#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### CENTERS FOR MEDICARE & MEDICAID SERVICES

ID: HBPG

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

|   | PART I -                  | TO BE COMPI  | LETED BY T                       | THE STAT                      | TE SURVEY A  | AGENCY  |   | Facil  | ity ID: 00960   |
|---|---------------------------|--|----------------------------------|-------------------------------|--|---|---|--|---|
| MEDICARE/MEDICAID PROVIDE     (L1) 245266  2.STATE VENDOR OR MEDICAID     (L2) 196677400        |                           | 3. NAME AND AL<br>(L3) BENEDICT<br>(L4) 618 EAST 1'<br>(L5) MINNEAPO | INE HEALTH<br>7TH STREET         |                               |  | POLIS<br>55404  | 4. TYPE O  1. Initial 3. Termins 5. Validati 7. On-Site | ation 4  | 7 (L8) 2. Recertification 4. CHOW 6. Complaint 9. Other |
| 5. EFFECTIVE DATE CHANGE OF (L9)  | OWNERSHIP                 | 7. PROVIDER/SU<br>01 Hospital  | JPPLIER CATEG<br>05 HHA          | ORY<br>09 ESRD                | <u>02</u> (L7)<br>13 PTIP                          | 22 CLIA   |   | rvey After Com                                     |   |
| 6. DATE OF SURVEY 01/0 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other              | <b>7/2016</b> (L34) (L10) | 02 SNF/NF/Dual<br>03 SNF/NF/Distinct<br>04 SNF                       | 06 PRTF<br>07 X-Ray<br>08 OPT/SP | 10 NF<br>11 ICF/IID<br>12 RHC | 14 CORF<br>15 ASC<br>16 HOSPICE                    |   | FISCAL YEA  |  | DATE: (L35)   |
| 11LTC PERIOD OF CERTIFICATION From (a): To (b):  12.Total Facility Beds 13.Total Certified Beds | 95 (L18)<br>95 (L17)      | Compliance1. A B. Not in Comp  |                                  | am                            | 2. Tech3. 24 H4. 7-Da5. Life                       | ved Waivers Of T<br>inical Personnel<br>lour RN<br>iy RN (Rural SN<br>Safety Code | 6. Sca 7. Me  | ope of Service<br>edical Directo<br>tient Room Siz | r   |
| 14. LTC CERTIFIED BED BREAKD<br>18 SNF 18/19 SNF<br>95  | OWN<br>19 SNF             | ICF  | IID                              |                               | 15. FACILITY N<br>1861 (e) (1) or                  | MEETS   |   | 15)  |   |
| (L37) (L38)   | (L39)                     | (L42)  | (L43)                            |                               |  |   |   |  |   |
| 16. STATE SURVEY AGENCY REM<br>See Attached Remarks   | AARKS (IF APPLICA         | BLE SHOW LTC CA  | ANCELLATION I                    | DATE):                        |  |   |   |  |   |
| 17. SURVEYOR SIGNATURE  |                           | Date :   |                                  |                               | 18. STATE SUR                                      | RVEY AGENCY   | APPROVAL  |  | Date:   |
| Shawn Soucek, HPR   | SWS                       | 0  | 02/27/2016                       | (L19)                         |  | Enforcemen  |   |  | 02/29/2016<br>(L20                                      |
| PA  | RT II - TO BE             | COMPLETED I  | BY HCFA RE                       | GIONAI                        | OFFICE OF  | R SINGLE S  | TATE AGEN   | NCY  | (   |
| 19. DETERMINATION OF ELIGIBLE  _X 1. Facility is Eligible to  2. Facility is not Eligible       | Participate               |  | IPLIANCE WITH<br>HTS ACT:        | ł CIVIL                       | 2. 0   | tatement of Finan<br>Ownership/Contro<br>Both of the Above                        | l Interest Disclos                                      |  | FA-1513)  |
| 22. ORIGINAL DATE   | 23. LTC AGREEN            | MENT 24  | 4. LTC AGREEN                    | MENT                          | 26. TERMINA  | TION ACTION:  |   | (L30)  | )   |
| OF PARTICIPATION <b>02/24/1984</b>  | BEGINNING                 | G DATE   | ENDING DAT                       | ГЕ                            | VOLUNTARY<br>01-Merger, Clos<br>02-Dissatisfaction |   | 0:  | NVOLUNTAE<br>5-Fail to Meet<br>6-Fail to Meet      | Health/Safety   |
| (L24) 25. LTC EXTENSION DATE: (L27)   |                           | VE SANCTIONS n of Admissions:  | (L25)                            |                               | 03-Risk of Involu<br>04-Other Reason               | intary Termination  | n <u>O</u>  | OTHER<br>OTHER<br>7-Provider Sta<br>0-Active       |   |
|   |                           |  | (L45)                            |                               |  |   |   |  |   |
| 28. TERMINATION DATE:   | 29                        | . INTERMEDIARY/  | CARRIER NO.                      |                               | 30. REMARKS  |   |   |  |   |
|   | (L28)                     | 03001  |                                  | (L31)                         |  |   |   |  |   |
| 31. RO RECEIPT OF CMS-1539  | (1.32)                    | . DETERMINATION<br>12/03/2015  | OF APPROVAL                      |                               | DETERMIN   | ΔΤΙΩΝ ΔΡΡΕ  | POVAI   |  |   |

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### CENTERS FOR MEDICARE & MEDICAID SERVICES

### MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

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 ecember 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 theif 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,

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

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

Health

#### POST-CERTIFICATION REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / | MULTIPLE CONSTRUCTION |                                       | DATE OF REVISIT |    |
|------------------------------|-----------------------|---------------------------------------|-----------------|----|
| IDENTIFICATION NUMBER        | A. Building           |                                       |                 |    |
| 245266 <sub>Y1</sub>         | B. Wing               | Y2                                    | 1/7/2016        | Y3 |
| NAME OF FACILITY             |                       | STREET ADDRESS, CITY, STATE, ZIP CODE |                 |    |
| BENEDICTINE HEALTH CENTER    | OF MINNEAPOLIS        | 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).

| ITEN                      | И                             | DATE                      | ITEM      |         |                  | DATE                                   | ITEM      |              |       | DATE       |
|---------------------------|-------------------------------|---------------------------|-----------|---------|------------------|--|-----------|--------------|-------|------------|
| Y4                        |                               | Y5                        | Y4        |         |                  | Y5                                     | Y4        |              |       | Y5         |
| ID Prefix                 | F0225                         | Correction                | ID Prefix | F0226   |                  | Correction                             | ID Prefix | F0242        |       | Correction |
|                           | 483.13(c)(1)(ii)-(ii<br>- (4) | i), (c)(2) 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       |         |                  | -<br>11 <i> </i> 24 <i> </i> 2015<br>- | 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       |         |                  | -<br>11/24/2015<br>-                   | 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       |              |       |            |
| REVIEWE                   |                               | REVIEWED BY               | DATE      |         | SIGNATURE OF S   | URVEYOR                                |           |              | DATE  |            |
| STATE AG                  | ENCY 🔯                        | (INITIALS) GL/mm          | 02/29/2   | 016     |                  | 309                                    | 23        |              | 01/0  | 7/2016     |
| CMS RO                    | D BY                          | REVIEWED BY<br>(INITIALS) | DATE      |         | TITLE            |  |           |              | DATE  |            |
| <b>FOLLOW</b> U 10/15/201 | IP TO SURVEY CO               | OMPLETED ON               |           |         | ANY UNCORRECTE   |  |           |              | ☐ YES | в 🔲 но     |

#### **POST-CERTIFICATION REVISIT REPORT**

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION  A. Building |                                       | DATE OF REVISIT |    |
|--|------------------------------------|---------------------------------------|-----------------|----|
| 245266 <sub>Y1</sub>                               | B. Wing                            | Y2                                    | 1/7/2016        | Y3 |
| NAME OF FACILITY                                   |                                    | STREET ADDRESS, CITY, STATE, ZIP CODE |                 |    |
| BENEDICTINE HEALTH CENTER                          | OF MINNEAPOLIS                     | 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).

