

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

ID: HBPB
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>7</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 01/07/2016 (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: X 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 B. Not in Compliance with Program <u> </u> 5. Life Safety Code <u> </u> 9. Beds/Room Requirements and/or Applied Waivers: * Code: A (L12)				
11. LTC PERIOD OF CERTIFICATION From (a): To (b):		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 Shawn Soucek, HPR SWS (L19)		Date : 02/27/2016	18. STATE SURVEY AGENCY APPROVAL <i>Mark Meath</i> Enforcement Specialist (L20)		Date: 02/29/2016
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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) (L31)		30. REMARKS DETERMINATION APPROVAL	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE 12/03/2015 (L33)			

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: HBPG

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 00960

C&T REMARKS - CMS 1539 FORM

STATE AGENCY REMARKS

CCN: 24 5266

On January 7, 2016, the Minnesota Department of Health completed a Post Certification Revisit (PCR) and on December 14, 2015 the Minnesota Department of Public Safety completed a PCR to verify that the facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on October 15, 2015 and an FMS completed on November 6, 2015. We presumed, based on your plan of correction, that the facility had corrected these deficiencies as of December 7, 2015. Based on our PCR, we have determined that the facility has corrected the deficiencies issued pursuant to our standard survey, completed on October 15, 2015 and FMS completed on November 6, 2015, effective December 7, 2015.

As a result of the revisit findings, this Department recommended to the Centers for Medicare and Medicaid Services (CMS) Region V Office the following actions related to the remedy outlined in the CMS letter of November 18, 2015. The CMS Region V Office concurs and has authorized this Department to notify the facility of these actions:

- Mandatory denial of payment for new Medicare and Medicaid admissions, effective January 15, 2016 be rescinded. (42 CFR 488.417(b)).

In addition, as CMS advised the facility in their letter of November 18 2015, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), the facility was prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from January 15, 2016, due to denial of payment for new admissions. Since the facility attained substantial compliance on December 7, 2015, the original triggering remedy, denial of payment for new admissions, did not go into effect, therefore, the NATCEP prohibition is rescinded.

Refer to the CMS 2567b forms (for health, LSC and FMS) for the results of the revisits.

Effective December 7, 2015, 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 29, 2016

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 7, 2015 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.

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.

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
Minnesota Department of Health
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
February 29, 2016

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

RE: Project Number S5266027, S5266028

Dear Mr. Brennan:

On November 3, 2015, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on October 15, 2015. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), whereby corrections were required.

On November 6, 2015, a surveyor representing the Region V Office of the Centers for Medicare and Medicaid Services (CMS), completed a Federal Monitoring Survey (FMS) of your facility. As the surveyor informed you during the exit conference, the FMS revealed that your facility continued to not be in substantial compliance. The most serious deficiencies at the time of the FMS were isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), whereby corrections were required.

On November 18, 2015, CMS forwarded the results of the FMS and notified you that your facility was not in substantial compliance with the Federal requirements for nursing homes participation in the Medicare and Medicaid programs and that they were imposing the following enforcement remedy:

- Mandatory denial of payment for new Medicare and Medicaid admissions, effective January 15, 2016 (42 CFR 488.417(b)).

Also, the CMS Region V Office notified you in their letter of November 18, 2015, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from January 15, 2016.

On January 7, 2016, the Minnesota Department of Health completed a Post Certification Revisit (PCR) and on December 14, 2015 the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued

Benedictine Health Center Of Minneapolis

February 29, 2016

Page 2

pursuant to a standard survey, completed on October 15, 2015 and an FMS completed on November 6, 2015. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of December 7, 2015. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on October 15, 2015 and FMS completed on November 6, 2015, effective December 7, 2015.

As a result of the revisit findings, this Department recommended to the Centers for Medicare and Medicaid Services (CMS) Region V Office the following actions related to the remedy outlined in the CMS letter of November 18, 2015. The CMS Region V Office concurs and has authorized this Department to notify you of these actions:

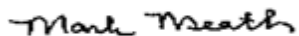
- Mandatory denial of payment for new Medicare and Medicaid admissions, effective January 15, 2016 be rescinded. (42 CFR 488.417(b)).

In addition, as CMS advised you in their letter of November 18, 2015, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility was prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from January 15, 2016, due to denial of payment for new admissions. Since your facility attained substantial compliance on December 7, 2015, the original triggering remedy, denial of payment for new admissions, did not go into effect, therefore, the NATCEP prohibition is rescinded.

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,



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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245266	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/7/2016	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 F0225	Correction	ID Prefix F0226	Correction	ID Prefix F0242	Correction
Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4)	Completed	Reg. # 483.13(c)	Completed	Reg. # 483.15(b)	Completed
LSC	11/24/2015	LSC	11/24/2015	LSC	11/24/2015
ID Prefix F0248	Correction	ID Prefix F0279	Correction	ID Prefix F0312	Correction
Reg. # 483.15(f)(1)	Completed	Reg. # 483.20(d), 483.20(k)(1)	Completed	Reg. # 483.25(a)(3)	Completed
LSC	11/24/2015	LSC	11/24/2015	LSC	11/24/2015
ID Prefix F0371	Correction	ID Prefix F0431	Correction	ID Prefix	Correction
Reg. # 483.35(i)	Completed	Reg. # 483.60(b), (d), (e)	Completed	Reg. #	Completed
LSC	11/24/2015	LSC	11/24/2015	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 02/29/2016	SIGNATURE OF SURVEYOR 30923	DATE 01/07/2016
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/15/2015

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245266	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/7/2016	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 F0241	Correction	ID Prefix F0246	Correction	ID Prefix F0278	Correction
Reg. # 483.15(a)	Completed	Reg. # 483.15(e)(1)	Completed	Reg. # 483.20(g) - (j)	Completed
LSC	12/07/2015	LSC	12/07/2015	LSC	12/07/2015
ID Prefix F0279	Correction	ID Prefix F0281	Correction	ID Prefix F0431	Correction
Reg. # 483.20(d), 483.20(k)(1)	Completed	Reg. # 483.20(k)(3)(i)	Completed	Reg. # 483.60(b), (d), (e)	Completed
LSC	12/07/2015	LSC	12/07/2015	LSC	12/07/2015
ID Prefix F0514	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.75(l)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/07/2015	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 02/29/2016	SIGNATURE OF SURVEYOR 30923	DATE 01/07/2016
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/6/2015		<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		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245266	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 12/14/2015
Y1	Y2	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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0012	11/02/2015	LSC K0050	10/30/2015	LSC K0062	10/26/2015
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) TL/mm	DATE 02/29/2016	SIGNATURE OF SURVEYOR 19251	DATE 12/14/2015
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/19/2015		<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		



Protecting, Maintaining and Improving the Health of Minnesotans

Electronically delivered
March 9, 2016

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

Re: Enclosed Reinspection Results - Project Number S5266027

Dear Mr. Brennan:

On January 7, 2016 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on October 15, 2015. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

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

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
Minnesota Department of Health
Email: mark.meath@state.mn.us

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 00960	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/7/2016
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 State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 20555	Correction	ID Prefix 20860	Correction	ID Prefix 21015	Correction
Reg. # MN Rule 4658.0405 Subp. 1	Completed	Reg. # MN Rule 4658.0520 Subp. 2 F.	Completed	Reg. # MN Rule 4658.0610 Subp. 7	Completed
LSC	11/24/2015	LSC	11/24/2015	LSC	11/24/2015
ID Prefix 21100	Correction	ID Prefix 21435	Correction	ID Prefix 21620	Correction
Reg. # MN Rule 4658.0650 Subp. 5	Completed	Reg. # MN Rule 4658.0900 Subp. 1	Completed	Reg. # MN Rule 4658.1345	Completed
LSC	11/24/2015	LSC	11/24/2015	LSC	11/24/2015
ID Prefix 21805	Correction	ID Prefix 21942	Correction	ID Prefix 21990	Correction
Reg. # MN St. Statute 144.651 Subd. 5	Completed	Reg. # MN St. Statute 144A.10 Subd. 8b	Completed	Reg. # MN St. Statute 626.557 Subd. 4	Completed
LSC	11/24/2015	LSC	11/24/2015	LSC	11/24/2015
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	02/29/2016	SIGNATURE OF SURVEYOR	30923	DATE	01/07/2016
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)		DATE		TITLE		DATE	

FOLLOWUP TO SURVEY COMPLETED ON 10/15/2015	<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: HBPB
Facility ID: 00960

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245266		3. NAME AND ADDRESS OF FACILITY (L3) BENEDICTINE HEALTH CENTER OF MINNEAPOLIS (L4) 618 EAST 17TH STREET (L5) MINNEAPOLIS, MN (L6) 55404				4. TYPE OF ACTION: <u>2</u> (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint	
2. STATE VENDOR OR MEDICAID NO. (L2) 196677400		5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)				FISCAL YEAR ENDING DATE: (L35) 06/30	
6. DATE OF SURVEY 10/15/2015 (L34)		7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) 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 Program Requirements Compliance Based On: <u> </u> 1. Acceptable POC <input checked="" type="checkbox"/> B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: B* (L12) And/Or Approved Waivers Of The Following Requirements: <u> </u> <u> </u> 2. Technical Personnel <u> </u> 6. Scope of Services Limit <u> </u> 3. 24 Hour RN <u> </u> 7. Medical Director <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) :		12. Total Facility Beds 95 (L18)		13. Total Certified Beds 95 (L17)		15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)	
14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF ICF IID 95 (L37) (L38) (L39) (L42) (L43)		16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):					
17. SURVEYOR SIGNATURE <u>Douglas Stevens, HFE NEIL</u>				Date : 11/13/2015 (L19)		18. STATE SURVEY AGENCY APPROVAL <u>Mark Meath</u> Enforcement Specialist	
				Date: 12/02/2015 (L20)			

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <u> </u> 1. Facility is Eligible to Participate <u> </u> 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)			
28. TERMINATION DATE:		29. INTERMEDIARY/CARRIER NO. 03001 (L28)		30. REMARKS (L31)	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)			
DETERMINATION APPROVAL					



Electronically delivered
November 3, 2015

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

RE: Project Number S5266027

Dear Mr. Brennan:

On October 15, 2015, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

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

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

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 November 24, 2015, the Department of Health will impose the following remedy:

- State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by November 24, 2015 the following remedy will be imposed:

- Per instance civil money penalties. (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 January 15, 2016 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by April 15, 2016 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

INFORMAL DISPUTE RESOLUTION

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

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

This request must be sent within the same ten days you have for submitting 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:

Tom Linhoff, Fire Safety Supervisor
Health Care Fire Inspections
Minnesota Department of Public Safety
State Fire Marshal Division
Email: tom.linhoff@state.mn.us

Phone: (651) 430-3012
Fax: (651) 215-0525

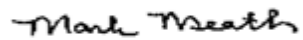
Benedictine Health Center Of Minneapolis

November 3, 2015

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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 style with a horizontal line underlining the first name.

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: 11/12/2015
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 10/15/2015
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 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).	F 225		11/24/15	

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

TITLE

(X6) DATE

Electronically Signed

11/11/2015

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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F 225	<p>Continued From page 1</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to immediately report an allegation of abuse to the designated State agency (SA) for 1 of 4 residents (R61) reviewed for abuse prohibition.</p> <p>Findings include:</p> <p>R61 reported to a surveyor on 10/12/15 at 4:19 p.m. that a trained medication aide, (TMA)-A had called her a "bitch" three to four months earlier. The surveyor informed a registered nurse (RN)-C of R61's allegation at 4:48 p.m. RN-C stated the administrator would be informed right away. At 7:36 p.m. the administrator confirmed he had received a report of R61's allegation of alleged verbal abuse.</p> <p>R61's Minimum Data Set, (MDS) dated 9/8/15, revealed the resident had schizophrenia (which may result in distorted reality), hallucinations,</p>	F 225	<p>F 225 It is the practice of Benedictine Health Center of Minneapolis to immediately report an allegation of abuse to the designated state agency. A. Resident R61's allegation was reported to the state agency on October 13, 2015. B. Review of expectation of immediate reporting with facility staff. C. Random audits for reporting timeframes by Social Service Director or designee. D. Audit results communicated to Quality Council for review. Date of compliance: November 24, 2015</p>		

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F 225	Continued From page 2 delusions (false beliefs not based in reality, etc.), however, was cognitively intact. R61 had not experienced any hallucinations or delusions during the seven-day assessment period. On 10/13/15 at 10:48 a.m. the social service director (LSW)-A social worker, and licensed social worker (LSW)-B, administrator, and RN-C reported LSW-A and RN-C had spoken with R61 the previous night. R61 had informed the staff TMA-A called her a "bitch" three to six months ago and kicked at her door. Although LSW-A, LSW-B, RN-C and the administrator confirmed the allegation would have constituted verbal abuse, R61's allegation was not immediately reported to the designated State agency (SA). The rationale for not reporting was due to "stories" consistent with R61's mental health diagnosis, the fact the allegation happened several months prior, and the time frames being somewhat different that was reported to the surveyor. The administrator stated the expectation was allegations of verbal abuse would be immediately reported to the SA, and an investigation would follow.	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.	F 226		11/24/15	

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F 226	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to implement their policy for immediate reporting allegations of abuse to the designated State agency (SA) for 1 of 4 residents (R61) reviewed for abuse prohibition. In addition, the facility failed to maintain evidence of reference checks for 2 of 5 newly employed staff (E1, E2). Findings include: The facility's 7/1/15, Abuse Prevention Plan for Nursing Homes directed staff as follows: "Minnesota: Contact MDH [Minnesota Department of Health] immediately upon receiving a report of possible abuse, neglect, and/or financial exploitation." R61 reported to a surveyor on 10/12/15 at 4:19 p.m. that a trained medication aide, (TMA)-A had called her a "bitch" three to four months earlier. The surveyor informed a registered nurse (RN)-C of R61's allegation at 4:48 p.m. RN-C stated the administrator would be informed right away. At 7:36 p.m. the administrator confirmed he had received a report of R61's allegation of alleged verbal abuse. R61's Minimum Data Set, (MDS) dated 9/8/15, revealed the resident had schizophrenia (which may result in distorted reality), hallucinations, delusions (false beliefs not based in reality, etc.), however, was cognitively intact. R61 had not experienced any hallucinations or delusions	F 226	F226 It is the practice of Benedictine Health Center of Minneapolis to maintain evidence of reference checks for newly employed staff. A. A reference check documentation form was created for use by the facility staff involved in the interview and hiring of new employees. B. Reviewed expectations related to documentation using reference check form with facility staff involved in interview and hiring process. C. Human Resource Director will audit new employee files for presence of completed reference check form. D. Audit results communicated to Quality Council for review. Date of compliance: November 24, 2015		

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F 226	<p>Continued From page 4 during the seven-day assessment period.</p> <p>On 10/13/15 at 10:48 a.m. the social service director (LSW)-A social worker, and licensed social worker (LSW)-B, administrator, and RN-C reported LSW-A and RN-C had spoken with R61 the previous night. R61 informed the staff TMA-A called her a "bitch" three to six months ago and kicked at her door. Although LSW-A, LSW-B, RN-C and the administrator confirmed the allegation would have constituted verbal abuse, R61's allegation was not immediately reported to the designated State agency (SA). The rationale for not reporting was due to "stories" consistent with R61's mental health diagnosis, the fact the allegation happened several months prior, and the time frames being somewhat different that was reported to the surveyor. The administrator stated the expectation was allegations of verbal abuse would be immediately reported to the SA, and an investigation would follow.</p> <p>Personnel files were reviewed on 10/15/15, at 8:00 a.m.</p> <p>1) Employee (E)1's hire date was 7/10/15, but the file lacked evidence reference checks had been performed prior to hire. E1's Application For Employment dated 6/7/15, revealed two names and telephone numbers under the personal reference section, however, there was no documentation to show either of the references provided had been contacted.</p> <p>2) E2's hire date was 7/6/15, and documentation in the employee's personnel file did not include reference checks. E2's Application For Employment dated 6/29/15, indicated the position listing was found in an advertisement publication</p>	F 226			

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F 226	Continued From page 5 on Craigslist. Personal references were not provided by the employee (the personal reference section was left blank). E2's application lacked documentation and/or any notation from the facility that references had been checked prior to hiring E2. On 10/15/15, at 8:20 a.m. the human resource staff (HR)-A explained he was responsible for checking the Application For Employment forms for nursing assistants who applied for jobs at the facility. HR-A verified he had not called E1's references listed on the employee's application form, not did he note anywhere on the form that references had been checked prior to hiring employees. On 10/26/15, at 8:36 a.m. the director of wellness therapeutic recreation (DOW) explained her normal process was to call the references and make a notation about the call in the sides of the margin on the Application For Employment. The DOW stated she remembered checking references for E2, however, there was no documentation as to who or when a reference check was completed, which was then verified by the DOW.	F 226			
F 242 SS=D	A policy related to reference checks was requested by the facility, but was not provided. 483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices	F 242		11/24/15	

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 10/15/2015
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F 242	<p>Continued From page 6</p> <p>about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to have and implement a system to identify resident preference for bathing frequency for 1 of 3 residents (R77) reviewed for choices.</p> <p>Findings include:</p> <p>R77 was interviewed on 10/14/15, at 7:57 a.m. She reported that at time of her admission she was experiencing a lot of pain and was receiving sponge baths, but over the past couple weeks she had been receiving baths weekly. R77 explained at home she preferred to bath every other day. R77 stated on a previous admission to the facility she received two baths a week which she was satisfied with, however, during her current stay at the facility she was not asked her preference for bathing. She said she would have preferred two baths weekly.</p> <p>In an interview with a licensed practical nurse (LPN)-C on 10/13/15, at 3:03 p.m., the nurse said a bath schedule was set up for the unit, and all residents whose names were highlighted on the list had baths twice a week. The schedule indicated R77 received a bath once weekly which LPN-C confirmed.</p> <p>R77's admission Minimum Data Set (MDS) dated 9/17/15, identified the resident as being cognitively intact and requiring extensive assistance with bed mobility, transferring, personal hygiene, and bathing. The care plan</p>	F 242	<p>F242</p> <p>It is the practice of Benedictine Health Center of Minneapolis to respect the resident's right to identify their bathing preferences.</p> <p>A. R77 discharged on 10/16/15. B. Resident choice as to bathing frequency will be ascertained by interview with the upcoming OBRA MDS 3.0 cycle for current residents. C. Identification of resident preference for bathing frequency will be included in the admission process. D. Random audit of medical record for presence of resident's bathing preferences directed by Director of Nursing or designee. Audit results communicated to Quality Council for review.</p> <p>Date of compliance: November 24, 2015</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 242	Continued From page 7 dated 9/28/15, directed staff to provide extensive assistance with bathing and encourage independence as able. In an interview with a registered nurse (RN)-C on 10/14/15, at 2:06 p.m. the nurse explained he developed the bath schedule for the unit. It was further explained residents were interviewed regarding their preferences related to day or evening and the preferred time. Residents were not asked, however, how frequently they preferred a bath. RN-C further stated if resident requested or needed more than one bath a week, the facility would be able to accommodate the request. A related policy was requested but was not provided.	F 242			
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to provide an activity program based on an individualize comprehensive assessment for 3 of 3 residents (R52, R7, R16) reviewed for activities. Findings include:	F 248	F248 It is the practice of Benedictine Health Center of Minneapolis to provide an activity program based on a resident's individualized comprehensive assessment. A. The care plans for R52, R7 and R16 have been reviewed and revised as	11/24/15	

