c)
1 st story	13	17(14)*	8(5)*
2 nd or 3 rd story	17	19(16)*	10(7)*
4 th story or higher	18	19(16)*	11(8)*

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

Step 8 — Identify Zone Fire Safety Equivalency using Worksheet 4.7.9.

- (1) Transfer the three circled values from Worksheet 4.7.8A, 4.7.8B, or 4.7.8C to the blocks marked Sa, Sb, and Sc in Worksheet 4.7.9.
- (2) 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.

WORKSHET 4.7.9 - ZONE FIRE SAFETY EQUIVALENCY EVALUATION

					YES	NO
Containment Safety (S ₁)	minus	Mandatory Containment (Sa)	≥ 0	S ₁ — S _a = C 14 — 2 = 12	✓	
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (Sb)	≥ 0	S ₂ — S _b = E 13 — 10 = 3	✓	
People Movement Safety (S ₃)	minus	Mandatory People Movement (Sc)	≥ 0	S ₃ — S _c = P 10 — 2 = 8	✓	
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	S ₄ — R = G 18 — 4 = 14	✓	

Step 9 — Evaluate other considerations not previously addressed using Worksheet 4.7.10.

Complete one copy of this separate worksheet for each facility.
For each consideration, select and mark the appropriate column.

WORKSHEET 4.7.10 FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

		Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.	✓		<input checked="" type="checkbox"/>
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.	✓		<input checked="" type="checkbox"/>
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	✓		<input checked="" type="checkbox"/>
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.	✓		<input checked="" type="checkbox"/>
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	✓		<input checked="" type="checkbox"/>
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 18.3.5.12 and 19.3.5.12.	✓		<input checked="" type="checkbox"/>
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.			✓

Step 10 — Determine the equivalency Conclusion to determine if the level of life safety is at least equivalent to that prescribed by the Life Safety Code using Worksheet 4.7.11.

WORKSHEET 4.7.11- CONCLUSIONS

1. All of the checks in Worksheet 4.7.9 are in the "Yes" column and all applicable considerations in Worksheet 4.7.10 are marked as "Met". The level of safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.
2. All of the checks in Worksheet 4.7.9 are in the "Yes" column and all considerations in Worksheet 4.7.10 marked as "Not Met" have been evaluated and mitigated to the satisfaction of the AHJ. The level of safety is at least equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.
3. One or more of the checks on Worksheet 4.7.9 are in the "No" column or any considerations in Worksheet 4.7.10 marked as "Not Met" have NOT been evaluated and mitigated to the satisfaction of the AHJ. The level of safety is not shown by this system to be equivalent to that prescribed by NFPA 101, *Life Safety Code*, for health care occupancies.

PROJECT NUMBER:	PROVIDER NAME	SURVEY DATE
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Administrator:	Phone Number:
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Email address:

State Fire Inspector:

These are preliminary findings only. A complete and final Statement of Deficiencies 2567 report will be provided by US Mail.

<input type="checkbox"/> At the time of this inspection, this facility was found to comply with the requirements of the 2012 Life Safety Code applicable to: <input type="checkbox"/> SNF/NF <input type="checkbox"/> Hospital <input type="checkbox"/> ICFMR <input type="checkbox"/> ASC Facilities participating in the Medicare/Medicaid programs.
<input type="checkbox"/> The following fire/life safety deficiencies were found during this inspection:

K TAG S & S	<input type="checkbox"/> Draft Summary of Deficiency(ies)	<input type="checkbox"/> Revisit	<input type="checkbox"/> Clearance
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