| ITEN                 | м                 | DATE                         | ITEM            | DATE  | ITEM          |                     | DATE           |
|----------------------|-------------------|------------------------------|-----------------|---|---------------|---------------------|----------------|
| Y4                   |                   | Y5                           | Y4              | Y5  | Y4            |                     | Y5             |
| ID Prefix            | F0241             | Correction                   | ID Prefix F0246 | Correction  | ID Prefix     | F0278               | Correction     |
| Reg.#                | 483.15(a)         | Completed                    | Reg. #          | 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 | Completed                    | Reg. #          | (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(I)(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. #<br>LSC        |                   | Completed                    | Reg. #<br>      | Completed   | Reg. #<br>LSC |                     | Completed<br>— |
|                      |                   |                              |                 |   |               |                     |                |
| STATE AG             |                   | REVIEWED BY (INITIALS) GL/mm | 02/29/2016      | SIGNATURE OF SURVEYOR   | 23            | DATE 01             | /07/2016       |
| REVIEWEI             | D ВУ              | REVIEWED BY<br>(INITIALS)    | DATE            | TITLE   |               | DATE                |                |
| FOLLOWU<br>11/6/2015 | IP TO SURVEY CO   | OMPLETED ON                  |                 | ANY UNCORRECTED DEFICIENCIES<br>TED DEFICIENCIES (CMS-2567) SEN |               |                     | res 🔲 no       |

#### POST-CERTIFICATION REVISIT REPORT

|                                   | R / SUPPLIER / CL                       |                            | MULTIPLE CONST                     | TRUCTION MAIN BUIL         | DING 0            | 1                        |                     |  |                              |  | DATE O       | F REVIS    | iT    |
|-----------------------------------|---|----------------------------|------------------------------------|----------------------------|-------------------|--------------------------|---------------------|--|------------------------------|--|--------------|------------|-------|
| 245266                            | SATION NOMBER                           |                            | A. Building 01 -<br>B. Wing        | MAIN BUIL                  | ט פאווט.          | 1                        |                     |  |                              | Y2   | 12/14/2      | 2015       | Y3    |
| NAME OF                           | FACILITY                                | 1                          |                                    |                            |                   |                          | STREE               | TADDRESS, CIT                          | Y. STATE. ZIF                |  | ı            |            |       |
|                                   | CTINE HEALTH                            | CENTER C                   | OF MINNEAPOL                       | IS                         |                   |                          | I                   | ST 17TH STREET                         |                              |  |              |            |       |
|                                   |   |                            |                                    |                            |                   |                          | MINNE               | APOLIS, MN 5540                        | )4                           |  |              |            |       |
| program<br>corrected<br>provision | , to show those do<br>d and the date su | eficiencies<br>ch correcti | previously repo<br>ve action was a | rted on the<br>ccomplished | CMS-25<br>d. Each | 67, Staten<br>deficiency | nent of C<br>should | Deficiencies and<br>be fully identifie | Plan of Cor<br>d using eithe | ent Amendments<br>rection, that have<br>er the regulation o<br>of each requireme | r LSC        |            |       |
| ITE                               | М                                       |                            | DATE                               | ITEM                       |                   |                          |                     | DATE                                   | ITEM                         |  |              | DATE       |       |
| Y4                                | ļ                                       |                            | Y5                                 | Y4                         |                   |                          |                     | Y5                                     | Y4                           |  |              | <b>Y</b> 5 |       |
| ID Prefix                         |   |                            | Correction                         | ID Prefix                  |                   |                          |                     | Correction                             | ID Prefix                    |  |              | Correc     | tion  |
| Reg.#                             | NFPA 101                                |                            | Completed                          | Reg. #                     | NFPA 1            | D1                       |                     | Completed                              | Reg. #                       | NFPA 101   |              | Compl      | eted  |
| LSC                               | K0012                                   |                            | 11/02/2015                         | LSC                        | K0050             |                          |                     | 10/30/2015                             | LSC                          | K0062  |              | 10/26/2    | 015   |
| ID Prefix                         |   |                            | Correction                         | ID Prefix                  |                   |                          |                     | Correction                             | ID Prefix                    |  |              | Correc     | tion  |
| Reg. #                            |   |                            | Completed                          | Reg. #                     |                   |                          |                     | Completed                              | Reg. #                       |  |              | Comple     | eted  |
| LSC                               |   |                            |                                    | LSC                        |                   |                          |                     |  | LSC                          |  |              |            |       |
| ID Prefix                         |   |                            | Correction                         | ID Prefix                  |                   |                          |                     | Correction                             | ID Prefix                    |  |              | Correc     | tion: |
| Reg.#                             |   |                            | Completed                          | Reg. #                     |                   |                          |                     | Completed                              | Reg. #                       |  |              | Compl      | eted  |
| LSC                               |   |                            |                                    | LSC                        |                   |                          |                     |  | LSC                          |  | -            | -          |       |
| ID Prefix                         |   |                            | Correction                         | ID Prefix                  |                   |                          |                     | Correction                             | ID Prefix                    |  |              | Correc     | tion  |
| Reg.#                             |   |                            | Completed                          | Reg. #                     |                   |                          |                     | Completed                              | Reg. #                       |  |              | Comple     | eted  |
| LSC                               |   |                            |                                    | LSC                        |                   |                          |                     |  | LSC                          |  |              |            |       |
| ID Prefix                         |   |                            | Correction                         | ID Prefix                  |                   |                          |                     | Correction                             | ID Prefix                    |  |              | Correc     | tion  |
| Reg.#                             |   |                            | Completed                          | Reg. #                     |                   |                          |                     | Completed                              | Reg. #                       |  |              | Comple     | eted  |
| LSC                               |   |                            |                                    | LSC                        |                   |                          |                     |  | LSC                          |  |              |            |       |
| REVIEWE<br>STATE AC               |   | REVIEWE<br>(INITIALS       |                                    | DATE 02/29/2               | 2016              | SIGNATUR                 | RE OF SU            | IRVEYOR                                | 192                          | 51   | DATE<br>12/1 | 4/201      | <br>5 |

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY CMS RO

10/19/2015

REVIEWED BY

(INITIALS)

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

DATE

YES NO

DATE



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,

Mark Weath

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

|                           | MULTIPLE CONSTRUCTION |                                       | DATE OF REVISIT |    |
|---------------------------|-----------------------|---------------------------------------|-----------------|----|
| IDENTIFICATION NUMBER     | A. Building           |                                       |                 |    |
| 00960 <sub>Y1</sub>       | B. Wing               | Y2                                    | 1/7/2016        | Y3 |
| NAME OF FACILITY          |                       | STREET ADDRESS, CITY, STATE, ZIP CODE |                 |    |
| BENEDICTINE HEALTH CENTER | OF MINNEAPOLIS        | 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)

| report for          | 1111).                       |                        |             |                |                   |                     |                                      |           |                              |            |            |
|---------------------|------------------------------|------------------------|-------------|----------------|-------------------|---------------------|--------------------------------------|-----------|------------------------------|------------|------------|
| ITE                 | М                            |                        | DATE        | ITEM           |                   |                     | DATE                                 | ITEM      |                              |            | DATE       |
| Y4                  |                              |                        | Y5          | Y4             |                   |                     | <b>Y</b> 5                           | Y4        |                              |            | Y5         |
| ID Prefix           | 20555                        | c                      | Correction  | ID Prefix      | 20860             |                     | Correction                           | ID Prefix | 21015                        |            | Correction |
| Reg.#               | MN Rule 4658.04<br>Subp. 1   | 105<br>C               | Completed   | Reg.#          | MN Rul<br>Subp. 2 | e 4658.0520<br>: F. | Completed                            | Reg.#     | MN Rule 4658.06<br>Subp. 7   | 10         | Completed  |
| LSC                 |                              | 1                      | 1/24/2015   | LSC            |                   |                     | 11/24/2015                           | LSC       |                              |            | 11/24/2015 |
| ID Prefix           | 21100                        | c                      | Correction  | ID Prefix      | 21435             |                     | Correction                           | ID Prefix | 21620                        |            | Correction |
| Reg. #              | MN Rule 4658.06<br>Subp. 5   | 350 C                  | Completed   | Reg.#          | MN Rul<br>Subp. 1 | e 4658.0900         | Completed                            | Reg. #    | MN Rule 4658.134             | 45         | Completed  |
| LSC                 |                              | 1                      | 1/24/2015   | LSC            |                   |                     | 11/24/2015                           | LSC       |                              |            | 11/24/2015 |
| ID Prefix           | 21805                        | C                      | Correction  | ID Prefix      | 21942             |                     | Correction                           | ID Prefix | 21990                        |            | Correction |
| Reg.#               | MN St. Statute 14<br>Subd. 5 | 44.651<br>C            | Completed   | Reg. #         | MN St.<br>Subd. 8 | Statute 144A.10     | Completed                            | Reg.#     | MN St. Statute 62<br>Subd. 4 | 6.557      | Completed  |
| LSC                 |                              | 1                      | 1/24/2015   | LSC            |                   |                     | 11/24/2015                           | LSC       |                              |            | 11/24/2015 |
| ID Prefix           |                              | c                      | Correction  | ID Prefix      |                   |                     | Correction                           | ID Prefix |                              |            | Correction |
| Reg.#               |                              | c                      | completed   | Reg.#          |                   |                     | Completed                            | Reg.#     |                              |            | Completed  |
| LSC                 |                              |                        |             | LSC            |                   |                     | _                                    | LSC       |                              |            |            |
| ID Prefix           |                              | c                      | Correction  | ID Prefix      |                   |                     | Correction                           | ID Prefix |                              |            | Correction |
| Reg.#               |                              | C                      | completed   | Reg.#          |                   |                     | Completed                            | Reg. #    |                              |            | Completed  |
| LSC                 |                              |                        |             | LSC            |                   |                     |                                      | LSC       |                              |            |            |
|                     |                              |                        |             |                |                   |                     |                                      |           |                              |            |            |
| REVIEWE<br>STATE AC |                              | REVIEWED<br>(INITIALS) | ву<br>GL/mm | DATE<br>02/29/ | 2016              | SIGNATURE OF        | SURVEYOR 309                         | 23        |                              | DATE 01/07 | 7/2016     |
| REVIEWE<br>CMS RO   | ED BY                        | REVIEWED<br>(INITIALS) | вү          | DATE           |                   | TITLE               |                                      |           |                              | DATE       |            |
| FOLLOW<br>10/15/20  | UP TO SURVEY C<br>15         | OMPLETED O             | N           |                |                   |                     | ED DEFICIENCIES<br>S (CMS-2567) SENT |           |                              | ☐ YES      | s 🗆 no     |
|                     |                              |                        |             |                |                   | Page 1 of 1         |                                      |           | EVENT ID:                    | HBPG12     |            |