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F 248	<p>Continued From page 8</p> <p>R52 was observed on 10/12/15, at 5:14 p.m. lying on her back in bed. She did not respond verbally or with eye contact when the surveyor attempted communication. A mobile was hanging from the ceiling and photos were on the wall. There was a television in the room as well as a CD player/radio which were both off. The following morning at 9:49 a.m. the resident was in the dayroom. Although the television was turned on, R52 was not watching the program. At 1:36 p.m. R52 was in bed and made eye contact with the surveyor. At 2:49 p.m. the resident's eyes were closed and no television or music was on in the room. At 3:20 p.m. there was a music activity in the dining room, however, R52 remained in bed.</p> <p>R52 was observed on 10/14/15, at 10:03 a.m. while assisted out of bed with a mechanical lift by two nursing assistants (NA)-B and NA-C. R52 opened and closed her eyes during cares. The television was on. NA-B and NA-C stated R52 usually kept her eyes closed, but sometimes made eye contact and smiled. R52 was wheeled out to the dayroom. R52 remained in the day room sitting in front of the television, with the television volume very low until 11:13 a.m. when she was assisted back to bed. At 1:45 p.m. the resident was in bed with no television or music was on in the room. At 3:22 p.m. the resident remained in bed with eyes closed. The room was dark, and the curtain pulled. No television or music was on in the room.</p> <p>R52 was identified as being in a persistent vegetative state and was fed via a feeding tube according to the face sheet in the medical record. The annual Minimum Data Set (MDS), dated 4/17/15, identified R52 as being cognitively impaired. Activities did not trigger for further</p>	F 248	<p>necessary.</p> <p>B. A comprehensive assessment of resident needs and activity preferences will be included in the upcoming OBRA MDS 3.0 cycle.</p> <p>C. Review of expectations related to implementation of residents individualized activity program with activities staff.</p> <p>D. Random audit of resident medical records for presence of an individualized activity assessment and plan to meet identified areas of interest. Administrator is responsible. Audit results communicated to Quality Council for review.</p> <p>Date of compliance: November 24, 2015</p>		

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F 248	<p>Continued From page 9 assessment on the corresponding Care Area Assessment.</p> <p>A 4/7/15, annual activity assessment progress note indicated "Resident is stable in her daily leisure in her room with passive participation in TV/radio. She needs assistance to attend activities. TR [therapeutic recreation] staff provides 1/1 visits for stimulation and socialization to current events, religious service, special events." A quarterly activity note dated 10/5/15, indicated "Resident continue to be unresponsive to Q/A [questions and answers] and is bed bound. We offer sensory in her room, touch and hand massage for comfort measures given." The resident's personal history, interests, and adaptive needs was completed on 8/24/09.</p> <p>A social services note dated 10/13/15, indicated "Resident is in a persistent vegetative state, unable to complete BIMS [cognition test], and displays no behaviors. Resident has co-guardians for all decision making...Resident has all psychosocial needs met through staff and family interactions. Resident's greatest support is resident's co-guardians/mother and sister. Resident is unable to display mood indicators."</p> <p>Activity attendance records revealed each month R52's activities included news/coffee, church, and 1:1 visits. (Additional activities are noted in parenthesis).</p> <p>1) 4/15, 12 activities 2) 5/15, 23 activities (wellness, birthday party/social) 4) 6/15, 9 activities (visitor) 3) 7/15, 12 activities (board game, zumba) 5) 8/15, 15 activities (sensory stimulation)</p>	F 248			

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F 248	<p>Continued From page 10</p> <p>6) 9/15, 12 activities (education/discussion, beauty)</p> <p>Documentation did not include any details of the sensory stimulation or 1:1 visit, or R16's response to the activities provided.</p> <p>The care plan dated 4/10/13, indicated R52 was in a persistent vegetative state. Although the resident was dependent on staff to provide activities, the goal read, "Will include the resident in groups as often as possible for sensory stimulation such as music, massage, etc." The goal did not specify what type of response was expected from the resident when activity was provided. Approaches directed staff to ensure resident attended various stimulating sensory activities, escort to groups, visit for sensory stimulation (i.e. music, reading, hand massage, aromatherapy, etc.).</p> <p>On 10/14/15, at 2:26 p.m. the therapeutic wellness director (TWD) was interviewed and explained R52 attend resident attended church services on the weekend, attended morning news/coffee 2-3 times a week, music and television on when she was in her room. Staff checked on the resident to ensure she was comfortable and provided touch as needed. The following day at 11:40 a.m. the TWD reported staff provided cultural language visits but those visits were "probably not documented."</p> <p>R7 was observed on 10/12/15, at 3:03. p.m. lying on his back in his bed staring up at the ceiling, when surveyor entered his room R7 did not turn to look nor did he attempt to speak. Throughout the rest of the evening R7 was observed multiple</p>	F 248			

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F 248	<p>Continued From page 11</p> <p>times and continued in the same position and activities were not observed provided that day.</p> <p>R7 was observed on 10/13/15, at 3:25 p.m. lying in bed while having care provided by NA-D. R7 was very restless, thrashing around his bed, pulling his arms toward his chest and hitting his arms together as in frustration. When cares were completed R7 calmed and no longer was restless. NA-D explained R7 liked music and was out on the unit during activities until he would be returned to his room for to be tube fed and would be assisted back to bed. .</p> <p>Later that day R7 was in his wheelchair in the community area. R7 was relaxed and sat still as he watched each person who passed and looked up at the ceiling.</p> <p>R7 was observed on 10/14/15, at 9:33 a.m. lying in bed looking towards the window from across the room. The television was off. Later that day at 10:18 a.m. R7 was in the same position, and LPN-D explained that staff would get R7 up after breakfast and take him to the community area where he could hear and see other staff, residents and visitors in the area. LPN-D stated R7 was taken outside for fresh air when it was nice outside, and he enjoyed watching baseball on television in his room. At 1:30 p.m. R7 was in his room and an exercise activity took place with six residents in attendance. LPN-D explained R7 was brought back to his room from the community area because he "had been up long enough--one to two hours." When asked why he was brought to his room during the activity LPN-S stated, "There is not a reason why--we just did it."</p> <p>R7's quarterly Minimum Data Set, dated 9/14/15, identified the resident as having severe cognitive</p>	F 248			

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F 248	<p>Continued From page 12</p> <p>impairment and was totally dependent on staff for cares. The Activities Care Area Assessment did not trigger for further assessment.</p> <p>R7's care plan dated 12/17/12, indicated a memory impairment and inability to communicate, with dependence on staff to provide all needs and cares. The care plan dated 6/13/15, for activities indicated R7 appeared to enjoy watching people and activity in his environment. The goal was to be assisted to "sensory stimulation groups i.e. music, reading, outdoors," but did not reflect an expected response from the resident. Approaches included providing entertainment, sensory activities, pictures, reading aloud and music groups.</p> <p>During an interview on 10/14/15, at 9:22 a.m. with the TWD explained she greet R7 every day when he is in his room or in the hallway, "I like to make 1:1 contact, stimulation is on his care plan." When asked if saying "hi" to R7 was considered stimulation, TWD replied "Yes." The TWD also said staff did 1:1 visits on Saturday, Sunday, Tuesday and Thursdays and she was able to track the number of 1:1 visits provided. The TWD explained that the number under the activity for R7 indicated the number of times he received that particular activity for the month.</p> <p>R7's Resident Attendance activity sheet and the activity schedule calendar was review from for 7/15 to 9/15, and indicated the following: Per R7's care plan he was to be taken to sensory stimulation groups i.e. music, reading and outdoors.</p> <p>1) For 7/15, R7 attended news/coffee twice, board games once, chair zumba five times and</p>	F 248			

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F 248	<p>Continued From page 13 outing once</p> <p>2) For 8/15, R7 attended news/coffee twice, wellness once, church six times and walks/outdoor activities once. Although R7's preferred activities were offered 41 times during the month, R7 attended only attended 10 of the preferred activities (if church was counted as reading/music).</p> <p>3) For 9/15, R7 attended church four times and 1:1 visits once. Preferred activities were offered 39 times, however only attended five times (if church was counted as reading/music)..</p> <p>When asked for additional months of activity attendance the TWD reported the system was very complicated to used and no further documentation was provided. The TWD stated she completed the Activity Assessment Observation for each resident, but was unable to produce R7's completed Activity Assessment Observation form.</p> <p>R7'S resident progress notes date 9/14/15, indicated "Resident continues to be stable in activity engagement. He appears to enjoy social interact from staff, we anticipates his needs in captivities, escort him to musicals, spiritual, and social groups and events and will continue to engage him as tolerated."</p> <p>R16 was observed several times during the afternoon and evening of 10/12/15. The resident was not seen out of bed, nor were any recreational therapy staff seen in her room. She was further observed multiple times again on 10/13/15, and was in bed during all morning and afternoon observations.</p>	F 248			

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F 248	<p>Continued From page 14</p> <p>R16 was observed in bed on 10/13/15, at 2:36 p.m. lying on her side. She was wearing glasses and the television was on with low volume, and the resident's eyes were closed. The only personalized items in the room were two pictures, and a few magazines including religious magazines. The room was otherwise largely filled with medical equipment including a powered air mattress and pump at the end of the bed, steel side rails on each side of the head end of the bed, a large oxygen tank, ventilator, wheelchair, IV pole and two rolling steel tables with medical supplies.</p> <p>Observations were then made of on 10/14/15, with similar results. Though she was seen in different positions in the bed, the only activities that could be viewed as providing any stimulation were technical cares, including having the head of her bed up and being assisted to eat a meal, and receiving medical care.</p> <p>R16's admission MDS revealed the resident was cognitively impaired and was totally dependent on staff for care.</p> <p>During an interview on 10/14/15, at 8:41 a.m. NA-E explained R16 could not communicate well, but sometimes liked to hold hands. She said the resident's schedule was to be up one to two hours, and then lie down for two hours, adding R16 was to be "up twice this shift...She will get up about 10:00 this morning. When she's up she sits and watches TV."</p> <p>Later, at 11:38 a.m. the resident was observed on her back in with the head and foot of the bed raised, sleeping. When asked if R16 had been</p>	F 248		

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F 248	<p>Continued From page 15</p> <p>out of bed yet that morning, a licensed practical nurse (LPN)-E, replied, "She hasn't been up in the chair yet." At 2:25 p.m. R16 was up in the wheelchair. The television was on and her eyes were closed.</p> <p>The recreation department wellness coach (WC)-A was interviewed on 10/14/15, at 1:53 p.m. and stated, "We try to make contact with every person in the facility daily. With the folks who are not independent we will go in and greet and say 'good morning.'"</p> <p>On 10/14/15, at 2:09 p.m. the TWD indicated recreation staff last saw R16 on 10/9/15. "What do they do with [R16] is 1:1 visits, socialization, stimulation, conversation." Recreation staff duties included making sure residents were comfortable, giving attention, touch, conversation, music on TV or radio, TV, and movies were available daily for all residents in-house. About R16 she said, "Because of her fragility we don't move her too much. We might read to her--bring a book into the room."</p> <p>A progress note by TWD dated 9/1/15, revealed R16 needed social interaction and stimulation. "We will visit and provide sensory stimulation, i.e. massage, read to her, provide in room materials/radio." The note was consistent with the care plan also dated 9/1/15. A pastoral care note dated 10/15/15, indicated an introductory visit.</p> <p>The current NA worksheet directed the NAs to cut R16's nails, but did not direct them to provide any social interaction while providing cares.</p> <p>An undated Activity Assessment indicated R16's interests included cooking, concert and religious</p>	F 248			

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F 248	Continued From page 16 music, regular print books, spiritual/ religious TV, social visits, pet visits. Under Needs Encouragement was 1:1 visits, pacer, passive. Health conditions were noted, as well as "bed bound." Activity attendance records revealed for 8/15, 1:1 visits five times, walks/outdoor activities once, movies/TV "0." For 9/15, 1:1 visits twice and visitors 11 times, movies/TV "0" There were multiple other possible including sensory stimulation, massage, and reading, but no entries were made for either month. During an interview on 10/15/15, at 11:14 a.m. the TWD explained R16 had been bed bound. She said the resident was admitted in August, "so not much there" and in September "She had a lot of visitors so we didn't have so many opportunities." The facility's 3/07, Therapeutic Recreation policy indicated, "There is an ongoing resident-centered program of activities designed to meet resident's needs, interests and assist in attaining/maintain the highest level of physical, mental, and psychosocial well being."	F 248			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive	F 279		11/24/15	

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F 279	<p>Continued From page 17 assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to develop a comprehensive care plan for behaviors for 1 of 5 residents (R68) reviewed for unnecessary medication use.</p> <p>Findings include:</p> <p>R68 had physician orders for Risperdal (antipsychotic medication) 0.5 mg daily and Depakote (mood stabilizer medication) 125 mg daily for dementia with psychosis, however, non-pharmacological interventions were not identified on the resident's care plan. R68's had diagnoses including dementia with Lewy Bodies.</p> <p>R68's treatment administration record (TAR) indicated the frequency for the following behaviors was being monitored daily; resident "clenches," shook her fists and vocalized "ayayaya" loudly, picked, rubbed her nose, chin, cheeks and eyes repeatedly, kicked and stuck staff, repeated, "what do I do," and was restless and wandered in her wheelchair.</p>	F 279	<p>F279 It is the practice of Benedictine Health Center of Minneapolis to develop a comprehensive plan of care that includes resident specific behaviors and interventions. A. Plan of care for R68 has been reviewed and revised. B. Care plans will be reviewed and revised as needed with upcoming OBRA MDS 3.0 cycle. C. Staff education related to use of non-pharmacological interventions prior to and/or in conjunction with medications. D. Random audit of care plans by Director of Nursing or designee for presence of specific non pharmacological interventions and behaviors. Audit results communicated to Quality Council for review. Date of compliance: November 24, 2015</p>		

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F 279	Continued From page 18 Progress notes revealed the following non-pharmacological interventions were attempted when R68 was exhibiting behaviors, offered snacks/fluids/ nap, assisted with putting on ear phones to listen to music, sitting resident by window, applying lavender oil and assessing for pain. R68's care plan dated reviewed on 10/2/15, identified problem areas of calling out and isolating in room. Staff were directed to anticipate and meet all of resident's needs, if appropriate, make referral to in-house psychologist and monitor for cognition, mood and psychosocial changes. Also notify physician and family if charges were noted, however, the care plan did not identify the behaviors being monitored on the TAR, nor was direction provided to staff that included individualized non-pharmacological interventions .	F 279			
F 312 SS=D	A related policy was requested, but not provided. 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure nail care was provided for 1 of 1 resident (R14) reviewed for activities of daily living (ADLs) and who was	F 312	F312 It is the practice of Benedictine Health Center of Minneapolis to provide nail care based on residents dependency.	11/24/15	

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(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 312	<p>Continued From page 19 dependent on staff for nail care.</p> <p>Findings include:</p> <p>R14 reported in an interview on 10/12/15, at 6:01 p.m. that his toenails were getting long and needed trimming. He stated his bath days were Wednesdays, and he had not had his toenails cut "in a long time." R14 stated "my nails are long and thick so I usually go downstairs" to the podiatrist.</p> <p>R14's care plan dated 12/15, indicted R14 required increased care needs and had a self-care deficit with dressing/grooming related to immobility. R14's nursing assistant (NA) worksheet indicated the resident was to be showered Wednesday evenings, and directed staff to report any reddened or open areas to the licensed nurse.</p> <p>On 10/15/15, at 9:45 a.m. a registered nurse (RN)-E verified R14's toenails were long and should have been trimmed. RN-E explained she would have expected the NAs to perform nail care on bath days, or to let a nurse know if nail care was needed for any resident. RN-E stated the facility did not utilize a form to indicate when nails had been trimmed, but it should have been performed as needed on bath days. RN-E stated, "Obviously his nails were not cut yesterday" (Wednesday) on R14's scheduled bath day.</p> <p>A licensed practical nurse (LPN)-B explained the bathing/showering process on 10/15/15 9:51 a.m. LPN-B stated the nurses were responsible for performing nail care, not the NAs.</p> <p>On 10/15/15 9:53 a.m. RN-A explained that nail</p>	F 312	<p>A. Nail care was completed for R14 on 10/16/15 by podiatry service. 22</p> <p>B. Review of expectations related to nail care with nursing staff.</p> <p>C. Random audit of grooming specific to nail care directed by Director of Nursing or designee.</p> <p>D. Audit results communicated to Quality Council for review.</p> <p>Date of compliance: November 24, 2015</p>		

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F 312	Continued From page 20 care was to be completed by the NAs, and she was only responsible for cutting resident's nails who had diabetes, If NAs were unable to trim a resident's toenails, they were to inform the nurse. NA-A reported on 10/15/15, at 10:18 a.m. he had assisted R14 with cares that morning, which had included cleaning the resident, as well as dressing and grooming. NA-A stated he noticed R14's toenails were long when he assisted the resident with his socks. NA-A explained that on bath days nail care was provided for residents, and he informed the nurses when he performed nail care for a resident. Also, some residents were seen by the podiatrist. NA-A verified nail care was not documented in a resident's medical record. R14's Shower Day Skin Exam sheets dated 7/8/15 through 9/30/15 for every Wednesday, revealed the resident's skins was intact, but did not include information showing nail care was provided. R14's last On-Site Podiatry note dated 10/30/14, indicated, "...offending nail margins of all 10 digits were mechanically and electrically debrided to the level of normal underlying nail bed with good relief of symptoms...To be seen again in 10 weeks." The facility's 12/02 Fingernails--Cleaning and Trimming policy directed staff to provide nail care as necessary to the residents, however, the policy did not also include a procedure for toenail trimming.	F 312			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must -	F 371		11/24/15	

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F 371	<p>Continued From page 21</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure water and ice machines were maintained in a clean sanitary condition and unit refrigerators and freezers temperatures were maintained at proper temperatures. This had the potential to impact all residents in the facility who may have consumed food and fluids from those sources. In addition, the facility failed to dispose of expired nutritional supplements for 1 of 1 resident (R22) whose nutritional supplement had expired.</p> <p>Findings include:</p> <p>A tour of the main kitchen and units was completed on 10/12/15 at 12:00 a.m. with the dietary manager (DM).</p> <p>1) The ice and water machines on the 1st, 2nd, 3rd, and 4th floors all had brown, orange and white build-up on the grate below and in the ice and water spouts. The DM confirmed the presence of the substance, but was unsure what the substance was. The air filter on the ice and water machines on the 1st, 2nd, 3rd and 4th floors were also coated with dust, which was also confirmed by the DM. The DM explained</p>	F 371	<p>F371 Benedictine Health Center of Minneapolis has a maintenance agreement in place for the ice machines along with cleaning of the exterior by facility staff. Thermometers present in the refrigerators; documentation form for the purpose of logging temperatures present. Reviewed with staff the expectation of products, such as supplements, being removed and disposed of if not consumed after 72 hours. Audits of above by the Environmental Services Director; results presented to Quality Council for review. Date of compliance: November 24, 2015</p>	