(11/06)

#### CENTERS FOR MEDICARE & MEDICAID SERVICES

ID: HBPG

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

|  | PART                               | I - TO BE COM   | PLETED BY T                            | THE STAT                      | E SURVEY AG   | ENCY            | F  | acility ID: 00960                                  |  |
|--|------------------------------------|---|--|-------------------------------|---|-----------------|--|--|--|
| 1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245266  2.STATE VENDOR OR MEDICAID NO. (L2) 196677400 | 0.                                 | 3. NAME AND ADI (L3) BENEDICTI (L4) 618 EAST 17 (L5) MINNEAPO | NE HEALTH CI<br>TH STREET              |                               | MINNEAPOLIS (L6) 55404  |                 | 4. TYPE OF ACTION:  1. Initial  3. Termination  5. Validation  | 2 (L8) 2. Recertification 4. CHOW 6. Complaint     |  |
| 5. EFFECTIVE DATE CHANGE OF OWN (L9)   | NERSHIP                            | 7. PROVIDER/SUI   |  | Y<br>09 ESRD                  | 02 (L7) 13 PTIP   |                 | 7. On-Site Visit 9. Other  8. Full Survey After Complaint  |  |  |
| 6. DATE OF SURVEY 10/15/ 8. ACCREDITATION STATUS:  0 Unaccredited 1 TIC 2 AOA 3 Other        | (L34)<br>(L10)                     | 02 SNF/NF/Dual<br>03 SNF/NF/Distinct<br>04 SNF                | 06 PRTF<br>07 X-Ray<br>08 OPT/SP       | 10 NF<br>11 ICF/IID<br>12 RHC | 14 CORF<br>15 ASC<br>16 HOSPICE                               |                 | FISCAL YEAR ENDING 06/30   | DATE: (L35)  |  |
| 11. LTC PERIOD OF CERTIFICATION  From (a):  To (b):  12.Total Facility Beds                  | 95 (L18)<br>95 (L17)               | X B. Not in Com   | equirements                            | n                             | 2. Tech<br>3. 24 H<br>4. 7-Da<br>5. Life                      | nical Personnel | - Following Requirements:  6. Scope of Servi 7. Medical Direct 8. Patient Room S 9. Beds/Room  (L12) | tor  |  |
| 14. LTC CERTIFIED BED BREAKDOWN  |                                    |   |  |                               | 15. FACILITY MI   | EETS            |  |  |  |
| 18 SNF 18/19 SNF<br>95<br>(L37) (L38)  | 19 SNF<br>(L39)                    | ICF<br>(L42)  | (L43)                                  |                               | 1861 (e) (1) or   | 1861 (j) (1):   | (L15)  |  |  |
| 16. STATE SURVEY AGENCY REMARK   |                                    |   |  |                               |   |                 |  |  |  |
| 17. SURVEYOR SIGNATURE   |                                    | Date :  |  |                               |   | VEY AGENCY API  |  | Date:  |  |
| Douglas Stevens, HFI   | E NEII                             |   | 11/13/2015                             | (L19)                         | Enforcer  | ment Speciali   | st   | 12/02/2015 (L20)                                   |  |
|  | PART II - TO                       | BE COMPLETE   | D BY HCFA R                            | EGIONAI                       | OFFICE OR S   | SINGLE STAT     | E AGENCY   |  |  |
| DETERMINATION OF ELIGIBILITY   | icipate                            |   | IPLIANCE WITH (<br>ITS ACT:            | CIVIL                         | 2. (  |                 | al Solvency (HCFA-2572) nterest Disclosure Stmt (HCFA  | A-1513)  |  |
|  | (L21)                              |   |  |                               |   |                 |  |  |  |
| 22. ORIGINAL DATE  OF PARTICIPATION  02/24/1984  (L24)                                       | 23. LTC AGREEMI<br>BEGINNING (L41) |   | 24. LTC AGREEMI<br>ENDING DAT<br>(L25) |                               | 26. TERMINAT  VOLUNTARY  01-Merger, Closu  02-Dissatisfactior | 00              | INVOLUNT<br>05-Fail to Mo  | L30)<br>CARY<br>eet Health/Safety<br>eet Agreement |  |
| 25. LTC EXTENSION DATE:  | 27. ALTERNATIVI A. Suspension of   | of Admissions:  | (L44)                                  |                               | 03-Risk of Involui<br>04-Other Reason f                       | -               | OTHER<br>07-Provider<br>00-Active  | Status Change                                      |  |
| , ,  | B. Rescind Sus                     | pension Date:   | (L45)                                  |                               |   |                 |  |  |  |
| 28. TERMINATION DATE:  | 29                                 | . INTERMEDIARY/C  |  |                               | 30. REMARKS   |                 |  |  |  |
|  |                                    | 03001   |  |                               |   |                 |  |  |  |
|  | (L28)                              |   |  | (L31)                         |   |                 |  |  |  |
| 31. RO RECEIPT OF CMS-1539   | 32                                 | . DETERMINATION (   | OF APPROVAL DA                         | TE                            |   |                 |  |  |  |
|  | (L32)                              |   |  | (L33)                         | DETERMINA   | ATION APPRO     | VAL  |  |  |



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:

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

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

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

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

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

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

#### **DEPARTMENT CONTACT**

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

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: <a href="http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm">http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm</a>

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

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

Sincerely,

Mark Weath

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

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

|                          | OF DEFICIENCIES OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | ` '                 |     | CONSTRUCTION  |     | E SURVEY<br>IPLETED        |
|--------------------------|---|--|---------------------|-----|---|-----|----------------------------|
|                          |   | 245266   | B. WING             |     |   | 10/ | 15/2015                    |
|                          | PROVIDER OR SUPPLIER  | ER OF MINNEAPOLIS  |                     | 618 | REET ADDRESS, CITY, STATE, ZIP CODE<br>BEAST 17TH STREET<br>NNEAPOLIS, MN 55404                                   |     |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | ×   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPI<br>DEFICIENCY) | BE  | (X5)<br>COMPLETION<br>DATE |
| F 000                    | INITIAL COMMEN  |  | F 0                 | 000 |   |     |                            |
|                          | as your allegation of<br>Department's acce<br>enrolled in ePOC, y<br>at the bottom of the   | of correction (POC) will serve of compliance upon the ptance. Because you are your signature is not required a first page of the CMS-2567 nic submission of the POC will tion of compliance.   |                     |     |   |     |                            |
| F 225<br>SS=D            | on-site revisit of you validate that substate regulations has been your verification. 483.13(c)(1)(ii)-(iii), INVESTIGATE/REI   | PORT   | F 2                 | 25  |   |     | 11/24/15                   |
|                          | been found guilty o<br>mistreating residen<br>had a finding entere<br>registry concerning<br>of residents or misa<br>and report any kno-<br>court of law agains<br>indicate unfitness for | ot employ individuals who have f abusing, neglecting, or ts by a court of law; or have ed into the State nurse aide abuse, neglect, mistreatment appropriation of their property; wledge it has of actions by a transpropriation and appropriation of the state nurse aide or of the State nurse aide registry |                     |     |   |     |                            |
|                          | involving mistreatm<br>including injuries of<br>misappropriation of<br>immediately to the<br>to other officials in<br>through established<br>State survey and co                          |  |                     |     |   |     |                            |
| _ABORATOR\               | / DIRECTOR'S OR PROVID  | DER/SUPPLIER REPRESENTATIVE'S SIGN   | NATURE              |     | TITLE   |     | (X6) DATE                  |