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F 371	<p>Continued From page 22</p> <p>maintenance and housekeeping staff was responsible for cleaning and maintaining the ice and water machines.</p> <p>2) The 2nd floor thermometer in the refrigerator read 45 degrees Fahrenheit (F). A September log sheet for recording temperatures was on top of an October log sheet that was posted on the refrigerator/freezer. No temperatures had been recorded on the log. The 1st floor refrigerator and freezer lacked a thermometer, and contained juice, cream, applesauce and residents' food. The DM reported she did not know what the temperatures of the refrigerators and freezers had been in the past month, as they had not been recorded. The DM explained that the nursing staff was responsible for recording the temperatures, since they were in locked medication rooms. The 3rd floor refrigerator contained three supplements labeled with R22's name dated 9/18, 9/23 and 9/24/16. Although each carton had an expiration date of 9/16, instructions were included that read unfrozen product could be stored in the refrigerator no more than 14 days. The DM explained the dates marked on the cartons were dates the supplement was placed from the freezer to the unit refrigerator. Although the product should have been considered expired on 10/2/15, 10/7/15, and 10/8/15 based on the dates they were thawed, when asked if the supplements could still be served to R22, the DM said they could be served, as they did not expire until 9/16. A registered nurse (RN)-D who was present also pointed out the 9/16 expiration date and also informed the surveyor the supplements could still be served to R22. The DM reported nursing staff was responsible for supplements on the units.</p>	F 371			

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F 371	<p>Continued From page 23</p> <p>On 10/13/15 at 2:00 p.m. the environmental services director (ESD) explained the housekeeping staff was responsible for regularly cleaning the exterior of the ice machines. However, the ice machines were not cleaned routinely nor were the checked as part of preventive maintenance checks. The ESD explained the filters should have been cleaned twice monthly. A contract had just been signed by the ESD on 10/13/15, for a cleaning company to clean the interior of the ice machines every six months. In addition, new spouts and grates had also been professionally installed on 10/13/15.</p> <p>A procedure initiated 10/12/15, The Housekeeping Refrigerator Cleaning Flow Sheet directed staff "A product not consumed within 72 hours of placement is removed and disposed of...Each unit refrigerator is checked daily for: a. Temperature reading between 32 F to 40 F b. The need to dispose of items."</p> <p>The 11/15/13, Hoshizaki America, Inc. Cubelet Icemaker/Dispenser Models DCM-270BAH and DCM-270BAH-OS instruction manual directed the user as follows: "The appliance must be cleaned and sanitized at least twice a year. More frequent cleaning and sanitizing may be required in some conditions...Every 2 weeks Air Filter Inspect. Wash with warm water and neutral cleaner if dirty."</p> <p>A 1/12, Nutritional Supplement policy read, "Commercially prepared supplements will be stored and distributed per facility policy. All frozen commercially prepared supplements will be thawed under refrigeration and will be discarded within 14 days of being pulled from the freezer."</p>	F 371			

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F 431 F 431 SS=D	Continued From page 24 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 431 F 431		11/24/15	

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F 431	<p>Continued From page 25</p> <p>Based on observation, interview and document review, the facility failed to ensure expired medications were not stored for use in 2 of 3 medication rooms, potentially affecting 2 of 2 residents (R54, R22) whose medications had expired.</p> <p>Findings include:</p> <p>R54's open bottle of latanoprost .005% eye drop medication was stored for use on the 400 unit on 10/14/15, at 10:36 a.m. The bottle, however, had an opened date of 8/1/15, or 75 days prior. A sticker on the bottle directed the user to discard the medication 45 days after opening. An additional bottle of latanoprost .005% eye drops also for R54 was stored in the refrigerator. The second bottle was dated R54 with an opened date of 9/18/15, stored with the bottle open on 8/1/15.</p> <p>A licensed practical nurse (LPN)-A verified on 10/14/15, at 10:52 a.m. that the medication was expired and should not be used and proceeded to remove the bottle from the refrigerator. LPN-A verified R54 was currently receiving the medication every evening.</p> <p>R54's record indicated a physician order for latanoprost drops .005% one drop each eye at bedtime for glaucoma.</p> <p>The facility's medication storage system was reviewed on the 300 floor on 10/14/15, at 1:30 p.m. R22's opened, undated bottle of latanoprost .005% eye drop medication was stored for use. The refill date was 9/20/15.</p> <p>A registered nurse (RN)-B explained on 10/14/15,</p>	F 431	<p>F 431</p> <p>It is the practice of Benedictine Health Center of Minneapolis to remove and dispose of expired meds on a timely basis.</p> <p>A. The eye drops for R22 were dated with the date they had been dispensed, 9/20/15. R54 had new bottle dispensed.</p> <p>B. Medications rooms and carts were checked for presence of expired medications and for presence of date when opened.</p> <p>C. Reviewed with licensed nursing staff the expectations related to dating, removal and disposal of expired meds</p> <p>D. Random audit of medication carts and medication rooms for presence of expired or discontinued meds directed by Director of Nursing or designee. Audit results communicated to Quality Council for review.</p> <p>Date of compliance: November 24, 2015</p>		

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F 431	<p>Continued From page 26</p> <p>at 1:30 p.m. R22's eye medication should have been dated when opened. If the medication was not dated, staff were directed to then count the refill date as the opened date.</p> <p>Review of R54's record indicated a physician order for latanoprost drops .005% one drop each eye at bedtime for glaucoma.</p> <p>The facility's 1/27/15, Medication Storage in the Facility policy indicated "outdated, contaminated or deteriorated medication and those in containers that are cracked, soiled, unlabeled or without secure closures are immediately removed from stock, disposed of according to facility procedures for medication destruction and reorder from the pharmacy if a current order exist."</p> <p>According to the latanoprost manufacturer's instructions, the eye drop medication was to be stored in unopened bottles in the refrigerator, between 36 and 46 degrees F. "Do not freeze. Opened bottles may be stored at room temperature, up to 77 degrees Fahrenheit, for up to 6 weeks."</p>	F 431			

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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. At the time of this survey, Benedictine Health Center of Mpls 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 2000 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>Health Care Fire Inspections State Fire Marshal Division 445 Minnesota St., Suite 145 St Paul, MN 55101-5145, or</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/12/2015
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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 By email to: 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. This 5-story building was 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 79 at the time of the survey.	K 000		
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by:	K 012		11/2/15

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K 012	Continued From page 2 Based on observation and interview, this building does not meet the requirement for construction type and height. This deficient practice could affect all residents. Findings include: On facility tour between 1:00 PM and 4:30 PM on 10/19/2015, 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. The roof of the facility does not have a fire rating. 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 012	K012 Correction not needed. Benedictine Health Center of Minneapolis has achieved a passing FSES score.	
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 050		10/30/15

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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 050	Continued From page 3 This STANDARD is not met as evidenced by: Based on review of records and interview, it was determined that the facility failed to vary the times of the fire drills in accordance with NFPA 101 LSC (00) Section 19.7.1.2. This deficient practice could affect how staff react in the event of a fire. Improper reaction by staff would affect the safety of all 85 residents. Findings include: On facility tour between 1:00 PM and 4:30 PM on 10/19/2015, a review of the available fire drill reports in 2014 and 2015 revealed that the facility had conducted Day-Shift fire drills between the hours of 8:15 AM, 2:22 PM, 1:50 PM, 1:05 PM, and a Night-Shift fire drill between 5:30 AM, 5:00 AM, 2:30 AM, 6:00 AM not varying the times in accordance with Section 19.7.1.2. This deficient practice was confirmed by the Maintenance Director.	K 050	K050 Benedictine Health Center of Minneapolis will conduct unannounced fire drills at least quarterly on each shift. The Maintenance Director will vary the times of each fire drill on each shift by at least one and one-half hours to two hours. The Maintenance Director will be responsible for auditing this schedule and meeting the requirements of NFPA 101 LSC (00) Section 19.7.1.2.	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on documentation review and interview with staff, the facility has failed to properly inspect and maintain the automatic sprinkler system in accordance with NFPA 101 LSC (00) section 19.7.6, 4.6.12. This deficient practice does not	K 062	K062 Sprinkler heads in walk-in cooler and freezer replaced 10-26-15. Maintenance Director will monitor to insure that sprinkler	10/26/15

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

PRINTED: 11/13/2015
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 10/19/2015
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 062	Continued From page 4 ensure that the fire sprinkler system is functioning properly and is fully operational in the event of a fire and could negatively affect 40 residents. Findings include: During the facility tour between the hours of 1:00 PM and 4:30 PM on 10/19/2015, during documentation review with the Maintenance Supervisor , it was revealed through the sprinkler company report that the two cooler sprinkler heads were over ten years old and need replacing in accordance with NFPA 13(99) and NFPA 25(98).	K 062	heads are replaced in accordance with NFPA 13(99) and NFPA 25(98).		

Whitney, Marian (DPS)

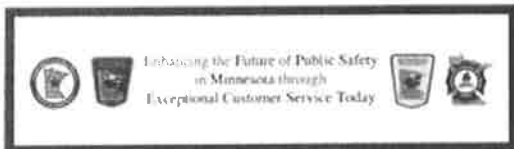
From: Linhoff, Tom (DPS)
Sent: Tuesday, November 17, 2015 3:36 PM
To: rochi_lsc@cms.hhs.gov; Dehler, Robert (MDH); Dietrich, Shellae (MDH); Henderson, Mary (MDH); Fiske-Downing, Kamala (MDH); Johnston, Kate (MDH); Leach, Colleen (MDH); Meath, Mark (MDH); Whitney, Marian (DPS)
Cc: Dave Brennan
Subject: Benedictine Health Center of MPLS (245266) 2015 FSES for K-012. Previously Approved - No Changes

This is to inform you that I am accepting the FSES report that was conducted on 11/02 & 06/2015, for Benedictine Health Center of MPLS regarding K-012.
The exit date of the survey was 10/19/2015.

Tom Linhoff
Fire Safety Supervisor

MN State Fire Marshal Division
445 Minnesota Street, Suite 145
St. Paul, MN 55101-5145
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REPORT OF CONSULTANT FSES FINDINGS

**Benedictine Health Center of Minneapolis
618 East 17th Street
Minneapolis, MN 55404**

Provider No. 245266

Date of Survey: November 02 & 06, 2015

Prepared by:
Robert L. Imholte, President
Fire Safety Resources, LLC
16768 County Road 160
Cold Spring, MN 56320
320-685-8559
RimholteFiresafe@aol.com

November 09, 2015

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

RE: FSES at Benedictine Health Center of Minneapolis

Dear Mr. Brennan:

Enclosed please find the survey information relating to the fire safety evaluation of Benedictine Health Center of Minneapolis, 618 East 17th Street in Minneapolis, MN conducted on 11/02/2015. This evaluation was conducted in accordance with the Fire Safety Evaluation System (FSES) specified in Chapter 4 of NFPA 101A(01), *Guide to Alternative Approaches to Life Safety*.

As you're aware, the FSES is a rating system designed to evaluate the level of fire/life safety in health care facilities and serves as a method to demonstrate alternative compliance with the 2000 edition of the *Life Safety Code*® (NFPA 101). An FSES was made necessary in this case because of a construction type and height (K012) deficiency cited during a state fire/life safety recertification survey conducted on 10/19/2015.

The following factors served as the basis for this evaluation:

- Because the building was constructed prior to 03/11/2003, Benedictine Health Center of Minneapolis was considered an existing building.
- Benedictine Health Center of Minneapolis is five stories in height and has a partial basement. For purposes of this FSES, the six occupied building levels were divided into sixteen (16) separate smoke zones.

Based on the conditions found during the 11/02/2015 FSES survey and as reported in a follow-up e-mail from you received at 1600 hours on 11/06/2015, all four parameters in Table 7 of the FSES worksheets, ZONE FIRE SAFETY EQUIVALENCY EVALUATION, in all sixteen (16) zones evaluated were found to have a score of zero or greater. *Fire Safety Resources* finds, therefore, that Benedictine Health Center of Minneapolis has achieved a passing FSES score.

Should you have any questions or need additional information, please don't hesitate to get back to me.

Wishing you a safe day!



Robert L. Imholte
President, *Fire Safety Resources, LLC*

Enclosures
RLI/rli

FIRE SAFETY EVALUATION

Name of Facility: Benedictine Health Center of Minneapolis
Address: 618 East 17th Street, Minneapolis, MN 55404
Phone: 612-879-2800
Licensed capacity: 95
Census at time of survey: 81

Evaluator: Robert L. Imholte, President, *Fire Safety Resources, LLC*

What follows is a report on the findings of a fire safety evaluation of the above-named facility that was conducted during an on-site visit to the facility between 0905 hours and 1615 hours on 11/02/2015. This evaluation was conducted in accordance with the Fire Safety Evaluation System (FSES) specified in Chapter 4 of NFPA 101A(01), *Guide to Alternative Approaches to Life Safety*. Based on this evaluation, Benedictine Health Center of Minneapolis has achieved a passing score on the FSES.

In addition to the 11/02/2015 on-site visit, the findings outlined herein are based on:

- Information provided by Mr. Dave Brennan, Administrator; Mr. Dan Withrow, Maintenance Director; and Mr. Don Tharaldson, CSR Manager;
- A review of the Statement of Deficiencies (Form CMS-2567) from a fire/life safety recertification survey conducted on 10/19/2015; and
- A follow-up e-mail communication received from the facility administrator at 1600 hours on 11/06/2015 confirming that the building fire sprinkler system gauges have been replaced.

Initial Comments:

Benedictine Health Center of Minneapolis is a full four stories in height and has a partial basement (located under the North and West Wings) and a partial fifth floor (located above the North Wing). For purposes of this survey, Benedictine Health Center of Minneapolis was considered a five-story building with a partial basement.

The building was constructed in 1969. Because the building was constructed prior to 03/11/2003, the facility is considered an existing building for federal certification purposes and was, therefore, treated as such for assigning values on the FSES worksheets.

The building was determined to be constructed of masonry exterior bearing walls, concrete slab floors and a steel roof deck. The steel roof deck was found to be protected on the underside by gypsum wallboard and supported by steel bar joists and I-beams. The concrete floor slabs sit on corrugated metal decking supported by steel bar joists and I-beams. The roof/ceiling and floor/ceiling assemblies were found to be protected by a suspended-grid acoustical tile ceiling. Because no documentation could be provided certifying that the acoustical tile ceiling assembly carries a fire resistance rating of one hour or better, the building was assigned a Type II(000) construction type in accordance with NFPA 220(99), Sec. 3-2 and Table 3-1.

The facility has an addressable fire alarm system with automatic smoke detection in the corridors and spaces open to the corridors. Based on observation, interview and documentation review, it was determined that the building fire alarm system underwent an upgrade in May, 2013. It was found that the main fire alarm control panel, the remote annunciator panel located at the nurse station in the 1st Floor lobby, and the system's initiating devices (i.e. smoke detectors, heat detectors and manual pull stations) were replaced with new equipment and devices.

The facility is protected throughout by a supervised, wet-pipe automatic fire sprinkler system consisting of quick-response sprinklers.

Surveyor Note #1: A review of the Statement of Deficiencies from the 10/19/2015 fire/life safety recertification survey revealed that a K062 deficiency was issued because a review of documentation of the most recent annual check of the building fire sprinkler system revealed a notation that the fire sprinkler heads in the walk-in coolers are over 10 years old and need to be replaced. Based on documentation review and interview of the maintenance director conducted at the time of the 11/02/2015 on-site visit, it was determined that the sprinkler heads in question were replaced by Summit Fire Protection on 10/26/2015.

Surveyor Note #2: Based on observation and interview of the maintenance director at the time of the 11/02/2015 on-site visit, it was determined that the sprinkler system gauges were replaced on 04/09/2010, but have not been recalibrated or replaced within the past 5 years as required by NFPA 25(98), Sec. 2-3.2. In a follow-up e-mail communication received from the facility administrator at 1600 hours on 11/06/2015, it was confirmed that the sprinkler system gauges were replaced by Summit Fire Protection on 11/06/2015. A copy of the sprinkler contractor's invoice was included with the e-mail to serve as verification that the gauges were replaced. The findings in this report, therefore, reflect that the building's fire sprinkler system is in conformance with the requirements of NFPA 25(98), Sec. 2-3.2 and is now being inspected, tested and maintained in accordance with NFPA 25.

For purposes of this FSES, the various building levels were divided into sixteen (16) separate smoke zones as follows:

Zone 1 – Basement	Zone 7 – Second Floor Center	Zone 12 – Fourth Floor North
Zone 2 – First Floor North/West	Zone 8 – Third Floor North	Zone 13 – Fourth Floor East
Zone 3 – First Floor East	Zone 9 – Third Floor East	Zone 14 – Fourth Floor West
Zone 4 – Second Floor North	Zone 10 – Third Floor West	Zone 15 – Fourth Floor Center
Zone 5 – Second Floor East	Zone 11 – Third Floor Center	Zone 16 – Fifth Floor
Zone 6 – Second Floor West		

This report is intended to serve as an explanation of the scores entered on Tables 1, 4 and 8 of the FSES worksheets (i.e. Forms CMS-2786T) for the facility as it was found during the on-site visit on 11/02/2015 and as reported by the facility administrator in an e-mail communication received on 11/06/2015. The score assigned to each item is noted in brackets ([]). It must be noted that numbers were rounded to the nearest tenth of a point and that measurements of over one-half inch were rounded to the nearest inch. To ensure that the FSES addresses the "worst-case scenario", the product of the multiplication in Table 3B (i.e. value of "R") was rounded up to the nearest whole number. Code references are provided where appropriate. Codes referenced include the 2001 edition of NFPA 101A and the 2000 edition of the *Life Safety Code* (NFPA 101).

With the exception of Table 8, which applies to all zones, this narrative will address each of the sixteen (16) zones separately. As permitted by NFPA 101A(01), Sec. 4.3.2, however, because conditions are the same in Zones 5 and 6 (Second Floor), one worksheet will be used for those zones. The same will be the case for Zones 9 and 10 (Third Floor) and Zones 13 and 14 (Fourth Floor).