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

(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.

| -                        | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | ` '                 | LE CONSTRUCTION (   | X3) DATE SURVEY<br>COMPLETED |
|--------------------------|--|--|---------------------|---|------------------------------|
|                          |  | 245266   | B. WING             |   | 10/15/2015                   |
|                          | PROVIDER OR SUPPLIER   | TER OF MINNEAPOLIS   |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>S18 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404  | 10, 10, 2010                 |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD B<br>CROSS-REFERENCED TO THE APPROPRI<br>DEFICIENCY)  |                              |
| F 225                    | violations are thorous prevent further pot investigation is in pure to the administrator epresentative and with State law (incle certification agency incident, and if the appropriate correct this REQUIREME by:  Based on interview facility failed to immabuse to the design of 4 residents (R61 prohibition.  Findings include:  R61 reported to a sp.m. that a trained called her a "bitch" The surveyor inform of R61's allegation | ave evidence that all alleged bughly investigated, and must ential abuse while the progress.   | F 225               | F 225 It is the practice of Benedictine Heal Center of Minneapolis to immediatel report an allegation of abuse to the designated state agency. A. Resident R61 s allegation was reported to the state agency on Octo 13, 2015. B. Review of expectation of immedia reporting with facility staff. C. Random audits for reporting timeframes by Social Service Direct designee. D. Audit results communicated to Communicated. | ober<br>ate<br>or or         |
|                          | received a report of<br>verbal abuse.  R61's Minimum Da<br>revealed the reside   | nistrator confirmed he had f R61's allegation of alleged at Set, (MDS) dated 9/8/15, ent had schizophrenia (which ted reality), hallucinations |                     | Council for review.  Date of compliance: November 24, 2   | 2015                         |

|                          | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTII<br>A. BUILDIN | PLE CONSTRUCTION  G   |      | E SURVEY<br>IPLETED        |
|--------------------------|--|--|---------------------------|---|------|----------------------------|
|                          |  | 245266   | B. WING                   |   | 10/  | 15/2015                    |
|                          | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS  |                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404                          | -    |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG       | PROVIDER'S PLAN OF CORRECTIO<br>(EACH CORRECTIVE ACTION SHOULI<br>CROSS-REFERENCED TO THE APPROF<br>DEFICIENCY) | ) BE | (X5)<br>COMPLETION<br>DATE |
| F 225                    | however, was cogn experienced any had during the seven-date on 10/13/15 at 10:4 director (LSW)-A so social worker (LSW reported LSW-A and the previous night. TMA-A called her a ago and kicked at h LSW-B, RN-C and the allegation would abuse, R61's allegareported to the designer than the previous night. TMA-A called her a ago and kicked at h LSW-B, RN-C and the allegation would abuse, R61's allegareported to the designer than the previous months price somewhat different surveyor. The admit expectation was all | iefs not based in reality, etc.), itively intact. R61 had not allucinations or delusions ay assessment period.  48 a.m. the social service ocial worker, and licensed (1)-B, administrator, and RN-C of RN-C had spoken with R61 R61 had informed the staff "bitch" three to six months her door. Although LSW-A, the administrator confirmed of have constituted verbal ation was not immediately ignated State agency (SA). In the the allegation happened for, and the time frames being that was reported to the inistrator stated the legations of verbal abuse only reported to the SA, and an | F 22                      | 5   |      |                            |
| F 226<br>SS=D            | Homes directed state Contact MDH [Minrimmediately upon rabuse, neglect, and 483.13(c) DEVELO ABUSE/NEGLECT.  The facility must depolicies and proced mistreatment, negle   | ETC POLICIES  evelop and implement written   | F 22                      | 6   |      | 11/24/15                   |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING |  | (X3) DATE SURVEY<br>COMPLETED   |                            |
|---|--|--|---|--|---|----------------------------|
|   |  | 245266   | B. WING _                               |  | 10/   | 15/2015                    |
| _   | PROVIDER OR SUPPLIER   | TER OF MINNEAPOLIS   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404   | ,   |                            |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>BY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY)   | JLD BE  | (X5)<br>COMPLETION<br>DATE |
| F 226   | Continued From p   | age 3  | F 22                                    | 6  |   |                            |
|   | by: Based on intervier facility failed to improve facility failed to improve facility failed to improve facility failed to reference checks (E1, E2).  Findings include: The facility's 7/1/1 Nursing Homes di "Minnesota: Conta Department of Hereceiving a report and/or financial extended for the facility's 7/1/1 Nursing Homes di "Minnesota: Conta Department of Hereceiving a report and/or financial extended for the surveyor infor of R61 reported to a p.m. that a trained called her a "bitch" The surveyor infor of R61's allegation administrator would 7:36 p.m. the administrator would 7:36 p.m. the administrator would received a report of the facility o | w and document review, the plement their policy for an allegations of abuse to the agency (SA) for 1 of 4 residents abuse prohibition. In addition, a maintain evidence of for 2 of 5 newly employed staff.  5, Abuse Prevention Plan for rected staff as follows: ct MDH [Minnesota alth] immediately upon of possible abuse, neglect, ploitation."  surveyor on 10/12/15 at 4:19 medication aide, (TMA)-A had 'three to four months earlier. med a registered nurse (RN)-C at 4:48 p.m. RN-C stated the d be informed right away. At inistrator confirmed he had of R61's allegation of alleged eata Set, (MDS) dated 9/8/15, and had schizophrenia (which red reality), hallucinations, eliefs not based in reality, etc.), nitively intact. R61 had not allucinations or delusions |   | F226 It is the practice of Benedictine H Center of Minneapolis to maintai evidence of reference checks for employed staff. A. A reference check documenta was created for use by the facility involved in the interview and hirri employees. B. Reviewed expectations related documentation using reference of form with facility staff involved in and hiring process. C. Human Resource Director will new employee files for presence completed reference check form D. Audit results communicated to Council for review. Date of compliance: November 2 | n newly  Ition form y staff ng of new d to check interview I audit of O Quality |                            |