All Zones – TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

In accordance with NFPA 101A(01), Sec. 4.7, Step 8, only one copy of this table is required to be filled out for the building. For convenience, however, this table was filled out on the worksheets for all zones evaluated. All items in Table 8 could be checked 'Met' with the exception of Item L, which was checked 'Not Applicable'. Because Benedictine Health Center of Minneapolis does not meet the definition of a high rise, Item L does not apply in this case. The remaining items were identified as 'Met' based on the following:

- Building utilities and heating and air conditioning systems appeared to be in conformance with NFPA 101(00), Sections 9.1 and 9.2.
- The facility can serve up to thirteen (13) residents on life support (i.e. ventilators). Because the facility's 150 KW emergency generator was installed in 2004, it was treated as "new" for purposes of this survey. The facility has provided a letter from an electrical engineer (dated 11/16/2009) certifying that the electrical system serving the residents on life support "...complies with the required NFPA and NEC codes for this type of healthcare system".
- No incinerators or space heaters were found.
- The facility's evacuation plan and fire drill records were reviewed and appeared to be in order.
Surveyor Note: A review of the Statement of Deficiencies from the 10/19/2015 fire/life safety recertification survey revealed that a K050 deficiency was issued because the facility failed to sufficiently vary the times that fire drills were conducted on the day and night shifts. In order to ensure that fire drills are properly staggered, the facility has developed a Plan of Correction stating that the Maintenance Director will vary the times of each fire drill on each shift by at least 1½ to 2 hours.
- The facility's smoking regulations were reviewed and appeared to be in order (Benedictine Health Center of Minneapolis is a smoke-free facility).
- Documentation review showed all draperies, cubicle curtains, upholstered furniture, mattresses and decorations to be in accordance with NFPA 101(00), Sec. 19.7.5.
- Portable fire extinguishers, EXIT signage and emergency lighting appeared to be provided and maintained in accordance with applicable requirements.

Zone 1 – Basement Level:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: While there are no sleeping rooms in this zone, it was reported that some residents in the zone may need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.0]: This level is used primarily for staff services, utilities and facility storage, but the area to the south and west of the elevators, which houses the beauty shop and PT/OT spaces, is used on a regular basis during the day by facility residents. It was reported that there are a maximum of three (3) residents in this zone at any one time.
3. Zone Location (*L*) [Value assigned = 1.6]: This zone is located below grade level.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.0]: It was reported that there is at least one (1) staff person for each resident present in this zone.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents using this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -2]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: -3]:
Wood paneling was found on the walls in Storage Room 002, Health Information 004, Personal Laundry 006 and Storage Room 009. No documentation was available proving that this paneling had a flame spread rating of better than Class C.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs, but terminate at the acoustical tile ceiling. For this reason, NFPA 101A(01), Sec. 4.6.4.2 requires that they be graded as "$\frac{1}{2}$ hour".
5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be of 1 $\frac{3}{4}$ -inch-thick solid wood construction. For purposes of this FSES, the North Wing, which houses staff offices, miscellaneous storage and the staff break room, was treated as a suite in accordance with NFPA 101(00), Sec. 19.2.5. The suite is approximately 3,450 ft² in size and is separated from the corridor by a 90-minute fire-rated door assembly.
6. Zone Dimensions [Score: 0]:
This score was assigned per Footnote c to this Table. This zone measures approximately 180 feet in length, but it was reported that there are not more than three (3) residents in this zone at any one time.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote e to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
This score was assigned per Footnote c to this Table. It was reported that there are not more than three (3) residents in this zone at any one time.
10. Emergency Movement Routes [Score: -2]:
It was observed that wheelchairs, linen carts and beds were being stored in the egress corridor serving the facility laundry, beauty shop and PT/OT spaces. The storage was found to reduce the 95-inch clear width corridor to a clear width of approximately 51 inches.
11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station Alarm Corporation.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote g to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 2 – First Floor North/West:

TABLE 1. OCCUPANY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that some residents in this zone may need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.5]: There is bed capacity for up to 10 residents in this zone. The zone also contains a day room/main lobby and the facility's chapel and canteen and business office suite, to which all the facility's residents have customary access. It was reported that not more than 15 residents use the chapel at any one time.
3. Zone Location (*L*) [Value assigned = 1.1]: This zone is less than one-half floor height above grade.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.5]: It was reported that there are two (2) staff persons on duty on the night shift.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents housed in this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: 0]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: -3]:
Wood paneling was found on the walls throughout the business office suite. No documentation was available proving that this paneling had a flame spread rating of better than Class C.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs, but terminate at the acoustical tile ceiling. For this reason, NFPA 101A(01), Sec. 4.6.4.2 requires that they be graded as "$\frac{1}{2}$ hour".
5. Doors to Corridor [Score: 0]:
Most of the corridor doors in this zone were found to be of 1¼-inch-thick solid wood construction. For purposes of this FSES, the North Wing, which houses the facility's business offices (e.g. administrator, director of nursing, etc.), was treated as a suite in accordance with NFPA 101(00), Sec. 19.2.5. The suite is approximately 3,450 ft² in size and is separated from the corridor by a metal door with a 22½" x 46" vision panel in it.
6. Zone Dimensions [Score: 0]:
This score was assigned per Footnote *c* to this Table. This zone measures approximately 210 feet in length, but it was reported that there are fewer than thirty-one (31) residents in this zone at any one time. Travel distance from any point in this zone to a smoke barrier is less than 200 feet, as specified in NFPA 101(00), Sec. 19.3.7.1.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
A smoke barrier serves this zone.

10. Emergency Movement Routes [Score: -2]:

It was observed that the releasing mechanisms (i.e. push buttons) for the magnetic locks on the exit doors were mounted approximately 75 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.

11. Manual Fire Alarm [Score: +2]:

Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.

12. Smoke Detection and Alarm [Score: +3]:

This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.

13. Automatic Sprinklers [Score: +10]:

The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 3 – First Floor East:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: This score was assigned to ensure that the FSES addresses the “worst-case scenario”. It was reported that one (1) resident housed in this zone may need assistance with evacuation, but all other residents housed in the zone are capable of removing themselves from danger exclusively by their own efforts, except that the rate of travel for some of the residents is slowed due to mobility impairments.
2. Patient Density (*D*) [Value assigned = 1.2]: There is bed capacity for up to six (6) residents in this zone.
3. Zone Location (*L*) [Value assigned = 1.1]: This zone is less than one-half floor height above grade.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.1]: It was reported that there are two (2) staff persons on duty on the night shift.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents housed in this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: 0]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs, but terminate at the acoustical tile ceiling. For this reason, NFPA 101A(01), Sec. 4.6.4.2 requires that they be graded as “$\frac{1}{2}$ hour”.
5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be of 1 $\frac{1}{4}$ -inch-thick solid wood construction.
6. Zone Dimensions [Score: +1]:
This zone measures approximately 55 feet in length.

7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
A smoke barrier serves this zone.
10. Emergency Movement Routes [Score: -2]:
It was observed that the releasing mechanisms (i.e. push buttons) for the magnetic locks on the exit doors were mounted approximately 75 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 4 – Second Floor North:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that some residents in this zone may need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.5]: There is bed capacity for up to 11 residents in this zone.
3. Zone Location (*L*) [Value assigned = 1.2]: This zone is one floor height above First Floor.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.1]: It was reported that there are five (5) staff persons on duty on the night shift.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents housed in this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -2]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs, but terminate at the acoustical tile ceiling. For this reason, NFPA 101A(01), Sec. 4.6.4.2 requires that they be graded as “$\frac{1}{2}$ hour”.

5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be of 1¾-inch-thick solid wood construction.
6. Zone Dimensions [Score: +1]:
This zone measures approximately 84 feet in length.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
A smoke barrier serves this zone.
10. Emergency Movement Routes [Score: -2]:
It was observed that the releasing mechanisms (i.e. keypads) for the magnetic locks on the exit stairway doors were mounted approximately 67 - 70 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 5 – Second Floor East/Zone 6 – Second Floor West:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that the facility's ventilator dependent residents are housed in these zones and need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.2]: There is bed capacity for up to seven (7) residents in the East Wing and up to six (6) residents in the West Wing.
3. Zone Location (*L*) [Value assigned = 1.2]: This zone is one floor height above First Floor.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.0]: It was reported that there are five (5) staff persons on duty on the night shift.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents housed in this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -2]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.

4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs, but terminate at the acoustical tile ceiling. For this reason, NFPA 101A(01), Sec. 4.6.4.2 requires that they be graded as "$\frac{1}{2}$ hour".
5. Doors to Corridor [Score: 0]:
Most of the corridor doors in this zone were found to be of 1¾-inch-thick solid wood construction; however, the doors into Storage 216A, Cleaning Supplies 220A and Storage 223A were found to be of hollow core wood construction.
6. Zone Dimensions [Score: +1]:
The East Wing measures approximately 57 feet in length, while the West Wing measures approximately 55 feet in length.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
Smoke barriers serve these zones.
10. Emergency Movement Routes [Score: -2]:
It was observed that the releasing mechanisms (i.e. keypads) for the magnetic locks on the exit stairway doors were mounted approximately 67 - 70 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 7 – Second Floor Center:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that some residents in this zone may need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.2]: This zone contains the day room/dining room space, which is available for use by all residents on Second Floor. It was reported that there are a maximum of 10 residents in this zone at any one time.
3. Zone Location (*L*) [Value assigned = 1.2]: This zone is one floor height above First Floor.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.0]: It was reported that there are five (5) staff persons on duty on the night shift.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents occupying this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -2]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs, but terminate at the acoustical tile ceiling. For this reason, NFPA 101A(01), Sec. 4.6.4.2 requires that they be graded as " $<1/2$ hour".
5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be of $1\frac{3}{4}$ -inch-thick solid wood construction.
6. Zone Dimensions [Score: +1]:
This zone measures approximately 60 feet in length.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
A smoke barrier serves this zone.
10. Emergency Movement Routes [Score: -2]:
It was observed that the releasing mechanisms (i.e. keypads) for the magnetic locks on the exit stairway doors were mounted approximately 67 - 70 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 8 – Third Floor North:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that some residents in this zone may need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.5]: There is bed capacity for up to 14 residents in this zone.
3. Zone Location (*L*) [Value assigned = 1.2]: This zone is two floor heights above First Floor.

4. Ratio of Patients to Attendants (7) [Value assigned = 1.2]: It was reported that there are three (3) staff persons on duty on the night shift.
5. Patient Average Age (A) [Value assigned = 1.2]: Residents housed in this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -7]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs, but terminate at the acoustical tile ceiling. For this reason, NFPA 101A(01), Sec. 4.6.4.2 requires that they be graded as "$\frac{1}{2}$ hour".
5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be of 1 $\frac{3}{4}$ -inch-thick solid wood construction.
6. Zone Dimensions [Score: +1]:
This zone measures approximately 84 feet in length.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
A smoke barrier serves this zone.
10. Emergency Movement Routes [Score: -2]:
It was observed that the releasing mechanisms (i.e. keypads) for the magnetic locks on the exit stairway doors were mounted approximately 67 - 70 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 9 – Third Floor East/Zone 10 – Third Floor West:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that some residents in these zones may need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.2]: There is bed capacity for up to six (6) residents in the East Wing and up to seven (7) residents in the West Wing.
3. Zone Location (*L*) [Value assigned = 1.2]: This zone is two floor heights above First Floor.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.1]: It was reported that there are three (3) staff persons on duty on the night shift.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents housed in this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -7]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs, but terminate at the acoustical tile ceiling. For this reason, NFPA 101A(01), Sec. 4.6.4.2 requires that they be graded as “<½ hour”.
5. Doors to Corridor [Score: 0]:
Most of the corridor doors in this zone were found to be of 1¾-inch-thick solid wood construction; however, the door into Storage 316A was found to be of hollow core wood construction.
6. Zone Dimensions [Score: +1]:
The East Wing measures approximately 57 feet in length, while the West Wing measures approximately 55 feet in length.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
Smoke barriers serve these zones.
10. Emergency Movement Routes [Score: -2]:
It was observed that the releasing mechanisms (i.e. keypads) for the magnetic locks on the exit stairway doors were mounted approximately 67 - 70 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.

12. Smoke Detection and Alarm [Score: +3]:

This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.

13. Automatic Sprinklers [Score: +10]:

The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 11 – Third Floor Center:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that some residents in this zone may need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.2]: This zone contains the day room/dining room space, which is available for use by all residents on Third Floor. It was reported that there are a maximum of 10 residents in this zone at any one time.
3. Zone Location (*L*) [Value assigned = 1.2]: This zone is two floor heights above First Floor.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.1]: It was reported that there are three (3) staff persons on duty on the night shift.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents occupying this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -7]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs, but terminate at the acoustical tile ceiling. For this reason, NFPA 101A(01), Sec. 4.6.4.2 requires that they be graded as “<½ hour”.
5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be of 1¼-inch-thick solid wood construction.
6. Zone Dimensions [Score: +1]:
This zone measures approximately 60 feet in length.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
A smoke barrier serves this zone.

10. Emergency Movement Routes [Score: -2]:

It was observed that the releasing mechanisms (i.e. keypads) for the magnetic locks on the exit stairway doors were mounted approximately 67 - 70 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.

11. Manual Fire Alarm [Score: +2]:

Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.

12. Smoke Detection and Alarm [Score: +3]:

This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.

13. Automatic Sprinklers [Score: +10]:

The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 12 – Fourth Floor North:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that some residents in this zone may need assistance with evacuation.
 2. Patient Density (*D*) [Value assigned = 1.5]: There is bed capacity for up to 14 residents in this zone.
 3. Zone Location (*L*) [Value assigned = 1.4]: This zone is three floor heights above First Floor.
 4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.2]: It was reported that there are three (3) staff persons on duty on the night shift.
 5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents housed in this zone average over 65 years of age.
-

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -9]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: +2]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs and extend to the underside of the floor construction above.
5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be of 1¾-Inch-thick solid wood construction.
6. Zone Dimensions [Score: +1]:
This zone measures approximately 84 feet in length.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.

8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
A smoke barrier serves this zone.
10. Emergency Movement Routes [Score: -2]:
It was observed that the releasing mechanisms (i.e. keypads) for the magnetic locks on the exit stairway doors were mounted approximately 70 - 78 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central, Inc.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 13 – Fourth Floor East/Zone 14 – Fourth Floor West:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that some residents in these zones may need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.2]: There is bed capacity for up to six (6) residents in the East Wing and up to eight (8) residents in the West Wing.
3. Zone Location (*L*) [Value assigned = 1.4]: This zone is three floor heights above First Floor.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.1]: It was reported that there are three (3) staff persons on duty on the night shift.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents housed in this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -9]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: +2]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs and extend to the underside of the roof deck above.
5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be of 1¾-inch-thick solid wood construction.

6. Zone Dimensions [Score: +1]:
The East Wing measures approximately 57 feet in length, while the West Wing measures approximately 55 feet in length.
 7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
 8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
 9. Smoke Control [Score: 0]:
Smoke barriers serve these zones.
 10. Emergency Movement Routes [Score: -2]:
It was observed that the releasing mechanisms (i.e. keypads) for the magnetic locks on the exit stairway doors were mounted approximately 70 - 78 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
 11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.
 12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
 13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.
-

Zone 15 – Fourth Floor Center:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that some residents in this zone may need assistance with evacuation.
2. Patient Density (*D*) [Value assigned = 1.2]: This zone contains the day room/dining room space, which is available for use by all residents on Fourth Floor. It was reported that there are a maximum of 10 residents in this zone at any one time.
3. Zone Location (*L*) [Value assigned = 1.4]: This zone is three floor heights above First Floor.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.1]: It was reported that there are three (3) staff persons on duty on the night shift.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents occupying this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -9]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.

3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
 4. Corridor Partitions/Walls [Score: +2]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs and extend to the underside of the roof deck above.
 5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be of 1¾-inch-thick solid wood construction.
 6. Zone Dimensions [Score: +1]:
This zone measures approximately 60 feet in length.
 7. Vertical Openings [Score: 0]:
This score was assigned per Footnote *e* to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
 8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
 9. Smoke Control [Score: 0]:
A smoke barrier serves this zone.
 10. Emergency Movement Routes [Score: -2]:
It was observed that the releasing mechanisms (i.e. keypads) for the magnetic locks on the exit stairway doors were mounted approximately 70 - 78 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
 11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.
 12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote *g* to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
 13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.
-

Zone 16 – Fifth Floor:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 3.2]: It was reported that all residents using the dining room must be capable of getting to and from the 5th Floor without staff assistance. Based on staff interview, it was learned that some of these residents may be wheelchair bound and may need assistance with evacuation because evacuation from this level involves the use of stairs.
2. Patient Density (*D*) [Value assigned = 1.5]: This level houses the facility's dining room and kitchen. It was reported that there are a maximum of 20 residents in this zone at any one time.
3. Zone Location (*L*) [Value assigned = 1.4]: This zone is four floor heights above First Floor.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 1.1]: It was reported that there is one (1) staff person for each three (3) to five (5) residents present in this zone.
5. Patient Average Age (*A*) [Value assigned = 1.2]: Residents using this zone average over 65 years of age.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -9]:
The building was assigned a Type II(000) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in the corridor and exits carry a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that interior wall and ceiling finishes (i.e. vinyl wall coverings and acoustical ceiling tile) in rooms carry a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: +2]:
Corridor walls are constructed of gypsum wallboard on both sides of steel studs and extend through the acoustical tile ceiling to the roof deck above.
5. Doors to Corridor [Score: +1]:
Corridor doors in this zone were found to be a combination of 1¾-inch-thick steel construction and 20-minute fire-rated assemblies.
6. Zone Dimensions [Score: -4]:
This zone measures approximately 104 feet in length. There is only one complying means of egress out of this level, which creates a dead-end of up to 100 feet in length.
7. Vertical Openings [Score: 0]:
This score was assigned per Footnote e to this Table. Openings into the stair enclosures and soiled linen chute were found to be protected with 90-minute fire-rated self-closing door assemblies.
8. Hazardous Areas [Score: 0]:
Hazardous areas were found to be sprinkler protected as required by NFPA 101A(01), Sec. 4.6.8.2 and smoke-separated as required by NFPA 101(00), Sec. 19.3.2.1.
9. Smoke Control [Score: 0]:
This score was assigned per Footnote c to this Table. It was reported that there are a maximum of twenty (20) residents in this zone at any one time.
10. Emergency Movement Routes [Score: -2]:
This score was assigned for the following reasons:
 - Access to the north exit from this level is through the kitchen, which does not meet the requirements of NFPA 101(00), Sections 19.2.1 and 7.5.1.7.
 - It was observed that the releasing mechanism (i.e. keypad) for the magnetic lock on the north exit stairway door was mounted approximately 70 inches above the finished floor, which exceeds the 48 inches allowed by NFPA 101(00), Sec. 7.2.1.5.4.
11. Manual Fire Alarm [Score: +2]:
Manual fire alarm pull stations are provided in accordance with NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by USA Central Station, Inc.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in Footnote g to this Table. System-connected smoke detectors were found in the egress corridor and the zone is protected with quick-response sprinklers.
13. Automatic Sprinklers [Score: +10]:
The building is protected by a supervised, wet-pipe automatic sprinkler system consisting of quick-response sprinklers.

* * * * *

It must be noted that the scores and values assigned to the parameters in the tables on the FSES worksheets are based on conditions found between 0905 hours and 1615 hours on 11/02/2015 and as reported by the facility administrator in a follow-up e-mail communication received at 1600 hours on 11/06/2015. Any changes in those conditions after those dates could affect the scores and values, either positively or negatively. Again, based on this evaluation, Benedictine Health Center of Minneapolis has achieved a passing score on the FSES. No other assessment of the level of safety in this facility is either intended or implied by *Fire Safety Resources, LLC*.

ZONE 1 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>BASEMENT</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

Risk Parameters	Risk Factors Values					
1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
	Risk Factor	1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	<u>1.0</u>	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	<u>1.6</u>
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	3-5 1	6-10 1	>10 1	One or More None
	Risk Factor	<u>1.0</u>	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 1 Year and Younger		
	Risk Factor	1.0		<u>1.2</u>		

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

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

OCCUPANCY RISK	<u>3.2</u>	x	<u>1.0</u>	x	<u>1.6</u>	x	<u>1.0</u>	x	<u>1.2</u>	=	<u>6.1</u>
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Step 3: Compute Adjusted Building Status (R) - Use Table 2.

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

1.0 x $\frac{F}{R}$ = $\frac{R}{R}$

0.6 x $\frac{F}{R}$ = $\frac{R}{R}$ = 4

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

SURVEYOR SIGNATURE <u>Robert W. Embley</u>	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Thomas R. Hoff</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/17/2015</u>

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

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

TABLE 4.

Safety Parameters	Safety Parameters Values						
1. Construction Floor or Zone	Combustible Types III, IV, and V				NonCombustible Types I and II		
	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	2	2
	Second	-7	-2	-4	-2	-2	4
	Third	-9	-7	-9	-7	-7	4
4th and Above	-13	-7	-13	-7	-9	-7	4
2. Interior Finish (Corridors and Exits)	Class C	Class B	Class A				
	-5(0) ^f	0(3) ^f	3				
3. Interior Finish (Rooms)	Class C	Class B	Class A				
	-3(1) ^f	1(3) ^f	3				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour	≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	0	1(0) ^a		2(0) ^a		
5. Doors to Corridor	No Door	<20 min FPR	≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0	1(0) ^d		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) ^e	0	1	
7. Vertical Openings	Open 4 or More Floors	Open 2 or 3 Floors	Enclosed with Indicated Fire Resist.				
	-14	-10	<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	Smoke Barrier Serves Zone	Mech. Assisted Systems by Zone				
	-5(0) ^e	0	3				
10. Emergency Movement Routes	<2 Routes		Multiple Routes				
			Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)	
	-8		-2	0	1	5	
11. Manual Fire Alarm	No Manual Fire Alarm		Manual Fire Alarm				
	-4		W/O F.D. Conn.	W/F.D. Conn.			
			1	2			
12. Smoke Detection and Alarm	None	Corridor Only	Rooms Only	Corridor and Habit. Spaces		Total Spaces In Zone	
	0(3) ^g	2(3) ^g	3(3) ^g	4		5	
13. Automatic Sprinklers	None	Corridor and Habit. Space	Entire Building				
	0	8	10				

NOTE: ^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")

^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.

For SI units: 1 ft = 0.3048 m

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as $\frac{1}{2}$ the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S_1, S_2, S_3, S_4 to blocks labeled S_1, S_2, S_3, S_4 in Table 7 on page 4 of this sheet.

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/Walls	0			0
5. Doors to Corridor	1		1	1
6. Zone Dimensions			0	0
7. Vertical Openings	0		0	0
8. Hazardous Areas	0	0		0
9. Smoke Control			0	0
10. Emergency Movement Routes			-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	$S_1 = 9$	$S_2 = 13$	$S_3 = 10$	$S_4 = 12$

Zone Location	Containment (S_a)		Extinguishment (S_b)		People Movement (S_c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: $S_a=7, S_b=10,$ and $S_c=7$

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_a)	≥ 0	$S_1 - S_a = C$ 9 - 9 = 0	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ 13 - 6 = 7	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 10 - 3 = 7	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 12 - 4 = 8	✓

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS

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

*The equivalency covered by this worksheet includes the majority of considerations covered by the *Life Safety Code*. There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1860.

ZONE 2 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>FIRST FLOOR NORTH/WEST</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

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

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

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

	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.5</u>	<u>1.1</u>	<u>1.5</u>	<u>1.2</u>	<u>9.5</u>

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

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

$1.0 \times \frac{F}{R} = \frac{R}{R}$
--

$0.6 \times \frac{F}{R} = \frac{R}{R}$
--

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

SURVEYOR SIGNATURE <u>Robert J. Vintello</u>	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Thomas R. Smith</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/12/2015</u>

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

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

TABLE 4.							
Safety Parameters	Safety Parameters Values						
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II		
	Floor or Zone	000	111	200	211 + 2HH	000	111, 332, 433
	First	-2	0	-2	0	0	2
	Second	-7	-2	-4	-2	-2	2
	Third	-9	-7	-9	-7	-7	2
4th and Above	-13	-7	-13	-7	-9	-7	4
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A			
	-5(0) ^f	0(3) ^f		3			
3. Interior Finish (Rooms)	Class C	Class B		Class A			
	-3(1) ^f	1(3) ^f		3			
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour	
	-10(0) ^a	0		1(0) ^a		2(0) ^a	
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.	
	-10	0		1(0) ^d		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) ^b	0	1
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.		
					<1 hr	≥1 hr to <2 hr	≥2 hr
	-14		-10		0	2(0) ^a	3(0) ^a
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies	
	In Zone		Outside Zone		In Zone	In Adjacent Zone	
	-11		-5		-6	-2	
9. Smoke Control	No Control		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone		
					3		
	-5(0) ^e		0				
10. Emergency Movement Routes	<2 Routes		Multiple Routes				
			Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)	
	-8		-2	0	1	5	
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm			
				W/O F.D. Conn.	W/F.D. Conn		
	-4			1	2		
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only	Corridor and Habit. Spaces		Total Spaces In Zone
	0(3) ^a	2(3) ^a		3(3) ^a	4		5
13. Automatic Sprinklers	None	Corridor and Habit. Space		Entire Building			
	0	8		10			
<p>NOTE: ^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") ^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.</p>							
For SI units: 1 ft = 0.3048 m							

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S₄ to blocks labeled S₁, S₂, S₃, S₄ in Table 7 on page 4 of this sheet.

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

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION					Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_1)	≥ 0	$S_1 - S_a = C$ 10 - 5 = 5	✓	
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_2)	≥ 0	$S_2 - S_b = E$ 15 - 4 = 11	✓	
People Movement Safety (S_3)	minus	Mandatory People Movement (S_3)	≥ 0	$S_3 - S_c = P$ 9 - 1 = 8	✓	
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 13 - 6 = 7	✓	

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

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

ZONE 3 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>FIRST FLOOR EAST</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
	1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
Risk Factor		1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	<u>1.2</u>	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	<u>1.1</u>	1.2	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	<u>1.1</u>	1.2	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year			65 Years and Over 1 Year and Younger	
	Risk Factor	1.0			<u>1.2</u>	

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

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

TABLE 2. OCCUPANCY RISK FACTOR CALCULATION						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.2</u>	<u>1.1</u>	<u>1.1</u>	<u>1.2</u>	= <u>5.6</u>

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

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

TABLE 3A. (NEW BUILDINGS)	
$1.0 \times$	$\frac{F}{R} =$
\square	\square

TABLE 3B. (EXISTING BUILDINGS)	
$0.6 \times$	$\frac{F}{R} =$
\square	$\square = 4$

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

SURVEYOR SIGNATURE <u>Robert J. Umholtz</u>	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Shawn R. Smith</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/17/2015</u>

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

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

TABLE 4.							
Safety Parameters	Safety Parameters Values						
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II		
	Floor or Zone	000	111	200	211 + 2HH	000	111, 222, 332, 433
	First	-2	0	-2	0	0	2
	Second	-7	-2	-4	-2	-2	2
	Third	-9	-7	-9	-7	-7	2
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) ^g	<1/2 hour 0	≥1/2 to <1 hour 1(0) ^g		≥1 hour 2(0) ^g		
5. Doors to Corridor	No Door -10	<20 min FPR 0	≥20 min FPR 1(0) ^d		≥20 min FPR and Auto Clos. 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) ^g	0	1	
7. Vertical Openings	Open 4 or More Floors	Open 2 or 3 Floors	Enclosed with Indicated Fire Resist.				
			<1 hr	≥1 hr to <2 hr	≥2 hr		
	-14	-10	0	2(0) ^g	3(0) ^g		
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	Smoke Barrier Serves Zone	Mech. Assisted Systems by Zone				
	-5(0) ^g		0	3			
10. Emergency Movement Routes	<2 Routes		Multiple Routes				
	-8	Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)		
		-2	0	1	5		
11. Manual Fire Alarm	No Manual Fire Alarm		Manual Fire Alarm				
	-4		W/O F.D. Conn.	W/F.D. Conn			
			1	2			
12. Smoke Detection and Alarm	None	Corridor Only	Rooms Only	Corridor and Habit. Spaces	Total Spaces In Zone		
	0(3) ^g	2(3) ^g	3(3) ^g	4	5		
13. Automatic Sprinklers	None	Corridor and Habit. Space	Entire Building				
	0	8	10				

- NOTE:**
- ^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")
- ^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.

For SI units: 1 ft = 0.3048 m

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S₄ to blocks labeled S₁, S₂, S₃, S₄ in Table 7 on page 4 of this sheet.

Safety Parameters	Containment Safety (S ₁)	Extinguishment Safety (S ₂)	People Movement Safety (S ₃)	General Safety (S ₄)
1. Construction	0	0		0
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	0			0
5. Doors to Corridor	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 ÷ 2 = 5	10
Total Value	S₁ = 17	S₂ = 15	S₃ = 11	S₄ = 21

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values *set* shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ 17 - 5 = 12	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_c)	≥ 0	$S_2 - S_b = E$ 15 - 4 = 11	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 11 - 1 = 10	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 21 - 4 = 17	✓

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS	
1. <input checked="" type="checkbox"/>	All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2. <input type="checkbox"/>	One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

ZONE 4 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY: REDEDICINE HEALTH CENTER OF MINNEAPOLIS BUILDING: 01-MAIN BUILDING
 ZONE(S) EVALUATED: SECOND FLOOR NORTH
 PROVIDER/VENDOR NO.: 245266 DATE OF SURVEY: 11/06/2015

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

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

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

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

	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.5</u>	<u>1.2</u>	<u>1.1</u>	<u>1.2</u>	= <u>7.6</u>

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

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

$1.0 \times \square = \square$

$0.6 \times \square = \square = 5$

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

SURVEYOR SIGNATURE: Robert A. [Signature] TITLE: PRESIDENT DATE: 11/09/2015
 FIRE SAFETY RESOURCES, LLC
 FIRE AUTHORITY SIGNATURE: [Signature] TITLE: FIRE SAFETY SUPERVISOR DATE: 11/17/2015

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

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

Safety Parameters	Safety Parameters Values							
1. Construction Floor or Zone	Combustible Types III, IV, and V				NonCombustible Types I and II			
	000	111	200	211 + 2HH	000	111	222, 332, 433	
	First	-2	0	-2	0	2	2	
	Second	-7	-2	-4	-2	-2	4	
	Third	-9	-7	-9	-7	-7	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) ^g	<1/2 hour 0	≥1/2 to <1 hour 1(0) ^g		≥1 hour 2(0) ^g			
	No Door -10	<20 min FPR 0	≥20 min FPR 1(0) ^d		≥20 min FPR and Auto Clos. 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) ^g	0	1		
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.			
	-14		-10		<1 hr 0	≥1 hr to <2 hr 2(0) ^g	≥2 hr 3(0) ^g	
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies		
	In Zone		Outside Zone	In Zone				In Adjacent Zone
	-11		-5	-6				-2
9. Smoke Control	No Control -5(0) ^g		Smoke Barrier Serves Zone 0		Mech. Assisted Systems by Zone 3			
10. Emergency Movement Routes	<2 Routes		Multiple 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			

- NOTE:**
- ^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")
- ^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.

For SI units: 1 ft = 0.3048 m

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S₄ to blocks labeled S₁, S₂, S₃, S₄ in Table 7 on page 4 of this sheet.

TABLE 5. 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/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 ÷ 2 = 5	10
Total Value	S₁ = 15	S₂ = 13	S₃ = 11	S₄ = 19

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES)						
Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_a)	≥ 0	$S_1 - S_a = C$ 15 - 9 = 6	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ 13 - 6 = 7	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 11 - 3 = 8	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 19 - 5 = 14	✓

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

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

ZONE 586 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY: BENEDICTINE HEALTH CENTER OF MINNEAPOLIS BUILDING: 01-MAIN BUILDING
 ZONE(S) EVALUATED: SECOND FLOOR EAST/SECOND FLOOR WEST
 PROVIDER/VENDOR NO.: 2452466 DATE OF SURVEY: 11/06/2015

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

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
	Risk Factor	1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	<u>1.2</u>	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	<u>1.2</u>	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	<u>1.0</u>	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 1 Year and Younger	
	Risk Factor	1.0			<u>1.2</u>	

- Step 2:** Compute Occupancy Risk Factor (F) - Use Table 2.
 A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
 B. Compute F by multiplying the risk factor values as indicated in Table 2.

TABLE 2. OCCUPANCY RISK FACTOR CALCULATION						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.2</u>	<u>1.2</u>	<u>1.0</u>	<u>1.2</u>	= <u>5.5</u>

- Step 3:** Compute Adjusted Building Status (R) - Use Table 2.
 A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table 3B.
 B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
 C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)
$1.0 \times \boxed{F} = \boxed{R}$

TABLE 3B. (EXISTING BUILDINGS)
$0.6 \times \boxed{5.5} = \boxed{3.3} = 4$

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

SURVEYOR SIGNATURE: Robert V. Lindvall TITLE: PRESIDENT DATE: 11/09/2015
 FIRE AUTHORITY SIGNATURE: [Signature] TITLE: FIRE SAFETY SUPERVISOR DATE: 11/17/2015

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

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

Safety Parameters	Safety Parameters Values						
1. Construction Floor or Zone	Combustible Types III, IV, and V				NonCombustible Types I and II		
	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	2	2
	Second	-7	-2	-4	-2	-2	4
	Thlrd	-9	-7	-9	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4
2. Interlor Finish (Corridors and Exlts)	Class C -5(0) ^f	Class B 0(3) ^f	Class A 3				
3. Interlor Finish (Rooms)	Class C -3(1) ^f	Class B 1(3) ^f	Class A 3				
4. Corridor Partitions/Walls	None or Incomplete -10(0) ^g	<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 mln FPR 0	≥20 mln FPR 1(0) ^d		≥20 mln FPR and Auto Clos. 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) ^g	0	1	
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.		
					<1 hr	≥1 hr to <2 hr	≥2 hr
	-14		-10		0	2(0) ^g	3(0) ^g
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		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone		
	-5(0) ^g		0		3		
10. Emergency Movement Routes	<2 Routes		Multiple Routes				
			Deficient	W/O Horizontal Exlt(s)	Horizontal Exlt(s)	Direct Exlt(s)	
	-8		-2	0	1	5	
11. Manual Fire Alarm	No Manual Fire Alarm		Manual Fire Alarm				
			W/O F.D. Conn.	W/F.D. Conn			
	-4		1	2			
12. Smoke Detection and Alarm	None	Corridor Only	Rooms Only	Corridor and Habt. Spaces		Total Spaces in Zone	
	0(3) ^g	2(3) ^g	3(3) ^g	4		5	
13. Automatic Sprinklers	None	Corridor and Habt. Space		Entire Building			
	0	8		10			

NOTE: ^a Use (0) where parameter 6 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.

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

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

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

For SI units: 1 ft = 0.3048 m

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S₄ to blocks labeled S₁, S₂, S₃, S₄ in Table 7 on page 4 of this sheet.

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/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 ÷ 2 = 5	10
Total Value	S₁ = 14	S₂ = 13	S₃ = 10	S₄ = 18

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION					Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_a)	≥ 0	$S_1 - S_a = C$ 14 - 9 = 5	✓	
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ 13 - 6 = 7	✓	
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 10 - 3 = 7	✓	
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 18 - 4 = 14	✓	

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

ZONE 7 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>SECOND FLOOR CENTER</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
	Risk Factor	1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	<u>1.2</u>	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	<u>1.2</u>	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	<u>1.0</u>	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 1 Year and Younger	
	Risk Factor	1.0			<u>1.2</u>	

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

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

TABLE 2. OCCUPANCY RISK FACTOR CALCULATION						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.2</u>	<u>1.2</u>	<u>1.0</u>	<u>1.2</u>	= <u>5.5</u>

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

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

TABLE 3A. (NEW BUILDINGS)	
F	R
1.0 X <input type="text"/>	= <input type="text"/>

TABLE 3B. (EXISTING BUILDINGS)	
F	R
0.6 X <u>5.5</u>	= <u>3.3</u> = 4

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

SURVEYOR SIGNATURE <u>Robert J. Smalley</u>	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Shawn K. Knoff</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/17/2015</u>

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

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

Safety Parameters	Safety Parameters Values						
1. Construction Floor or Zone	Combustible Types III, IV, and V				NonCombustible Types I and II		
	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	2	2
	Second	-7	-2	-4	-2	(-2)	2
	Third	-9	-7	-9	-7	-7	2
4th and Above	-13	-7	-13	-7	-9	-7	4
2. Interior Finish (Corridors and Exits)	Class C	Class B	Class A				
	-5(0) ^f	0(3) ^f	(3)				
3. Interior Finish (Rooms)	Class C	Class B	Class A				
	-3(1) ^f	1(3) ^f	(3)				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour	≥1/2 to <1 hour		≥1 hour		
	-10(0) ^g	(0)	1(0) ^g		2(0) ^g		
5. Doors to Corridor	No Door	<20 min FPR	≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0	(10) ^d		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) ^g	0	(1)
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.		
					<1 hr	≥1 hr to <2 hr	≥2 hr
	-14		-10		0	2(0) ^g	3(0) ^g
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	Smoke Barrier Serves Zone	Mech. Assisted Systems by Zone				
	-5(0) ^g	(0)	3				
10. Emergency Movement Routes	<2 Routes		Multiple Routes				
			Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)	
	-8		(-2)	0	1	5	
11. Manual Fire Alarm	No Manual Fire Alarm		Manual Fire Alarm				
			W/O F.D. Conn.	W/F.D. Conn			
	-4		1	(2)			
12. Smoke Detection and Alarm	None	Corridor Only	Rooms Only	Corridor and Habit. Spaces	Total Spaces In Zone		
	0(3) ^g	2(3) ^g	3(3) ^g	4	5		
13. Automatic Sprinklers	None	Corridor and Habit. Space	Entire Building				
	0	8	(10)				

NOTE: ^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")

^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.