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI JER/CLIA

|                          | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING |   | (X3) DATE SURVEY<br>COMPLETED |                            |
|--------------------------|--|---|---|---|-------------------------------|----------------------------|
|                          |  | 245266  | B. WING _                               |   | 10                            | /15/2015                   |
|                          | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404                  |                               |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE                        | (X5)<br>COMPLETION<br>DATE |
| F 226                    | On 10/13/15 at 10:4 director (LSW)-A so social worker (LSW reported LSW-A and the previous night. called her a "bitch" kicked at her door. RN-C and the admit allegation would ha R61's allegation would ha R61's allegation was the designated State for not reporting was with R61's mental hallegation happened the time frames below as reported to the stated the expectat abuse would be implayed and an investigation.  Personnel files were 8:00 a.m.  1) Employee (E)1's file lacked evidence performed prior to be Employment dated and telephone number reference section, and the employee's preference checks. Employment dated in the employee's preference checks. Employment dated | ay assessment period.  48 a.m. the social service ocial worker, and licensed //-B, administrator, and RN-C of RN-C had spoken with R61 R61 informed the staff TMA-A three to six months ago and Although LSW-A, LSW-B, inistrator confirmed the ve constituted verbal abuse, as not immediately reported to the agency (SA). The rationale as due to "stories" consistent health diagnosis, the fact the diseveral months prior, and and somewhat different that the surveyor. The administrator ion was allegations of verbal mediately reported to the SA, in would follow.  The reviewed on 10/15/15, at the ereference checks had been hire. E1's Application For 6/7/15, revealed two names bers under the personal nowever, there was no how either of the references | F 22                                    | 26  |                               |                            |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   | (X3) DATE SURVEY<br>COMPLETED |                            |
|--|--|---|--|---|-------------------------------|----------------------------|
|  |  | 245266  | B. WING                                |   | 10/                           | 15/2015                    |
|  | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404                |                               |                            |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                    | PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROFICIENCY) | D BE                          | (X5)<br>COMPLETION<br>DATE |
| F 226  | provided by the em section was left bla documentation and facility that reference hiring E2.  On 10/15/15, at 8:2 staff (HR)-A explair checking the Applic for nursing assistar facility. HR-A verifier references listed or form, not did he not references had been employees.  On 10/26/15, at 8:3 therapeutic recreating normal process was make a notation ab margin on the Applic DOW stated she resulting the section of the sectio | ge 5 onal references were not ployee (the personal reference nk). E2's application lacked /or any notation from the es had been checked prior to  0 a.m. the human resource ned he was responsible for eation For Employment forms atts who applied for jobs at the ed he had not called E1's at the employee's application the anywhere on the form that en checked prior to hiring  6 a.m. the director of wellness on (DOW) explained her es to call the references and out the call in the sides of the cation For Employment. The emembered checking nowever, there was no | F 22                                   |   |                               |                            |
| F 242<br>SS=D  | check was completed the DOW.  A policy related to requested by the fath 483.15(b) SELF-DEMAKE CHOICES  The resident has the schedules, and heather interests, assessinteract with members.   | o who or when a reference ed, which was then verified by eference checks was cility, but was not provided. ETERMINATION - RIGHT TO the right to choose activities, alth care consistent with his or esments, and plans of care; ers of the community both the facility; and make choices  | F 24                                   | 2   |                               | 11/24/15                   |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   | (X3) DATE SURVEY<br>COMPLETED                       |                            |
|---|---|--|--|---|---|----------------------------|
|   |   | 245266   | B. WING _                              |   | 10/   | 15/2015                    |
|   | PROVIDER OR SUPPLIEF  | TER OF MINNEAPOLIS   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404                | ·   |                            |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>BY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                    | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | D BE  | (X5)<br>COMPLETION<br>DATE |
| F 242   | about aspects of hare significant to the are significant to have identify resident properties. By a resident of a resident was experiencing sponge baths, but she had been received at home other day. By a received at the facility she received at the preference for bat preference for bat preferred two bath. In an interview with (LPN)-C on 10/13/a bath schedule we residents whose multiple indicated By received. | ENT is not met as evidenced w and document review the ve and implement a system to reference for bathing frequency (R77) reviewed for choices.  Ted on 10/14/15, at 7:57 a.m. at time of her admission she a lot of pain and was receiving over the past couple weeks eiving baths weekly. R77 as she preferred to bath every ated on a previous admission to eived two baths a week which with, however, during her facility she was not asked her thing. She said she would have as weekly.  The a licensed practical nurse (15, at 3:03 p.m., the nurse said as set up for the unit, and all ames were highlighted on the era week. The schedule eived a bath once weekly which | F 24                                   | ,   | the athing nterview 0 cycle ence for d for of s for |                            |
|   | 9/17/15, identified cognitively intact a assistance with be   | Ainimum Data Set (MDS) dated the resident as being and requiring extensive and mobility, transferring, and bathing. The care plan  |  |   |   |                            |

|                          | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | ` '                 | TIPLE CONSTRUCTION  NG   |                     | E SURVEY<br>IPLETED        |
|--------------------------|--|--|---------------------|--|---------------------|----------------------------|
|                          |  | 245266   | B. WING             | ·····  | 10/                 | 15/2015                    |
|                          | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404                       |                     |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE                | (X5)<br>COMPLETION<br>DATE |
| F 248<br>SS=D            | assistance assistance ncourage independence of the part of activities designed the physical, menta of each resident.  assistance assistance encourage independence of pendence | cted staff to provide extensive ce with bathing and dence as able.  a registered nurse (RN)-C on m. the nurse explained he schedule for the unit. It was sidents were interviewed erences related to day or eferred time. Residents were, how frequently they N-C further stated if resident d more than one bath a week, able to accommodate the requested but was not TIES MEET S OF EACH RES  Divide for an ongoing program d to meet, in accordance with assessment, the interests and I, and psychosocial well-being  INT is not met as evidenced ion, interview, and document ailed to provide an activity an individualize essment for 3 of 3 residents | F 2                 |  | an<br>ent s<br>IR16 | 11/24/15                   |

|                          | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                    |     | E CONSTRUCTION   |  | E SURVEY<br>PLETED         |
|--------------------------|--|--|--------------------|-----|--|--|----------------------------|
|                          |  | 245266   | B. WING            |     |  | 10/-   | 15/2015                    |
|                          | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS  |                    | 6   | TREET ADDRESS, CITY, STATE, ZIP CODE<br>18 EAST 17TH STREET<br>IINNEAPOLIS, MN 55404   |  |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFI<br>TAG |     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY)  | BE   | (X5)<br>COMPLETION<br>DATE |
| F 248                    | on her back in bed. or with eye contact communication. A reciling and photos of television in the roop player/radio which of worning at 9:49 and dayroom. Although R52 was not watch R52 was in bed and surveyor. At 2:49 pclosed and no television. At 3:20 p.m. the dining room, how the dining room, how R52 was observed while assisted out to two nursing assistate opened and closed television was was R52 usually kept hemade eye contact a out to the dayroom room sitting in front television volume vishe was assisted be resident was in bed was on in the room remained in bed will dark, and the curtain music was on in the R52 was identified vegetative state and according to the fact The annual Minimu 4/17/15, identified F | She did not respond verbally when the surveyor attempted mobile was hanging from the were on the wall. There was a sm as well as a CD were both off. The following in the resident was in the a the television was turned on, ing the program. At 1:36 p.m. It made eye contact with the sm. the resident's eyes were rision or music was on in the there was a music activity in wever, R52 remained in bed.  on 10/14/15, at 10:03 a.m. of bed with a mechanical lift by ints (NA)-B and NA-C. R52 her eyes during cares. The on. NA-B and NA-C stated er eyes closed, but sometimes and smiled. R52 was wheeled a R52 remained in the day of the television, with the ery low until 11:13 a.m. when ack to bed. At 1:45 p.m. the liwith no television or music. At 3:22 p.m. the resident the eyes closed. The room was in pulled. No television or | F 2                | 248 | necessary. B. A comprehensive assessment or resident needs and activity preferer will be included in the upcoming OF MDS 3.0 cycle. C. Review of expectations related to implementation of residents individuactivity program with activities staff D. Random audit of resident medic records for presence of an individuactivity assessment and plan to medidentified areas of interest. Administresponsible. Audit results communicated to Quality Council for review.  Date of compliance: November 24, | o<br>ualized<br>al<br>alized<br>eet<br>strator |                            |

|                          |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | ` ′                 | ) MULTIPLE CONSTRUCTION BUILDING  |          | (X3) DATE SURVEY<br>COMPLETED |  |
|--------------------------|--|---|---------------------|---|----------|-------------------------------|--|
|                          |  | 245266  | B. WING             |   | 10       | /15/2015                      |  |
|                          | PROVIDER OR SUPPLIER   | TER OF MINNEAPOLIS  |                     | STREET ADDRESS, CITY, STATE, ZIP CO<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404              |          |                               |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORF<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE AI<br>DEFICIENCY) | HOULD BE | (X5)<br>COMPLETION<br>DATE    |  |
| F 248                    | Assessment.  A 4/7/15, annual acoustic indicated "Resileisure in her room TV/radio. She need activities. TR [there provides 1/1 visits socialization to curspecial events." A 10/5/15, indicated unresponsive to Q/is bed bound. We douch and hand magiven." The reside and adaptive need:  A social services no "Resident is in a perunable to complete displays no behavior for all decision malpsychosocial need interactions. Resident is unable Activity attendance R52's activities including a complete activities | ctivity assessment progress sident is stable in her daily with passive participation in ds assistance to attend apeutic recreation] staff for stimulation and rent events, religious service, quarterly activity note dated "Resident continue to be 'A [questions and answers] and offer sensory in her room, assage for comfort measures nt's personal history, interests, is was completed on 8/24/09.  Ote dated 10/13/15, indicated existent vegetative state, as BIMS [cognition test], and ors. Resident has co-guardians kingResident has all is met through staff and family ent's greatest support is dians/mother and sister. It to display mood indicators."  Frecords revealed each month luded news/coffee, church, and nal activities are noted in | F 248               |   |          |                               |  |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING |  |                         | (X3) DATE SURVEY<br>COMPLETED |                            |  |
|---|--|---|---|--|-------------------------|-------------------------------|----------------------------|--|
|   |  | 245266  | B. WING                                 |  |                         | 10/                           | 15/2015                    |  |
|   | PROVIDER OR SUPPLIER  CTINE HEALTH CENT  | ER OF MINNEAPOLIS   |   | STREET ADDRESS, CITY, STATE, ZIP 618 EAST 17TH STREET MINNEAPOLIS, MN 55404                | CODE                    |                               |                            |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CO<br>( (EACH CORRECTIVE ACTIO<br>CROSS-REFERENCED TO TH<br>DEFICIENCY) | ON SHOULD<br>IE APPROPF | BE                            | (X5)<br>COMPLETION<br>DATE |  |
| F 248   | 6) 9/15, 12 activities beauty)  Documentation did sensory stimulation to the activities produce to the activities produce in a persistent veger resident was dependent was dependent activities, the goal ringroups as often a stimulation such as goal did not specify expected from the provided. Approach resident attended vactivities, escort to stimulation (i.e. muaromatherapy, etc.)  On 10/14/15, at 2:2 wellness director (Texplained R52 atterservices on the ween ews/coffee 2-3 time television on when checked on the rescomfortable and profollowing day at 11: staff provided culturisits were "probab"  R7 was observed on his back in his by when surveyor entered to look nor did he as the composition of the provided culturisity were probab. | not include any details of the or 1:1 visit, or R16's response vided.  d 4/10/13, indicated R52 was etative state. Although the ident on staff to provide read, "Will include the resident as possible for sensory is music, massage, etc." The what type of response was resident when activity was nes directed staff to ensure rarious stimulating sensory groups, visit for sensory sic, reading, hand massage, | F 2                                     | 48   |                         |                               |                            |  |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING |  |  | (X3) DATE SURVEY<br>COMPLETED |   |                                   |                            |
|--|--|--|-------------------------------|---|-----------------------------------|----------------------------|
|  |  | 245266   | B. WING                       |   | 10                                | /15/2015                   |
|  | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS  |                               | STREET ADDRESS, CITY, STATE, Z<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404 |                                   |                            |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)   | NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG           | PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE      | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETION<br>DATE |
| F 248  | times and continue activities were not of the continue activities was very restless, the completed R7 calmous restless. NA-D expout on the unit during returned to his room be assisted back to be activated to the community area. Report the community area. Report the community area and the community area and the continue at 10:18 a.m. R7 w. LPN-D explained the continue outside, and hon television in his his room and an explain and the community area be enoughone to two was brought to his stated, "There is not the continue activities and the community area be enoughone to two was brought to his stated, "There is not the continue activities and the community area be enoughone to two was brought to his stated, "There is not the continue activities and the continue activities are activities and the continue activities and the continue activities and the continue activities and the continue activities are activities and the continue activities and the continue activities and the continue activities are activities and the continue activities and the continue activities and the continue activities are activities and the continue ac | d in the same position and observed provided that day.  In 10/13/15, at 3:25 p.m. lying care provided by NA-D. R7 chrashing around his bed, ward his chest and hitting his a frustration. When cares were ned and no longer was lained R7 liked music and was ng activities until he would be m for to be tube fed and would | F 2                           | 48  |                                   |                            |

|                          |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING |  | (X3) DATE SURVEY<br>COMPLETED |                            |
|--------------------------|---|---|---|--|-------------------------------|----------------------------|
|                          |   | 245266  | B. WING                                 |  | 10                            | /15/2015                   |
|                          | PROVIDER OR SUPPLIER  | TER OF MINNEAPOLIS  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404                 |                               |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APP<br>DEFICIENCY) | OULD BE                       | (X5)<br>COMPLETION<br>DATE |
| F 248                    | cares. The Activities not trigger for furth R7's care plan date memory impairmer with dependence of cares. The care plindicated R7 appear and activity in his elected responsed Approaches includes ensory activities, purising an interview the TWD explained he is in his room of 1:1 contact, stimulation, TWD resided staff did 1:1 violated the number of explained that the R7 indicated the number of explained that the restriction of the | as totally dependent on staff for as Care Area Assessment did er assessment.  ed 12/17/12, indicated a ant and inability to communicate, on staff to provide all needs and an dated 6/13/15, for activities ared to enjoy watching people environment. The goal was to asory stimulation groups i.e. tdoors," but did not reelect an a from the resident. ed providing entertainment, pictures, reading aloud and  of on 10/14/15, at 9:22 a.m. with dishe greet R7 every day when in the hallway, "I like to make ation is on his care plan." ing "hi" to R7 was considered eplied "Yes." The TWD also sits on Saturday, Sunday, adays and she was able to full the station of times he received | F 24                                    | В  |                               |                            |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | ` '  | PLE CONSTRUCTION  G |   | (X3) DATE SURVEY<br>COMPLETED |                            |
|--|--|--|---------------------|---|-------------------------------|----------------------------|
|  |  | 245266   | B. WING             |   | 10                            | /15/2015                   |
|  | PROVIDER OR SUPPLIER   | TER OF MINNEAPOLIS   |                     | STREET ADDRESS, CITY, STATE, ZIP COD<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404               |                               |                            |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE AP<br>DEFICIENCY) | OULD BE                       | (X5)<br>COMPLETION<br>DATE |
| F 248  | wellness once, chi<br>walks/outdoor actir<br>preferred activities<br>the month, R7 atte<br>preferred activities<br>reading/music).  3) For 9/15, R7 att<br>1:1 visits once. Pr<br>39 times, however<br>church was counted.  When asked for activities attendance the TW<br>very complicated the Coumentation was she completed the Coumentation was she completed the Cobservation form.  R7'S resident programmed "Resider activity engageme interact from staff, captivities, escort is social groups and engage him as told.  R16 was observed afternoon and every was not seen out of recreational therapy was further observed. | ended news/coffee twice, arch six times and vities once. Although R7's were offered 41 times during ended only attended 10 of the (if church was counted as ended church four times and eferred activities were offered only attended five times (if ed as reading/music) dditional months of activity //D reported the system was o used and no further is provided. The TWD stated Activity Assessment ich resident, but was unable to pleted Activity Assessment was not activity Assessment. The appears to enjoy social we anticipates his needs in him to musicals, spiritual, and events and will continue to erated."  I several times during the ning of 10/12/15. The resident of bed, nor were any by staff seen in her room. She red multiple times again on in bed during all morning and | F 24                | 8   |                               |                            |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  |                     |   | (X3) DATE SURVEY<br>COMPLETED |                            |
|--|--|--|---------------------|---|-------------------------------|----------------------------|
|  |  | 245266   | B. WING             |   | 10                            | /15/2015                   |
|  | PROVIDER OR SUPPLIER   | TER OF MINNEAPOLIS   |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404                  |                               |                            |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPF<br>DEFICIENCY) | ULD BE                        | (X5)<br>COMPLETION<br>DATE |
| F 248  | p.m. lying on her s and the television of the resident's eyes personalized items and a few magazir magazines. The rowith medical equip mattress and pumpliside rails on each stoed, a large oxyge IV pole and two rol supplies.  Observations were with similar results different positions that could be viewed were technical care of her bed up and and receiving med  R16's admission Macognitively impaire staff for care.  During an interview NA-E explained Rabut sometimes like resident's schedule | l in bed on 10/13/15, at 2:36 ide. She was wearing glasses was on with low volume, and were closed. The only in the room were two pictures, hes including religious from was otherwise largely filled ment including a powered air of at the end of the bed, steel side of the head end of the n tank, ventilator, wheelchair, ling steel tables with medical then made of on 10/14/15, at then made of on 10/14/15, at then made of on 10/14/15, at the bed, the only activities and as providing any stimulation es, including having the head being assisted to eat a meal, | F 24                | ,   |                               |                            |
|  | about 10:00 this m<br>and watches TV."<br>Later, at 11:38 a.m<br>her back in with the  | twice this shiftShe will get up orning. When she's up she sits it. the resident was observed on e head and foot of the bed When asked if R16 had been  |                     |   |                               |                            |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING |  |                            | (X3) DATE SURVEY<br>COMPLETED |                            |
|---|---|--|--|--|----------------------------|-------------------------------|----------------------------|
|   |   | 245266   | B. WING                                |  |                            | 10/·                          | 15/2015                    |
|   | PROVIDER OR SUPPLIER  | TER OF MINNEAPOLIS   |  | STREET ADDRESS, CITY, STATE, 2<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404  | ZIP CODE                   |                               |                            |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFI<br>TAG                     | PROVIDER'S PLAN OF<br>X (EACH CORRECTIVE AC'<br>CROSS-REFERENCED TO<br>DEFICIENT | TION SHOULD<br>THE APPROPI | BE                            | (X5)<br>COMPLETION<br>DATE |
| F 248   | nurse (LPN)-E, rep the chair yet." At 2: wheelchair. The tel were closed.  The recreation dep (WC)-A was intervip.m. and stated, "Vevery person in the who are not indepeand say 'good more. On 10/14/15, at 2:0 recreation staff last do they do with [R1 stimulation, converincluded making stimulation, converincluded making stimulation, to or radio, TV, and mall residents in-hour "Because of her framuch. We might retain the room."  A progress note by R16 needed social "We will visit and pmassage, read to hmaterials/radio." The care plan also dated dated 10/15/15, incomplete the room. The current NA wo R16's nails, but did social interaction we have a | morning, a licensed practical slied, "She hasn't been up in 1:25 p.m. R16 was up in the levision was on and her eyes partment wellness coach ewed on 10/14/15, at 1:53 We try to make contact with a facility daily. With the folks endent we will go in and greet | F 2                                    | 248  |                            |                               |                            |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   |      | (X3) DATE SURVEY<br>COMPLETED |  |
|--|--|---|--|---|------|-------------------------------|--|
|  |  | 245266  | B. WING                                |   | 10/  | 15/2015                       |  |
|  | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404  |      |                               |  |
| (X4) ID<br>PREFIX<br>TAG                         | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                    | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPRIES OF THE APPROPRIES OF T | D BE | (X5)<br>COMPLETION<br>DATE    |  |
| F 248  | social visits, pet vis Encouragement wa Health conditions w bound."  Activity attendance visits five times, wa movies/TV "0." For visitors 11 times, m multiple other poss stimulation, massay were made for either During an interview  | books, spiritual/ religious TV, its. Under Needs is 1:1 visits, pacer, passive. Were noted, as well as "bed records revealed for 8/15, 1:1 lks/outdoor activities once, 9/15, 1:1 visits twice and ovies/TV "0" There were ible including sensory ge, and reading, but no entries   | F 24                                   | 8   |      |                               |  |
| F 279<br>SS=D                                    | said the resident was much there" and in visitors so we didn't The facility's 3/07, Indicated, "There is program of activitie needs, interests and the highest level of psychosocial well by 483.20(d), 483.20(k) COMPREHENSIVE A facility must use to develop, review a comprehensive pla. The facility must deplan for each reside objectives and time medical, nursing, a | as admitted in August, "so not September "She had a lot of thave so many opportunities."  Therapeutic Recreation policy an ongoing resident-centered s designed to meet resident's d assist in attaining/maintain physical, mental, and eing."  k)(1) DEVELOP E CARE PLANS  the results of the assessment and revise the resident's | F 27                                   | 9   |      | 11/24/15                      |  |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING |   |  | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|---|---|---|--|-------------------------------|--|
|   |  | 245266  | B. WING                                 |   | 10/1   | 5/2015                        |  |
|   | PROVIDER OR SUPPLIER   | TER OF MINNEAPOLIS  | 6                                       | TREET ADDRESS, CITY, STATE, ZIP CODE<br>18 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404  |  |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>.SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPF<br>DEFICIENCY)   | BE   | (X5)<br>COMPLETION<br>DATE    |  |
| F 279   | to be furnished to a highest practicable psychosocial well-k §483.25; and any side required under due to the resident §483.10, including under §483.10(b)(a). This REQUIREME by: Based on interview facility failed to develop plan for behaviors reviewed for unner reviewed for unner side plan for behaviors reviewed for unner findings include:  R68 had physician (antipsychotic med Depakote (mood side) for dementiation-pharmacologic identified on the rediagnoses includin R68's treatment actindicated the frequibehaviors was beir "clenches," shook "ayayaya" loudly, pcheeks and eyes rediagnoses includin, possessing the properties of the proper | t describe the services that are attain or maintain the resident's physical, mental, and being as required under services that would otherwise \$483.25 but are not provided 's exercise of rights under the right to refuse treatment the right to refuse the right to refuse the right to refuse the right to refuse the right to resident the right to residen | F 279                                   | F279 It is the practice of Benedictine Heal Center of Minneapolis to develop a comprehensive plan of care that incresident 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 CMDS 3.0 cycle.  C. Staff education related to use of non-pharmacological interventions and/or in conjunction with medication. Random audit of care plans by D of Nursing or designee for presence specific non pharmacological interventions and behaviors. Audit communicated to Quality Council for review.  Date of compliance: November 24, | DBRA  prior to ons. Director e of results or |                               |  |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|--|--|--|--|---|-------------------------------|--------------------------|
|  |  | 245266   | B. WING                                |   | 10/15/20                      | 015                      |
|  | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS  | 6                                      | TREET ADDRESS, CITY, STATE, ZIP CODE  18 EAST 17TH STREET  IINNEAPOLIS, MN 55404                                  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                         | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>YMUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPR<br>DEFICIENCY) | BE COM                        | (X5)<br>IPLETION<br>DATE |
| F 279 F 312 SS=D                                 | attempted when Re offered snacks/fluid on ear phones to list by window, applying for pain.  R68's care plan data identified problem a isolating in room. So anticipate and mee appropriate, make appropriate, and and appropriate and appropriate and appropriate appropriate and appropriate appropriate and appropriate and appropriate approp | ealed the following al interventions were 88 was exhibiting behaviors, 18/ nap, assisted with putting sten to music, sitting resident go lavender oil and assessing ed reviewed on 10/2/15, areas of calling out and staff were directed to all of resident's needs, if referral to in-house onitor for cognition, mood and pes. Also notify physician and ere noted, however, the care the behaviors being AR, nor was direction provided al interventions. | F 279                                  |   | 11/2                          | 24/15                    |
|  | daily living receives<br>maintain good nutri<br>and oral hygiene.  | the necessary services to tion, grooming, and personal   |  |   |                               |                          |
|  | by: Based on observat review, the facility for provided for 1 of 1 is  | ion, interview and document ailed to ensure nail care was resident (R14) reviewed for ing (ADLs) and who was   |  | F312 It is the practice of Benedictine Hea Center of Minneapolis to provide na based on residents dependency.     |                               |                          |