For SI units: 1 ft = 0.3048 m

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

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

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/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 ÷ 2 = 5	10
Total Value	S₁ = 15	S₂ = 13	S₃ = 11	S₄ = 19

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exlst.	New	Exlst.	New	Exlst.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ 15 - 9 = 6	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ 13 - 6 = 7	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 11 - 3 = 8	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 19 - 4 = 15	✓

Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.		Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.	✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.	✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	✓		
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.	✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.			✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7600 Security Boulevard, Baltimore, Maryland 21244-1850.

ZONE 8 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>THIRD FLOOR NORTH</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
	1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
Risk Factor		1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	1.2	<u>1.5</u>	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	<u>1.2</u>	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	1.1	<u>1.2</u>	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year			65 Years and Over 1 Year and Younger	
	Risk Factor	1.0			<u>1.2</u>	

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

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

TABLE 2. OCCUPANCY RISK FACTOR CALCULATION						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.5</u>	<u>1.2</u>	<u>1.2</u>	<u>1.2</u>	<u>8.3</u>

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

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

TABLE 3A. (NEW BUILDINGS)		
	F	R
1.0 X	<input type="text"/>	= <input type="text"/>

TABLE 3B. (EXISTING BUILDINGS)		
	F	R
0.6 X	<u>8.3</u>	= <u>5</u>

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

SURVEYOR SIGNATURE <u>Robert J. Vindola</u>	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Shawn K. Smith</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/17/2015</u>

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

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

TABLE 4.							
Safety Parameters	Safety Parameters Values						
1. Construction Floor or Zone	Combustible Types III, IV, and V				NonCombustible Types I and II		
	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	2	2
	Second	-7	-2	-4	-2	-2	4
	Third	-9	-7	-9	-7	-7	4
4th and Above	-13	-7	-13	-7	-9	-7	4
2. Interior Finish (Corridors and Exits)	Class C	Class B	Class A				
	-5(0) ^f	0(3) ^f	3				
3. Interior Finish (Rooms)	Class C	Class B	Class A				
	-3(1) ^f	1(3) ^f	3				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour	≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	0	1(0) ^a		2(0) ^a		
5. Doors to Corridor	No Door	<20 min FPR	≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0	1(0) ^d		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) ^e	0	1	
7. Vertical Openings	Open 4 or More Floors	Open 2 or 3 Floors	Enclosed with Indicated Fire Resist.				
			<1 hr	≥1 hr to <2 hr		≥2 hr	
	-14	-10	0	2(0) ^e		3(0) ^e	
8. Hazardous Areas	Double Deficiency		Single Deficiency		No Deficiencies		
	In Zone	Outside Zone	In Zone	In Adjacent Zone			
	-11	-5	-6	-2		0	
9. Smoke Control	No Control	Smoke Barrier Serves Zone	Mech. Assisted Systems by Zone				
	-5(0) ^a	0	3				
10. Emergency Movement Routes	<2 Routes		Multiple Routes				
		Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)		
	-8	-2	0	1	5		
11. Manual Fire Alarm	No Manual Fire Alarm		Manual Fire Alarm				
			W/O F.D. Conn.	W/F.D. Conn			
	-4		1	2			
12. Smoke Detection and Alarm	None	Corridor Only	Rooms Only	Corridor and Habit. Spaces	Total Spaces In Zone		
	0(3) ^a	2(3) ^a	3(3) ^a	4	5		
13. Automatic Sprinklers	None	Corridor and Habit. Space	Entire Building				
	0	8	10				

NOTE: ^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")

^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.

For SI units: 1 ft = 0.3048 m

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

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

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS				
Safety Parameters	Containment Safety (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/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 ÷ 2 = 5	10
Total Value	S₁=10	S₂=8	S₃=11	S₄=14

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES)						
Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

				Yes	No
Containment Safety (S ₁)	minus	Mandatory Containment (S _a)	≥ 0	$S_1 - S_a = C$ 10 - 9 = 1	✓
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (S _b)	≥ 0	$S_2 - S_b = E$ 8 - 6 = 2	✓
People Movement Safety (S ₃)	minus	Mandatory People Movement (S _c)	≥ 0	$S_3 - S_c = P$ 11 - 3 = 8	✓
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 14 - 5 = 9	✓

Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.				Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.			✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.			✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.			✓		
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.			✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.			✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.			✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.			✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.			✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.			✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.					✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

ZONE 910 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>THIRD FLOOR EAST/THIRD FLOOR WEST</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

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

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

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

OCCUPANCY RISK	<u>3.2</u>	X	<u>1.2</u>	X	<u>1.2</u>	X	<u>1.1</u>	X	<u>1.2</u>	=	<u>6.1</u>
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Step 3: Compute Adjusted Building Status (R) - Use Table 2.

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

F	R
1.0 X <input type="text"/>	= <input type="text"/>

F	R
0.6 X <u>6.1</u>	= <u>3.7</u> = 4

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

SURVEYOR SIGNATURE <u>Robert J. Winkler</u>	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Shawn R. Powell</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/17/2015</u>

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

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

TABLE 4.								
Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	-2	-4	-2	-2	2	4
	Third	-9	-7	-9	-7	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior Finish (Corridors and Exlts)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		3				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		3				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	0		1(0) ^a		2(0) ^a		
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0		1(0) ^d		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	1		
7. Vertical Openings	Open 4 or More Floors	Open 2 or 3 Floors	Enclosed with Indicated Fire Resist.					
			<1 hr	≥1 hr to <2 hr	≥2 hr			
	-14	-10	0	2(0) ^a	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	Smoke Barrier Serves Zone	Mech. Assisted Systems by Zone					
	-5(0) ^g		3					
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
	-8	Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)			
		-2	0	1	5			
11. Manual Fire Alarm	No Manual Fire Alarm		Manual Fire Alarm					
	-4		W/O F.D. Conn.	W/F.D. Conn				
			1	2				
12. Smoke Detection and Alarm	None	Corridor Only	Rooms Only	Corridor and Habit. Spaces	Total Spaces in Zone			
	0(3) ^g	2(3) ^g	3(3) ^g	4	5			
13. Automatic Sprinklers	None	Corridor and Habit. Space	Entire Building					
	0	8	10					

NOTE: ^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")
^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.

For SI units: 1 ft = 0.3048 m

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

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

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/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 ÷ 2 = 5	10
Total Value	S₁=9	S₂=8	S₃=10	S₄=13

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION					Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ 9 - 9 = 0	✓	
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_c)	≥ 0	$S_2 - S_b = E$ 8 - 6 = 2	✓	
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 10 - 3 = 7	✓	
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 13 - 4 = 9	✓	

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

ZONE 11 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>THIRD FLOOR CENTER</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
	1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
Risk Factor		1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	<u>1.2</u>	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	<u>1.2</u>	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	<u>1.1</u>	1.2	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year			65 Years and Over 1 Year and Younger	
	Risk Factor	1.0			<u>1.2</u>	

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

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

TABLE 2. OCCUPANCY RISK FACTOR CALCULATION						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.2</u>	<u>1.2</u>	<u>1.1</u>	<u>1.2</u>	= <u>6.1</u>

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

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

TABLE 3A. (NEW BUILDINGS)		
	F	R
1.0 X	<input type="text"/>	= <input type="text"/>

TABLE 3B. (EXISTING BUILDINGS)		
	F	R
0.6 X	<u>6.1</u>	= <u>3.7</u> = 4

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

SURVEYOR SIGNATURE <u>Robert J. Simalt</u> FIRE SAFETY RESOURCES, LLC	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Shawn A. Smith</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/17/2015</u>

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

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

TABLE 4.								
Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	-2	-4	-2	-2	2	4
	Thrd	-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 Clos. 2(0) ^d			
6. Zone Dimensions	Dead End			No Dead Ends >30 ft and Zone Length's				
	>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) ^a	0	1		
7. Vertical Openings	Open 4 or More Floors	Open 2 or 3 Floors	Enclosed with Indicated Fire Resist.					
			<1 hr	≥1 hr to <2 hr	≥2 hr			
	-14	-10	0	2(0) ^a	3(0) ^a			
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	Smoke Barrier Serves Zone	Mech. Assisted Systems by Zone					
	-5(0) ^a	0	3					
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
	-8	Deficient	W/O Horizontal Exlt(s)	Horizontal Exlt(s)	Direct Exlt(s)			
		-2	0	1	5			
11. Manual Fire Alarm	No Manual Fire Alarm		Manual Fire Alarm					
	-4		W/O F.D. Conn.	W/F.D. Conn				
			1	2				
12. Smoke Detection and Alarm	None	Corridor Only	Rooms Only	Corridor and Habit. Spaces	Total Spaces In Zone			
	0(3) ^a	2(3) ^a	3(3) ^a	4	5			
13. Automatic Sprinklers	None	Corridor and Habit. Space	Entire Building					
	0	8	10					

NOTE: ^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.

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

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

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

For SI units: 1 ft = 0.3048 m

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S₄ to blocks labeled S₁, S₂, S₃, S₄ in Table 7 on page 4 of this sheet.

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/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 ÷ 2 = 5	10
Total Value	S₁= 10	S₂= 8	S₃= 11	S₄= 14

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ $10 - 9 = 1$	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ $8 - 6 = 2$	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ $11 - 3 = 8$	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ $14 - 4 = 10$	✓

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

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

ZONE 12 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>FOURTH FLOOR NORTH</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
	1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
Risk Factor		1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	1.2	<u>1.5</u>	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	<u>1.4</u>	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	1.1	<u>1.2</u>	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year		65 Years and Over 1 Year and Younger		
	Risk Factor	1.0		<u>1.2</u>		

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

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

TABLE 2. OCCUPANCY RISK FACTOR CALCULATION						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.5</u>	<u>1.4</u>	<u>1.2</u>	<u>1.2</u>	<u>9.7</u>

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

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

TABLE 3A. (NEW BUILDINGS)	
F	R
1.0 X <input type="text"/>	= <input type="text"/>

TABLE 3B. (EXISTING BUILDINGS)	
F	R
0.6 X <u>9.7</u>	= <u>5.8</u> = 6

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

SURVEYOR SIGNATURE <u>Robert U. Simola</u> FIRE SAFETY RESOURCES, LLC	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Sharon R. Knuff</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/07/2015</u>

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

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

TABLE 4.								
Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	-2	-4	-2	-2	2	4
	Thrd	-9	-7	-9	-7	-7	2	4
4th and Above	-13	-7	-13	-7	(-8)	-7	4	
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		(3)				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		(3)				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	0		1(0) ^a		(2(0) ^a)		
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0		(1(0) ^d)		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	(1)		
7. Vertical Openings	Open 4 or More Floors	Open 2 or 3 Floors	Enclosed with Indicated Fire Resist.					
			<1 hr	≥1 hr to <2 hr	≥2 hr			
	-14	-10	0	2(0) ^e	3(0) ^e			
8. Hazardous Areas	Double Deficiency		Single Deficiency		No Deficiencies			
	In Zone	Outside Zone	In Zone	In Adjacent Zone				
	-11	-5	-6	-2	(0)			
9. Smoke Control	No Control	Smoke Barrier Serves Zone	Mech. Assisted Systems by Zone					
	-5(0) ^e		3					
	(0)							
10. Emergency Movement Routes	<2 Routes	Multiple Routes						
		Deficient	W/O Horizontal Exlt(s)	Horizontal Exlt(s)	Direct Exlt(s)			
	-8	(-2)	0	1	5			
11. Manual Fire Alarm	No Manual Fire Alarm		Manual Fire Alarm					
			W/O F.D. Conn.	W/F.D. Conn				
	-4		1	(2)				
12. Smoke Detection and Alarm	None	Corridor Only	Rooms Only	Corridor and Habit. Spaces	Total Spaces In Zone			
	0(3) ^a	2(3) ^a	3(3) ^a	4	5			
13. Automatic Sprinklers	None	Corridor and Habit. Space	Entire Building					
	0	8	(10)					

NOTE: ^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")
^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.

For SI units: 1 ft = 0.3048 m

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S₁, S₂, S₃, S₄ to blocks labeled S₁, S₂, S₃, S₄ in Table 7 on page 4 of this sheet.

Safety Parameters	Containment Safety (S ₁)	Extinguishment Safety (S ₂)	People Movement Safety (S ₃)	General Safety (S ₄)
1. Construction	-9	-9		-9
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	2			2
5. Doors to Corridor	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 ÷ 2 = 5	10
Total Value	S₁ = 10	S₂ = 6	S₃ = 11	S₄ = 14

Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No	
Containment Safety (S ₁)	minus	Mandatory Containment (S _c)	≥ 0	$\begin{matrix} S_1 & & S_a & & C \\ \boxed{10} & - & \boxed{9} & = & \boxed{1} \end{matrix}$	✓	
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (S _b)	≥ 0	$\begin{matrix} S_2 & & S_b & & E \\ \boxed{6} & - & \boxed{6} & = & \boxed{0} \end{matrix}$	✓	
People Movement Safety (S ₃)	minus	Mandatory People Movement (S _a)	≥ 0	$\begin{matrix} S_3 & & S_c & & P \\ \boxed{11} & - & \boxed{3} & = & \boxed{8} \end{matrix}$	✓	
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	$\begin{matrix} S_4 & & R & & G \\ \boxed{14} & - & \boxed{6} & = & \boxed{8} \end{matrix}$	✓	

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

ZONE 13 & 14 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>FOURTH FLOOR EAST / FOURTH FLOOR WEST</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
	Risk Factor	1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	<u>1.2</u>	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	<u>1.4</u>	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	<u>1.1</u>	1.2	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year			65 Years and Over 1 Year and Younger	
	Risk Factor	1.0			<u>1.2</u>	

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

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

TABLE 2. OCCUPANCY RISK FACTOR CALCULATION						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.2</u>	<u>1.4</u>	<u>1.1</u>	<u>1.2</u>	= <u>7.1</u>

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

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

TABLE 3A. (NEW BUILDINGS)		
	F	R
1.0 X	<input type="text"/>	= <input type="text"/>

TABLE 3B. (EXISTING BUILDINGS)		
	F	R
0.6 X	<u>7.1</u>	= <u>4.3</u> = 5

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

SURVEYOR SIGNATURE <u>Robert W. Vindale, FIRE SAFETY RESOURCES, LLC</u>	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Shawn K. Hoff</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/17/2015</u>

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

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

TABLE 4.								
Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	-2	-4	-2	-2	2	4
	Third	-9	-7	-9	-7	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		3				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		3				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	0		1(0) ^a		2(0) ^a		
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0		1(0) ^d		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) ^a	0	1	
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.			
					<1 hr	≥1 hr to <2 hr	≥2 hr	
	-14		-10		0	2(0) ^a	3(0) ^a	
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies		
	In Zone		Outside Zone		In Zone	In Adjacent Zone		
	-11		-5		-6	-2		
9. Smoke Control	No Control		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone			
					3			
	-5(0) ^a		0					
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
			Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)		
	-8		-2	0	1	5		
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm				
				W/O F.D. Conn.	W/F.D. Conn.			
	-4			1	2			
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only		Corridor and Habit. Spaces	Total Spaces In Zone	
	0(3) ^a	2(3) ^a		3(3) ^a		4	5	
13. Automatic Sprinklers	None	Corridor and Habit. Space		Entire Building				
	0	8		10				
<p>NOTE: ^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") ^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.</p>								
For SI units: 1 ft = 0.3048 m								

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

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

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS				
Safety Parameters	Containment Safety (S ₁)	Extinguishment Safety (S ₂)	People Movement Safety (S ₃)	General Safety (S ₄)
1. Construction	-9	-9		-9
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	2			2
5. Doors to Corridor	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 ÷ 2 = 5	10
Total Value	S₁=10	S₂=6	S₃=11	S₄=14

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES)						
Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ $10 - 9 = 1$	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ $6 - 6 = 0$	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ $11 - 3 = 8$	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ $14 - 5 = 9$	✓

Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.		Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.	✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.	✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.	✓		
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.	✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.	✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.			✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

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

ZONE 15 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>FOURTH FLOOR CENTER</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
	1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
Risk Factor		1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	<u>1.2</u>	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	<u>1.4</u>	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	<u>1.1</u>	1.2	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year			65 Years and Over 1 Year and Younger	
	Risk Factor	1.0			<u>1.2</u>	

- Step 2:** Compute Occupancy Risk Factor (F) - Use Table 2.
A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.
B. Compute F by multiplying the risk factor values as indicated in Table 2.

TABLE 2. OCCUPANCY RISK FACTOR CALCULATION						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>3.2</u>	<u>1.2</u>	<u>1.4</u>	<u>1.1</u>	<u>1.2</u>	= <u>7.1</u>

- Step 3:** Compute Adjusted Building Status (R) - Use Table 2.
A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table 3B.
B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate R.
C. Transfer R to the block labeled R in Table 7 on page 4 of the work sheet.