|                          | OF DEFICIENCIES OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | ` ′                 |    | E CONSTRUCTION  |   | E SURVEY<br>PLETED         |
|--------------------------|---|---|---------------------|----|---|---|----------------------------|
|                          |   | 245266  | B. WING             |    | <del></del>   | 10/-  | 15/2015                    |
|                          | PROVIDER OR SUPPLIER  | ER OF MINNEAPOLIS   |                     | 61 | REET ADDRESS, CITY, STATE, ZIP CODE<br>8 EAST 17TH STREET<br>INNEAPOLIS, MN 55404   |   |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | <  | PROVIDER'S PLAN OF CORRECTIO<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY)   | BE  | (X5)<br>COMPLETION<br>DATE |
| F 312                    | dependent on staff Findings include: R14 reported in an p.m. that his toenai needed trimming. Wednesdays, and I "in a long time." Rand thick so I usual podiatrist. R14's care plan dai required increased self-care deficit with immobility. R14's niworksheet indicated showered Wednesd staff to report any relicensed nurse. On 10/15/15, at 9:4 (RN)-E verified R14 should have been the would have expected are on bath days, care was needed for the facility did not unails had been trim performed as need "Obviously his nails (Wednesday) on R A licensed practical bathing/showering LPN-B stated the need performing nail care | interview on 10/12/15, at 6:01 Is were getting long and He stated his bath days were he had not had his toenails cut 14 stated "my nails are long Illy go downstairs" to the ted 12/15, indicted R14 care needs and had a n dressing/grooming related to ursing assistant (NA) do the resident was to be day evenings, and directed eddened or open areas to the 4.5 a.m. a registered nurse 4.5 toenails were long and rimmed. RN-E explained she ed the NAs to perform nail or to let a nurse know if nail or any resident. RN-E stated tilize a form to indicate when med, but it should have been ed on bath days. RN-E stated, is were not cut yesterday" 14.1 s scheduled bath day.  I nurse (LPN)-B explained the process on 10/15/15 9:51 a.m. urses were responsible for | F3                  | 12 | A. Nail care was completed for R 10/16/15 by podiatry service. ¿¿ B. Review of expectations related care with nursing staff. C. Random audit of grooming spenail care directed by Director of Nudesignee. D. Audit results communicated to Council for review. Date of compliance: November 24. | to nail<br>ecific to<br>rsing or<br>Quality |                            |

|                          | OF DEFICIENCIES<br>F CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | , ,                 | IPLE CONSTRUCTION  NG  |      | E SURVEY<br>PLETED         |
|--------------------------|---|---|---------------------|--|------|----------------------------|
|                          |   | 245266  | B. WING _           |  | 10/  | 15/2015                    |
|                          | ROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS   |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404   | •    |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE | D BE | (X5)<br>COMPLETION<br>DATE |
| F 312                    | was only responsib who had diabetes, I resident's toenails, resident's toenails, NA-A reported on 1 assisted R14 with of included cleaning the dressing and groom R14's toenails were resident with his so bath days nail care and he informed the nail care for a resid were seen by the percare was not documered.  R14's Shower Day 7/8/15 through 9/30 revealed the reside not include informat provided. R14's las 10/30/14, indicated all 10 digits were medebrided to the level with good relief of sin 10 weeks."  The facility's 12/02 Trimming policy direas necessary to the | ge 20 spleted by the NAs, and she le for cutting resident's nails if NAs were unable to trim a they were to inform the nurse.  0/15/15, at 10:18 a.m. he had eares that morning, which had he resident, as well as hing. NA-A stated he noticed hong when he assisted the cks. NA-A explained that on was provided for residents, he nurses when he performed ent. Also, some residents hodiatrist. NA-A verified nail hented in a resident's medical  Skin Exam sheets dated h/15 for every Wednesday, ht's skins was intact, but did tion showing nail care was t On-Site Podiatry note dated h, "offending nail margins of echanically and electrically hel of normal underlying nail bed hymptomsTo be seen again  FingernailsCleaning and hected staff to provide nail care he residents, however, the policy ha procedure for toenail | F 31                |  |      |                            |
| F 371<br>SS=F            | 483.35(i) FOOD PF   | ROCURE,<br>/SERVE - SANITARY  | F 37                | 71   |      | 11/24/15                   |