TABLE 3A. (NEW BUILDINGS)	
F	R
1.0 X <input type="text"/>	= <input type="text"/>

TABLE 3B. (EXISTING BUILDINGS)	
F	R
0.6 X <u>7.1</u>	= <u>4.3</u> = 5

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

SURVEYOR SIGNATURE <u>Robert J. Smith</u>	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>Chen L. Smith</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/07/2015</u>

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

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

TABLE 4.								
Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	-2	-4	-2	-2	2	4
	Third	-9	-7	-9	-7	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		3				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		3				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	0		1(0) ^a		2(0) ^a		
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0		1(0) ^d		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	1	
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.			
	-14		-10		<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		Smoke Barrier Serves Zone	Mech. Assisted Systems by Zone				
	-5(0) ^a		0	3				
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
	-8		Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)		
			-2	0	1	5		
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm				
	-4			W/O F.D. Conn.	W/F.D. Conn			
				1	2			
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only	Corridor and Habit. Spaces	Total Spaces In Zone		
	0(3) ^g	2(3) ^g		3(3) ^g	4	5		
13. Automatic Sprinklers	None	Corridor and Habit. Space		Entire Building				
	0	8		10				
<p>NOTE: ^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") ^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.</p>								
For SI units: 1 ft = 0.3048 m								

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

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

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS				
Safety Parameters	Containment Safety (S ₁)	Extinguishment Safety (S ₂)	People Movement Safety (S ₃)	General Safety (S ₄)
1. Construction	-9	-9		-9
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	2			2
5. Doors to Corridor	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 ÷ 2 = 5	10
Total Value	S₁ = 10	S₂ = 6	S₃ = 11	S₄ = 14

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES)						
Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ 10 - 9 = 1	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ 6 - 6 = 0	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 11 - 3 = 8	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 14 - 5 = 9	✓

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

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

ZONE 16 OF 16 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>BENEDICTINE HEALTH CENTER OF MINNEAPOLIS</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>FIFTH FLOOR</u>	
PROVIDER/VENDOR NO. <u>245266</u>	DATE OF SURVEY <u>11/06/2015</u>

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

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
	1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
Risk Factor		1.0	1.6	<u>3.2</u>	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	1.2	<u>1.5</u>	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	<u>1.4</u>	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	3-5 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	<u>1.1</u>	1.2	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year			65 Years and Over 1 Year and Younger	
	Risk Factor	1.0			<u>1.2</u>	

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

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

TABLE 2. OCCUPANCY RISK FACTOR CALCULATION							
	M	D	L	T	A	F	
OCCUPANCY RISK	<u>3.2</u>	<u>1.5</u>	<u>1.4</u>	<u>1.1</u>	<u>1.2</u>	=	<u>8.9</u>

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

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

TABLE 3A. (NEW BUILDINGS)		
	F	R
1.0 X	<u>8.9</u>	= <u>8.9</u>

TABLE 3B. (EXISTING BUILDINGS)		
	F	R
0.6 X	<u>8.9</u>	= <u>5.3</u> = 6

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

SURVEYOR SIGNATURE <u>Robert W. Smith</u>	TITLE <u>PRESIDENT</u>	DATE <u>11/09/2015</u>
FIRE AUTHORITY SIGNATURE <u>John R. Hoff</u>	TITLE <u>FIRE SAFETY SUPERVISOR</u>	DATE <u>11/17/2015</u>

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

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

Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	-2	-4	-2	-2	2	4
	Thlrld	-9	-7	-9	-7	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior Finish (Corridors and Exlts)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		3				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		3				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	0		1(0) ^a		2(0) ^a		
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0		1(0) ^d		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	1	
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.			
	-14		-10		<1 hr	≥1 hr to <2 hr		≥2 hr
					0		2(0) ^e	
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies		
	In Zone		Outside Zone	In Zone	In Adjacent Zone		0	
	-11		-5	-6	-2			
9. Smoke Control	No Control		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone			
	-5(0) ^c		0		3			
					3			
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
	-8		Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)		
			-2	0	1	5		
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm				
	-4			W/O F.D. Conn.	W/F.D. Conn			
				1	2			
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only	Corridor and Habit. Spaces		Total Spaces In Zone	
	0(3) ^a	2(3) ^a		3(3) ^a	4		5	
13. Automatic Sprinklers	None	Corridor and Habit. Space		Entire Building				
	0	8		10				
<p>NOTE: ^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.</p> <p style="text-align: left;">For SI units: 1 ft = 0.3048 m</p> <p style="text-align: right;">^e Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200") ^f Use () if the area of Class B or C Interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C Interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0. ^g Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.</p>								

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

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

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS				
Safety Parameters	Containment Safety (S ₁)	Extinguishment Safety (S ₂)	People Movement Safety (S ₃)	General Safety (S ₄)
1. Construction	-9	-9		-9
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	2			2
5. Doors to Corridor	1		1	1
6. Zone Dimensions			-4	-4
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 ÷ 2 = 5	10
Total Value	S₁= 10	S₂= 6	S₃= 6	S₄= 9

TABLE 6. MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES)						
Zone Location	Containment (S _a)		Extinguishment (S _b)		People Movement (S _c)	
	New	Exist.	New	Exist.	New	Exist.
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	18	9	19(16) ^a	6	11(8) ^a	3

- a. Use () in zones that do not contain patient sleeping rooms.
- b. For a 2nd story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: S_a=7, S_b=10, and S_c=7

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ $10 - 9 = 1$	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ $6 - 6 = 0$	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ $6 - 3 = 3$	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ $9 - 6 = 3$	✓

TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET					
Complete one copy of this worksheet for each facility. For each consideration, select and mark the appropriate column.			Met	Not Met	Not Applic.
A.	Building utilities conform to the requirements of Section 9.1.		✓		
B.	In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.		✓		
C.	Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.		✓		
D.	Fuel-burning space heaters and portable electrical space heaters are not used.		✓		
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.		✓		
G.	Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.		✓		
H.	Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.		✓		
I.	Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.		✓		
J.	Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.		✓		
K.	Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.		✓		
L.	Standpipes are provided in all new high rise buildings as required by 18.4.2.				✓

CONCLUSIONS	
1.	<input checked="" type="checkbox"/> All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the <i>Life Safety Code</i> .*
2.	<input type="checkbox"/> One of more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the <i>Life Safety Code</i> .*
*The equivalency covered by this worksheet includes the majority of considerations covered by the <i>Life Safety Code</i> . There are a few considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Table 8, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.	

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



Protecting, Maintaining and Improving the Health of Minnesotans

Electronically delivered
November 3, 2015

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

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5266027

Dear Mr. Brennan:

The above facility was surveyed on October 12, 2015 through October 15, 2015 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm> . The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This

Benedictine Health Center Of Minneapolis

November 3, 2015

Page 2

column also includes the findings that are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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

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

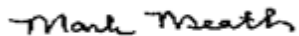
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact Gayle Lantto at (651)201-3794 or email: gayle.lantto@state.mn.us.

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

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

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

Sincerely,



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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00960	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAP	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) COMPLETE DATE
2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
11/11/15

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00960	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAP	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) COMPLETE DATE
2 000	Continued From page 1 Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. Then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.	2 000		
2 555	MN Rule 4658.0405 Subp. 1 Comprehensive Plan of Care; Development Subpart 1. Development. A nursing home must develop a comprehensive plan of care for each resident within seven days after the completion of the comprehensive resident assessment as defined in part 4658.0400. The comprehensive plan of care must be developed by an interdisciplinary team that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, with the participation of the resident, the resident's legal guardian or chosen representative. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to develop a comprehensive care plan for behaviors for 1 of 5 residents (R68) reviewed for unnecessary medication use. Findings include: R68 had physician orders for Risperdal	2 555	-	11/24/15

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00960	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2015
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAP	STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404
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2 555	<p>Continued From page 2</p> <p>(antipsychotic medication) 0.5 mg daily and Depakote (mood stabilizer medication) 125 mg daily for dementia with psychosis, however, non-pharmacological interventions were not identified on the resident's care plan. R68's had diagnoses including dementia with Lewy Bodies.</p> <p>R68's treatment administration record (TAR) indicated the frequency for the following behaviors was being monitored daily; resident "clenches," shook her fists and vocalized "ayayaya" loudly, picked, rubbed her nose, chin, cheeks and eyes repeatedly, kicked and stuck staff, repeated, "what do I do," and was restless and wandered in her wheelchair.</p> <p>Progress notes revealed the following non-pharmacological interventions were attempted when R68 was exhibiting behaviors, offered snacks/fluids/ nap, assisted with putting on ear phones to listen to music, sitting resident by window, applying lavender oil and assessing for pain.</p> <p>R68's care plan dated reviewed on 10/2/15, identified problem areas of calling out and isolating in room. Staff were directed to anticipate and meet all of resident's needs, if appropriate, make referral to in-house psychologist and monitor for cognition, mood and psychosocial changes. Also notify physician and family if charges were noted, however, the care plan did not identify the behaviors being monitored on the TAR, nor was direction provided to staff that included individualized non-pharmacological interventions .</p> <p>A related policy was requested, but not provided.</p>	2 555		

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2 555	Continued From page 3 SUGGESTED METHOD OF CORRECTION: Residents who utilize medications to manage behavioral symptoms could have individualized interventions identified on their care plans to ensure non-pharmacological approaches are tried prior to and then if necessary in conjunction with utilizing medication. Staff could be trained. Audits could be conducted and the results brought to the quality committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 555		
2 860	MN Rule 4658.0520 Subp. 2 F. Adequate and Proper Nursing Care; Hands-Feet Subp. 2. Criteria for determining adequate and proper care. The criteria for determining adequate and proper care include: E. per care and attention to hands and feet. Fingernails and toenails must be kept clean and trimmed. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure nail care was provided for 1 of 1 resident (R14) reviewed for activities of daily living (ADLs) and who was dependent on staff for nail care. Findings include: R14 reported in an interview on 10/12/15, at 6:01 p.m. that his toenails were getting long and needed trimming. He stated his bath days were Wednesdays, and he had not had his toenails cut "in a long time." R14 stated "my nails are long	2 860		11/24/15

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2 860	<p>Continued From page 4</p> <p>and thick so I usually go downstairs" to the podiatrist.</p> <p>R14's care plan dated 12/15, indicted R14 required increased care needs and had a self-care deficit with dressing/grooming related to immobility. R14's nursing assistant (NA) worksheet indicated the resident was to be showered Wednesday evenings, and directed staff to report any reddened or open areas to the licensed nurse.</p> <p>On 10/15/15, at 9:45 a.m. a registered nurse (RN)-E verified R14's toenails were long and should have been trimmed. RN-E explained she would have expected the NAs to perform nail care on bath days, or to let a nurse know if nail care was needed for any resident. RN-E stated the facility did not utilize a form to indicate when nails had been trimmed, but it should have been performed as needed on bath days. RN-E stated, "Obviously his nails were not cut yesterday" (Wednesday) on R14's scheduled bath day.</p> <p>A licensed practical nurse (LPN)-B explained the bathing/showering process on 10/15/15 9:51 a.m. LPN-B stated the nurses were responsible for performing nail care, not the NAs.</p> <p>On 10/15/15 9:53 a.m. RN-A explained that nail care was to be completed by the NAs, and she was only responsible for cutting resident's nails who had diabetes, If NAs were unable to trim a resident's toenails, they were to inform the nurse.</p> <p>NA-A reported on 10/15/15, at 10:18 a.m. he had assisted R14 with cares that morning, which had included cleaning the resident, as well as dressing and grooming. NA-A stated he noticed R14's toenails were long when he assisted the</p>	2 860		

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2 860	<p>Continued From page 5</p> <p>resident with his socks. NA-A explained that on bath days nail care was provided for residents, and he informed the nurses when he performed nail care for a resident. Also, some residents were seen by the podiatrist. NA-A verified nail care was not documented in a resident's medical record.</p> <p>R14's Shower Day Skin Exam sheets dated 7/8/15 through 9/30/15 for every Wednesday, revealed the resident's skins was intact, but did not include information showing nail care was provided. R14's last On-Site Podiatry note dated 10/30/14, indicated, "...offending nail margins of all 10 digits were mechanically and electrically debrided to the level of normal underlying nail bed with good relief of symptoms...To be seen again in 10 weeks."</p> <p>The facility's 12/02 Fingernails--Cleaning and Trimming policy directed staff to provide nail care as necessary to the residents, however, the policy did not also include a procedure for toenail trimming.</p> <p>SUGGESTED METHOD OF CORRECTION: The facility could educate staff to regularly monitor residents for appearance of finger and toenails and provide care routinely and as needed. The cares could be documented. Random audits could be conducted and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days.</p>	2 860		
21015	MN Rule 4658.0610 Subp. 7 Dietary Staff Requirements- Sanitary conditi	21015		11/24/15

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21015	<p>Continued From page 6</p> <p>Subp. 7. Sanitary conditions. Sanitary procedures and conditions must be maintained in the operation of the dietary department at all times.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure water and ice machines were maintained in a clean sanitary condition having the potential to affect residents who consumed ice and/or water from those machines.</p> <p>Findings include:</p> <p>A tour of the main kitchen and units was completed on 10/12/15 at 12:00 a.m. with the dietary manager (DM).</p> <p>The ice and water machines on the 1st, 2nd, 3rd, and 4th floors all had brown, orange and white build-up on the grate below and in the ice and water spouts. The DM confirmed the presence of the substance, but was unsure what the substance was. The air filter on the ice and water machines on the 1st, 2nd, 3rd and 4th floors were also coated with dust, which was also confirmed by the DM. The DM explained maintenance and housekeeping staff was responsible for cleaning and maintaining the ice and water machines.</p> <p>On 10/13/15 at 2:00 p.m. the environmental services director (ESD) explained the housekeeping staff was responsible for regularly cleaning the exterior of the ice machines. However, the ice machines were not cleaned routinely nor were the checked as part of</p>	21015	-	

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21015	<p>Continued From page 7</p> <p>preventive maintenance checks. The ESD explained the filters should have been cleaned twice monthly. A contract had just been signed by the ESD on 10/13/15, for a cleaning company to clean the interior of the ice machines every six months. In addition, new spouts and grates had also been professionally installed on 10/13/15.</p> <p>The 11/15/13, Hoshizaki America, Inc. Cubelet Icemaker/Dispenser Models DCM-270BAH and DCM-270BAH-OS instruction manual directed the user as follows: "The appliance must be cleaned and sanitized at least twice a year. More frequent cleaning and sanitizing may be required in some conditions...Every 2 weeks Air Filter Inspect. Wash with warm water and neutral cleaner if dirty."</p> <p>SUGGESTED METHOD OF CORRECTION: The facility could review policies and provide staff education to ensure food preparation and storage equipment is kept in clean and sanitary condition. Audits could be conducted to ensure compliance and the results brought to the quality committee for reveiw.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days.</p>	21015		
21100	<p>MN Rule 4658.0650 Subp. 5 Food Supplies; Storage of Perishable food</p> <p>Subp. 5. Storage of perishable food. All perishable food must be stored off the floor on washable, corrosion-resistant shelving under sanitary conditions, and at temperatures which will protect against spoilage.</p> <p>This MN Requirement is not met as evidenced</p>	21100		11/24/15

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21100	<p>Continued From page 8</p> <p>by: Based on observation, interview and document review, the facility failed to ensure unit refrigerators and freezers temperatures were maintained at proper temperatures. This had the potential to impact all residents in the facility who may have consumed food and fluids from those sources. In addition, the facility failed to dispose of expired nutritional supplements for 1 of 1 resident (R22) whose nutritional supplement had expired.</p> <p>Findings include:</p> <p>A tour of the main kitchen and units was completed on 10/12/15 at 12:00 a.m. with the dietary manager (DM).</p> <p>The 2nd floor thermometer in the refrigerator read 45 degrees Fahrenheit (F). A September log sheet for recording temperatures was on top of an October log sheet that was posted on the refrigerator/freezer. No temperatures had been recorded on the log. The 1st floor refrigerator and freezer lacked a thermometer, and contained juice, cream, applesauce and residents' food. The DM reported she did not know what the temperatures of the refrigerators and freezers had been in the past month, as they had not been recorded. The DM explained that the nursing staff was responsible for recording the temperatures, since they were in locked medication rooms. The 3rd floor refrigerator contained three supplements labeled with R22's name dated 9/18, 9/23 and 9/24/16. Although each carton had an expiration date of 9/16, instructions were included that read unfrozen product could be stored in the refrigerator no more than 14 days. The DM explained the dates marked on the cartons were dates the</p>	21100	-	

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21100	<p>Continued From page 9</p> <p>supplement was placed from the freezer to the unit refrigerator. Although the product should have been considered expired on 10/2/15, 10/7/15, and 10/8/15 based on the dates they were thawed, when asked if the supplements could still be served to R22, the DM said they could be served, as they did not expire until 9/16. A registered nurse (RN)-D who was present also pointed out the 9/16 expiration date and also informed the surveyor the supplements could still be served to R22. The DM reported nursing staff was responsible for supplements on the units.</p> <p>A procedure initiated 10/12/15, The Housekeeping Refrigerator Cleaning Flow Sheet directed staff "A product not consumed within 72 hours of placement is removed and disposed of...Each unit refrigerator is checked daily for: a. Temperature reading between 32 F to 40 F b. The need to dispose of items."</p> <p>A 1/12, Nutritional Supplement policy read, "Commercially prepared supplements will be stored and distributed per facility policy. All frozen commercially prepared supplements will be thawed under refrigeration and will be discarded within 14 days of being pulled from the freezer."</p> <p>SUGGESTED METHOD OF CORRECTION: The facility could review policies and provide staff education to ensure refrigerator and freezers were maintained at proper temperatures and food was disposed of when it expired. Audits could be conducted to ensure compliance and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days.</p>	21100		

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21435	Continued From page 10	21435		
21435	<p>MN Rule 4658.0900 Subp. 1 Activity and Recreation Program; General</p> <p>Subpart 1. General requirements. A nursing home must provide an organized activity and recreation program. The program must be based on each individual resident's interests, strengths, and needs, and must be designed to meet the physical, mental, and psychological well-being of each resident, as determined by the comprehensive resident assessment and comprehensive plan of care required in parts 4658.0400 and 4658.0405. Residents must be provided opportunities to participate in the planning and development of the activity and recreation program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to provide an activity program based on an individualize comprehensive assessment for 3 of 3 residents (R52, R7, R16) reviewed for activities.</p> <p>Findings include:</p> <p>R52 was observed on 10/12/15, at 5:14 p.m. lying on her back in bed. She did not respond verbally or with eye contact when the surveyor attempted communication. A mobile was hanging from the ceiling and photos were on the wall. There was a television in the room as well as a CD player/radio which were both off. The following morning at 9:49 a.m. the resident was in the dayroom. Although the television was turned on, R52 was not watching the program. At 1:36 p.m. R52 was in bed and made eye contact with the surveyor. At 2:49 p.m. the resident's eyes were</p>	21435		11/24/15

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21435	<p>Continued From page 11</p> <p>closed and no television or music was on in the room. At 3:20 p.m. there was a music activity in the dining room, however, R52 remained in bed.</p> <p>R52 was observed on 10/14/15, at 10:03 a.m. while assisted out of bed with a mechanical lift by two nursing assistants (NA)-B and NA-C. R52 opened and closed her eyes during cares. The television was on. NA-B and NA-C stated R52 usually kept her eyes closed, but sometimes made eye contact and smiled. R52 was wheeled out to the dayroom. R52 remained in the day room sitting in front of the television, with the television volume very low until 11:13 a.m. when she was assisted back to bed. At 1:45 p.m. the resident was in bed with no television or music was on in the room. At 3:22 p.m. the resident remained in bed with eyes closed. The room was dark, and the curtain pulled. No television or music was on in the room.</p> <p>R52 was identified as being in a persistent vegetative state and was fed via a feeding tube according to the face sheet in the medical record. The annual Minimum Data Set (MDS), dated 4/17/15, identified R52 as being cognitively impaired. Activities did not trigger for further assessment on the corresponding Care Area Assessment.</p> <p>A 4/7/15, annual activity assessment progress note indicated "Resident is stable in her daily leisure in her room with passive participation in TV/radio. She needs assistance to attend activities. TR [therapeutic recreation] staff provides 1/1 visits for stimulation and socialization to current events, religious service, special events." A quarterly activity note dated 10/5/15, indicated "Resident continue to be unresponsive to Q/A [questions and answers] and</p>	21435		

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21435	<p>Continued From page 12</p> <p>is bed bound. We offer sensory in her room, touch and hand massage for comfort measures given." The resident's personal history, interests, and adaptive needs was completed on 8/24/09.</p> <p>A social services note dated 10/13/15, indicated "Resident is in a persistent vegetative state, unable to complete BIMS [cognition test], and displays no behaviors. Resident has co-guardians for all decision making...Resident has all psychosocial needs met through staff and family interactions. Resident's greatest support is resident's co-guardians/mother and sister. Resident is unable to display mood indicators."</p> <p>Activity attendance records revealed each month R52's activities included news/coffee, church, and 1:1 visits. (Additional activities are noted in parenthesis).</p> <p>1) 4/15, 12 activities 2) 5/15, 23 activities (wellness, birthday party/social) 4) 6/15, 9 activities (visitor) 3) 7/15, 12 activities (board game, zumba) 5) 8/15, 15 activities (sensory stimulation) 6) 9/15, 12 activities (education/discussion, beauty)</p> <p>Documentation did not include any details of the sensory stimulation or 1:1 visit, or R16's response to the activities provided.</p> <p>The care plan dated 4/10/13, indicated R52 was in a persistent vegetative state. Although the resident was dependent on staff to provide activities, the goal read, "Will include the resident in groups as often as possible for sensory stimulation such as music, massage, etc." The goal did not specify what type of response was</p>	21435		

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21435	<p>Continued From page 13</p> <p>expected from the resident when activity was provided. Approaches directed staff to ensure resident attended various stimulating sensory activities, escort to groups, visit for sensory stimulation (i.e. music, reading, hand massage, aromatherapy, etc.).</p> <p>On 10/14/15, at 2:26 p.m. the therapeutic wellness director (TWD) was interviewed and explained R52 attend resident attended church services on the weekend, attended morning news/coffee 2-3 times a week, music and television on when she was in her room. Staff checked on the resident to ensure she was comfortable and provided touch as needed. The following day at 11:40 a.m. the TWD reported staff provided cultural language visits but those visits were "probably not documented."</p> <p>R7 was observed on 10/12/15, at 3:03. p.m. lying on his back in his bed staring up at the ceiling, when surveyor entered his room R7 did not turn to look nor did he attempt to speak. Throughout the rest of the evening R7 was observed multiple times and continued in the same position and activities were not observed provided that day.</p> <p>R7 was observed on 10/13/15, at 3:25 p.m. lying in bed while having care provided by NA-D. R7 was very restless, thrashing around his bed, pulling his arms toward his chest and hitting his arms together as in frustration. When cares were completed R7 calmed and no longer was restless. NA-D explained R7 liked music and was out on the unit during activities until he would be returned to his room for to be tube fed and would be assisted back to bed. .</p> <p>Later that day R7 was in his wheelchair in the community area. R7 was relaxed and sat still as he watched each person who passed and looked</p>	21435		

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21435	<p>Continued From page 14</p> <p>up at the ceiling.</p> <p>R7 was observed on 10/14/15, at 9:33 a.m. lying in bed looking towards the window from across the room. The television was off. Later that day at 10:18 a.m. R7 was in the same position, and LPN-D explained that staff would get R7 up after breakfast and take him to the community area where he could hear and see other staff, residents and visitors in the area. LPN-D stated R7 was taken outside for fresh air when it was nice outside, and he enjoyed watching baseball on television in his room. At 1:30 p.m. R7 was in his room and an exercise activity took place with six residents in attendance. LPN-D explained R7 was brought back to his room from the community area because he "had been up long enough--one to two hours." When asked why he was brought to his room during the activity LPN-S stated, "There is not a reason why--we just did it."</p> <p>R7's quarterly Minimum Data Set, dated 9/14/15, identified the resident as having severe cognitive impairment and was totally dependent on staff for cares. The Activities Care Area Assessment did not trigger for further assessment.</p> <p>R7's care plan dated 12/17/12, indicated a memory impairment and inability to communicate, with dependence on staff to provide all needs and cares. The care plan dated 6/13/15, for activities indicated R7 appeared to enjoy watching people and activity in his environment. The goal was to be assisted to "sensory stimulation groups i.e. music, reading, outdoors," but did not reelect an expected response from the resident. Approaches included providing entertainment, sensory activities, pictures, reading aloud and music groups.</p>	21435		

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21435	<p>Continued From page 15</p> <p>During an interview on 10/14/15, at 9:22 a.m. with the TWD explained she greet R7 every day when he is in his room or in the hallway, "I like to make 1:1 contact, stimulation is on his care plan." When asked if saying "hi" to R7 was considered stimulation, TWD replied "Yes." The TWD also said staff did 1:1 visits on Saturday, Sunday, Tuesday and Thursdays and she was able to track the number of 1:1 visits provided. The TWD explained that the number under the activity for R7 indicated the number of times he received that particular activity for the month.</p> <p>R7's Resident Attendance activity sheet and the activity schedule calendar was review from for 7/15 to 9/15, and indicated the following: Per R7's care plan he was to be taken to sensory stimulation groups i.e. music, reading and outdoors.</p> <p>1) For 7/15, R7 attended news/coffee twice, board games once, chair zumba five times and outing once</p> <p>2) For 8/15, R7 attended news/coffee twice, wellness once, church six times and walks/outdoor activities once. Although R7's preferred activities were offered 41 times during the month, R7 attended only attended 10 of the preferred activities (if church was counted as reading/music).</p> <p>3) For 9/15, R7 attended church four times and 1:1 visits once. Preferred activities were offered 39 times, however only attended five times (if church was counted as reading/music)..</p> <p>When asked for additional months of activity attendance the TWD reported the system was very complicated to used and no further</p>	21435		

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21435	<p>Continued From page 16</p> <p>documentation was provided. The TWD stated she completed the Activity Assessment Observation for each resident, but was unable to produce R7's completed Activity Assessment Observation form.</p> <p>R7'S resident progress notes date 9/14/15, indicated "Resident continues to be stable in activity engagement. He appears to enjoy social interact from staff, we anticipates his needs in captivities, escort him to musicals, spiritual, and social groups and events and will continue to engage him as tolerated."</p> <p>R16 was observed several times during the afternoon and evening of 10/12/15. The resident was not seen out of bed, nor were any recreational therapy staff seen in her room. She was further observed multiple times again on 10/13/15, and was in bed during all morning and afternoon observations.</p> <p>R16 was observed in bed on 10/13/15, at 2:36 p.m. lying on her side. She was wearing glasses and the television was on with low volume, and the resident's eyes were closed. The only personalized items in the room were two pictures, and a few magazines including religious magazines. The room was otherwise largely filled with medical equipment including a powered air mattress and pump at the end of the bed, steel side rails on each side of the head end of the bed, a large oxygen tank, ventilator, wheelchair, IV pole and two rolling steel tables with medical supplies.</p> <p>Observations were then made of on 10/14/15, with similar results. Though she was seen in different positions in the bed, the only activities that could be viewed as providing any stimulation</p>	21435		

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21435	<p>Continued From page 17</p> <p>were technical cares, including having the head of her bed up and being assisted to eat a meal, and receiving medical care.</p> <p>R16's admission MDS revealed the resident was cognitively impaired and was totally dependent on staff for care.</p> <p>During an interview on 10/14/15, at 8:41 a.m. NA-E explained R16 could not communicate well, but sometimes liked to hold hands. She said the resident's schedule was to be up one to two hours, and then lie down for two hours, adding R16 was to be "up twice this shift...She will get up about 10:00 this morning. When she's up she sits and watches TV."</p> <p>Later, at 11:38 a.m. the resident was observed on her back in with the head and foot of the bed raised, sleeping. When asked if R16 had been out of bed yet that morning, a licensed practical nurse (LPN)-E, replied, "She hasn't been up in the chair yet." At 2:25 p.m. R16 was up in the wheelchair. The television was on and her eyes were closed.</p> <p>The recreation department wellness coach (WC)-A was interviewed on 10/14/15, at 1:53 p.m. and stated, "We try to make contact with every person in the facility daily. With the folks who are not independent we will go in and greet and say 'good morning.'"</p> <p>On 10/14/15, at 2:09 p.m. the TWD indicated recreation staff last saw R16 on 10/9/15. "What do they do with [R16] is 1:1 visits, socialization, stimulation, conversation." Recreation staff duties included making sure residents were comfortable, giving attention, touch, conversation, music on TV or radio, TV, and movies were available daily for</p>	21435		

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21435	<p>Continued From page 18</p> <p>all residents in-house. About R16 she said, "Because of her fragility we don't move her too much. We might read to her--bring a book into the room."</p> <p>A progress note by TWD dated 9/1/15, revealed R16 needed social interaction and stimulation. "We will visit and provide sensory stimulation, i.e. massage, read to her, provide in room materials/radio." The note was consistent with the care plan also dated 9/1/15. A pastoral care note dated 10/15/15, indicated an introductory visit.</p> <p>The current NA worksheet directed the NAs to cut R16's nails, but did not direct them to provide any social interaction while providing cares.</p> <p>An undated Activity Assessment indicated R16's interests included cooking, concert and religious music, regular print books, spiritual/ religious TV, social visits, pet visits. Under Needs Encouragement was 1:1 visits, pacer, passive. Health conditions were noted, as well as "bed bound."</p> <p>Activity attendance records revealed for 8/15, 1:1 visits five times, walks/outdoor activities once, movies/TV "0." For 9/15, 1:1 visits twice and visitors 11 times, movies/TV "0" There were multiple other possible including sensory stimulation, massage, and reading, but no entries were made for either month.</p> <p>During an interview on 10/15/15, at 11:14 a.m. the TWD explained R16 had been bed bound. She said the resident was admitted in August, "so not much there" and in September "She had a lot of visitors so we didn't have so many opportunities."</p> <p>The facility's 3/07, Therapeutic Recreation policy</p>	21435		

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21435	Continued From page 19 indicated, "There is an ongoing resident-centered program of activities designed to meet resident's needs, interests and assist in attaining/maintain the highest level of physical, mental, and psychosocial well being." SUGGESTED METHOD OF CORRECTION: The facility could ensure all residents activity preferences are noted and plans for individualization. Activities for residents who are bed bound, and otherwise whose activities may be limited could be provided routine stimulation and opportunities for engagement in daily life. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21435		
21620	MN Rule 4658.1345 Labeling of Drugs Drugs used in the nursing home must be labeled in accordance with part 6800.6300. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure expired medications were not stored for use in 2 of 3 medication rooms, potentially affecting 2 of 2 residents (R54, R22) whose medications had expired. Findings include: R54's open bottle of latanoprost .005% eye drop medication was stored for use on the 400 unit on 10/14/15, at 10:36 a.m. The bottle, however, had an opened date of 8/1/15, or 75 days prior. A sticker on the bottle directed the user to discard	21620	-	11/24/15

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21620	<p>Continued From page 20</p> <p>the medication 45 days after opening. An additional bottle of latanoprost .005% eye drops also for R54 was stored in the refrigerator. The second bottle was dated R54 with an opened date of 9/18/15, stored with the bottle open on 8/1/15.</p> <p>A licensed practical nurse (LPN)-A verified on 10/14/15, at 10:52 a.m. that the medication was expired and should not be used and proceeded to remove the bottle from the refrigerator. LPN-A verified R54 was currently receiving the medication every evening.</p> <p>R54's record indicated a physician order for latanoprost drops .005% one drop each eye at bedtime for glaucoma.</p> <p>The facility's medication storage system was reviewed on the 300 floor on 10/14/15, at 1:30 p.m. R22's opened, undated bottle of latanoprost .005% eye drop medication was stored for use. The refill date was 9/20/15.</p> <p>A registered nurse (RN)-B explained on 10/14/15, at 1:30 p.m. R22's eye medication should have been dated when opened. If the medication was not dated, staff were directed to then count the refill date as the opened date.</p> <p>Review of R54's record indicated a physician order for latanoprost drops .005% one drop each eye at bedtime for glaucoma.</p> <p>The facility's 1/27/15, Medication Storage in the Facility policy indicated "outdated, contaminated or deteriorated medication and those in containers that are cracked, soiled, unlabeled or without secure closures are immediately removed from stock, disposed of according to facility</p>	21620		

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21620	<p>Continued From page 21</p> <p>procedures for medication destruction and reorder from the pharmacy if a current order exist."</p> <p>According to the latanoprost manufacturer's instructions, the eye drop medication was to be stored in unopened bottles in the refrigerator, between 36 and 46 degrees F. "Do not freeze. Opened bottles may be stored at room temperature, up to 77 degrees Fahrenheit, for up to 6 weeks."</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON) and consulting pharmacist could review and revise policies and procedures for proper storage of medications. Nursing staff could be educated as necessary to the importance of labeling medications properly and discarding expired medications. The DON or designee, along with the pharmacist, could audit medications on a regular basis to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days.</p>	21620		
21805	<p>MN St. Statute 144.651 Subd. 5 Patients & Residents of HC Fac.Bill of Rights</p> <p>Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the</p>	21805	-	11/24/15

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21805	<p>Continued From page 22</p> <p>facility failed to have and implement a system to identify resident preference for bathing frequency for 1 of 3 residents (R77) reviewed for choices.</p> <p>Findings include:</p> <p>R77 was interviewed on 10/14/15, at 7:57 a.m. She reported that at time of her admission she was experiencing a lot of pain and was receiving sponge baths, but over the past couple weeks she had been receiving baths weekly. R77 explained at home she preferred to bath every other day. R77 stated on a previous admission to the facility she received two baths a week which she was satisfied with, however, during her current stay at the facility she was not asked her preference for bathing. She said she would have preferred two baths weekly.</p> <p>In an interview with a licensed practical nurse (LPN)-C on 10/13/15, at 3:03 p.m., the nurse said a bath schedule was set up for the unit, and all residents whose names were highlighted on the list had baths twice a week. The schedule indicated R77 received a bath once weekly which LPN-C confirmed.</p> <p>R77's admission Minimum Data Set (MDS) dated 9/17/15, identified the resident as being cognitively intact and requiring extensive assistance with bed mobility, transferring, personal hygiene, and bathing. The care plan dated 9/28/15, directed staff to provide extensive assistance assistance with bathing and encourage independence as able.</p> <p>In an interview with a registered nurse (RN)-C on 10/14/15, at 2:06 p.m. the nurse explained he developed the bath schedule for the unit. It was futher explained residents were interviewed</p>	21805		

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21805	Continued From page 23 regarding their preferences related to day or evening and the preferred time. Residents were not asked, however, how frequently they preferred a bath. RN-C further stated if resident requested or needed more than one bath a week, the facility would be able to accommodate the request. A related policy was requested but was not provided. SUGGESTED METHOD OF CORRECTION: The facility could develop a system to evaluate resident preferences for type and frequency of bathing, and could put it in place as policy to ensure residents' choices are honored. Audits could be conducted and the results brought to the quality committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21805		
21942	MN St. Statute 144A.10 Subd. 8b Establish Resident and Family Councils Resident advisory council. Each nursing home or boarding care home shall establish a resident advisory council and a family council, unless fewer than three persons express an interest in participating. If one or both councils do not function, the nursing home or boarding care home shall document its attempts to establish the council or councils at least once each calendar year. This subdivision does not alter the rights of residents and families provided by section 144.651, subdivision 27.	21942		11/24/15

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21942	<p>Continued From page 24</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure good faith attempts to establish a family council. This had the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>During the entrance conference on 10/12/15, at approximately 12:00 p.m. the administrator stated the facility did not have an established family council.</p> <p>During an interview on 10/13/15, at 3:50 p.m. the surveyor spoke with R214's family member (FM)-1 and friend (F)-1. Both FM-1 and F-1 explained they visited the facility together often.. Both reported they had never been asked to establish/participate in any family council, nor had they ever seen any flyers related to establishing a family council. FM-1 stated he had attended R214's care conferences, but had never heard of nor had he been encouraged to attend a family council meeting.</p> <p>During an interview on 10/14/15, at 3:15 p.m. with a licensed social worker (LSW)-A it was explained the facility had an established family council group for three years due to the fact families came and went, and did not want to participate. LSW-A stated they had an open door policy where if family had an issue they could see LSW-A or the director of nursing to discuss any issues. LSW-A produced a copy of the flyer that had been posted regarding establishing a family council that was dated 5/27/?? (no year). LSW-A verified she posted a flyer near the elevators two weeks prior to a family council meeting. LSW-A also verified she had never mailed out information</p>	21942	<p>MN St. Statute 144A.10 Subd.8b Family Council Meeting scheduled for November 11, 2015. This information was publicized in multiple public areas of Benedictine Health Center of Minneapolis. Administrator and Social Services Director responsible Date of compliance: November 24, 2015</p>	

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21942	<p>Continued From page 25</p> <p>soliciting interest in forming a family council, nor had it been brought up to families attending care conferences.</p> <p>During an interview on 10/15/15, at 9:38 a.m. the surveyor spoke with R107's a family member (FM)-2. FM-2 stated he was also unaware of any family council in the facility or even knew the function of a family council. FM-2 verified he had never seen any flyers posted relating to a family council meeting date or time scheduled.</p> <p>A policy and procedure for family council was requested, but was not provided.</p> <p>SUGGESTED METHOD OF CORRECTION: The facility could more widely publicize to residents and family the possibility and benefits of forming a family council group to make forming the group and getting good participation more likely. Efforts to form a council could be documented (including the year).</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21942		
21990	<p>MN St. Statute 626.557 Subd. 4 Reporting - Maltreatment of Vulnerable Adults</p> <p>Subd. 4. Reporting. A mandated reporter shall immediately make an oral report to the common entry point. Use of a telecommunications device for the deaf or other similar device shall be considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous</p>	21990		11/24/15

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21990	<p>Continued From page 26</p> <p>maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. A mandated reporter may disclose not public data, as defined in section 13.02, and medical records under section 144.335, to the extent necessary to comply with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to immediately report an allegation of abuse to the designated State agency (SA) for 1 of 4 residents (R61) reviewed for abuse prohibition.</p> <p>Findings include:</p> <p>R61 reported to a surveyor on 10/12/15 at 4:19 p.m. that a trained medication aide, (TMA)-A had called her a "bitch" three to four months earlier. The surveyor informed a registered nurse (RN)-C of R61's allegation at 4:48 p.m. RN-C stated the administrator would be informed right away. At 7:36 p.m. the administrator confirmed he had received a report of R61's allegation of alleged verbal abuse.</p> <p>R61's Minimum Data Set, (MDS) dated 9/8/15, revealed the resident had schizophrenia (which may result in distorted reality), hallucinations, delusions (false beliefs not based in reality, etc.), however, was cognitively intact. R61 had not experienced any hallucinations or delusions during the seven-day assessment period.</p> <p>On 10/13/15 at 10:48 a.m. the social service director (LSW)-A social worker, and licensed</p>	21990		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00960	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2015
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAP	STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404
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21990	<p>Continued From page 27</p> <p>social worker (LSW)-B, administrator, and RN-C reported LSW-A and RN-C had spoken with R61 the previous night. R61 had informed the staff TMA-A called her a "bitch" three to six months ago and kicked at her door. Although LSW-A, LSW-B, RN-C and the administrator confirmed the allegation would have constituted verbal abuse, R61's allegation was not immediately reported to the designated State agency (SA). The rationale for not reporting was due to "stories" consistent with R61's mental health diagnosis, the fact the allegation happened several months prior, and the time frames being somewhat different that was reported to the surveyor. The administrator stated the expectation was allegations of verbal abuse would be immediately reported to the SA, and an investigation would follow.</p> <p>A 7/1/15, Abuse Prevention Plan for Nursing Homes directed staff as follows: "Minnesota: Contact MDH [Minnesota Department of Health] immediately upon receiving a report of possible abuse, neglect, and/or financial exploitation."</p> <p>SUGGESTED METHOD OF CORRECTION: The facility could provide education to ensure all employees know and follow policy on immediate reporting of abuse, and to do reference checks on all new employees. Random audits could be completed and the results brought to the quality committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days.</p>	21990		