|                          | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                   | ` '                 | LE CONSTRUCTION  | (X3) DATE<br>COME   | SURVEY<br>PLETED           |  |
|--------------------------|--|--|---------------------|--|---|----------------------------|--|
|                          |  | 245266   | B. WING             |  | 10/1  | 5/2015                     |  |
|                          | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS  | 6                   | TREET ADDRESS, CITY, STATE, ZIP CODE<br>118 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404  |   |                            |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY)  | BE  | (X5)<br>COMPLETION<br>DATE |  |
| F 371                    | considered satisfact authorities; and  | om sources approved or ctory by Federal, State or local distribute and serve food    | F 371               |  |   |                            |  |
|                          | by: Based on observareview, the facility for machines were macondition and unit remperatures. This residents in the facility failed to supplements for 1 mutritional supplements for 1 mut | kitchen and units was<br>2/15 at 12:00 a.m. with the                                 |                     | F371 Benedictine Health Center of Minne has a maintenance agreement in pthe ice machines along with cleaning the exterior by facility staff. Thermometers present in the refrigerators; documentation form for purpose of logging temperatures products, such as supplements, be removed and disposed of if not confatter 72 hours. Audits of above by the Environment Services Director; results presented Quality Council for review. Date of compliance: November 24, | lace for any of the resent. In of ing issumed tall did to |                            |  |

|                          | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | ` ′                 | TIPLE CONSTRUCTION  NG   |           | E SURVEY<br>MPLETED        |
|--------------------------|--|---|---------------------|--|-----------|----------------------------|
|                          |  | 245266  | B. WING             |  | 10/       | /15/2015                   |
|                          | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS   |                     | STREET ADDRESS, CITY, STATE, ZIP CO<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404             |           |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFI)<br>TAG | PROVIDER'S PLAN OF CORI<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE A<br>DEFICIENCY) | SHOULD BE | (X5)<br>COMPLETION<br>DATE |
| F 371                    | responsible for clear and water machine  2) The 2nd floor the read 45 degrees Falog sheet for record of an October log substitute recorded on the log freezer lacked a the juice, cream, apple The DM reported substitute, cream, apple recorded. The DM staff was responsible temperatures, since medication rooms, contained three supname dated 9/18, substitute, substitute for the cart supplement was plaunit refrigerator. Although the could still be served to Raylor and the survey be served to Raylor and the surve | ousekeeping staff was aning and maintaining the ice is.  ermometer in the refrigerator ahrenheit (F). A September ling temperatures was on top heet that was posted on the No temperatures had been in The 1st floor refrigerator and ermometer, and contained sauce and residents' food, he did not know what the exertigerators and freezers is month, as they had not been explained that the nursing le for recording the explained that read unfrozen ored in the refrigerator no The DM explained the dates | F3                  | 71   |           |                            |

|                          | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | , ,                 | PLE CONSTRUCTION  G   |       | E SURVEY<br>IPLETED        |
|--------------------------|--|---|---------------------|---|-------|----------------------------|
|                          |  | 245266  | B. WING             |   | 10/   | 15/2015                    |
|                          | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS   |                     | STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404                      | ,     |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | .D BE | (X5)<br>COMPLETION<br>DATE |
| F 371                    | services director (E housekeeping staff cleaning the exteric However, the ice m routinely nor were to preventive mainten explained the filters twice monthly. A count the ESD on 10/13/clean the interior of months. In additionalso been professionalso been professional | O p.m. the environmental ESD) explained the was responsible for regularly or of the ice machines. The enachines were not cleaned the checked as part of ance checks. The ESD is should have been cleaned entract had just been signed by 15, for a cleaning company to if the ice machines every six in, new spouts and grates had conally installed on 10/13/15.  The rigerator Cleaning Flow Sheet roduct not consumed within 72 it is removed and disposed erator is checked daily for: a. Ing between 32 F to 40 F b. | F 37                |   |       |                            |

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SLIPPLIER/CLIA

|                          | OF DEFICIENCIES DF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | , ,  | IPLE CONSTRUCTION  IG   |        | TE SURVEY<br>MPLETED       |  |
|--------------------------|---|---|--|---|--------|----------------------------|--|
|                          |   | 245266  | B. WING _  |   | 10     | /15/2015                   |  |
|                          | 245266  ME OF PROVIDER OR SUPPLIER  ENEDICTINE HEALTH CENTER OF MINNEAPOLIS  X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 431 Continued From page 24 F 431 F 431 483.60(b), (d), (e) DRUG RECORDS,  | ER OF MINNEAPOLIS   | STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404 |   |        | ,                          |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | / MUST BE PRECEDED BY FULL  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRODER (DEFICIENCY) | JLD BE | (X5)<br>COMPLETION<br>DATE |  |
| F 431<br>F 431<br>SS=D   | 483.60(b), (d), (e) ILABEL/STORE DR  The facility must en a licensed pharmacof records of receip controlled drugs in accurate reconciliar records are in orde controlled drugs is reconciled.  Drugs and biological labeled in accordar professional princip appropriate access instructions, and thapplicable.  In accordance with facility must store a locked compartmen controls, and perminave access to the The facility must professional princip appropriate access instructions, and perminace access to the control of the facility must professional princip appropriate access instructions, and thapplicable.  In accordance with facility must store a locked compartmen controls, and perminave access to the Controlled drugs list Comprehensive Drugs accept when package drug distriquantity stored is more acceptable. | DRUG RECORDS, EUGS & BIOLOGICALS  Inploy or obtain the services of cist who establishes a system of and disposition of all sufficient detail to enable an action; and determines that drug or and that an account of all maintained and periodically  als used in the facility must be not with currently accepted oles, and include the ory and cautionary expiration date when  State and Federal laws, the all drugs and biologicals in onts under proper temperature to only authorized personnel to keys.  Ovide separately locked, decompartments for storage of the did schedule II of the ug Abuse Prevention and and other drugs subject to the facility uses single unit bution systems in which the minimal and a missing dose can | F 43   |   |        | 11/24/15                   |  |
|                          | This REQUIREMENT by:  | NT is not met as evidenced  |  |   |        |                            |  |

| 245266  NAME OF PROVIDER OR SUPPLIER  BENEDICTINE HEALTH CENTER OF MINNEAPOLIS   | 10/15/2015   |
|--|--|
| BENEDICTINE HEALTH CENTER OF MINNEAPOLIS  618 EAST 17TH STREET MINNEAPOLIS, MN 55404   |  |
| OUR MADY OTATEMENT OF DEFICIENCIES   |  |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIDE DEFICIENCY)   | BE COMPLÉTION  |
| F 431 Continued From page 25 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 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 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.  R54's record indicated a physician order for latanoprost drops .005% one drop each eye at bedtime for glaucoma.  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 drops also for R54 was currently receiving the medication service. | and yy  ted sed, ased. ased. arere  ate  y staff eds arts and expired birector as or |

| -                        | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | ` '                 | TIPLE CONSTRUCTION ING   |  | ATE SURVEY<br>DMPLETED     |
|--------------------------|--|--|---------------------|--|--|----------------------------|
|                          |  | 245266   | B. WING             |  | 11                                     | 0/15/2015                  |
|                          | PROVIDER OR SUPPLIER   | ER OF MINNEAPOLIS  |                     | STREET ADDRESS, CITY, STATE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404 | E, ZIP CODE                            |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN ( X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE      | ACTION SHOULD BE<br>TO THE APPROPRIATE | (X5)<br>COMPLETION<br>DATE |
| F 431                    | been dated when on the content of th | eye medication should have pened. If the medication was e directed to then count the ened date.  cord indicated a physician of the drops .005% one drop each glaucoma.  5, Medication Storage in the lated "outdated, contaminated dication and those in cracked, soiled, unlabeled or ures are immediately removed and of according to facility dication destruction and armacy if a current order  anoprost manufacturer's endrop medication was to be bottles in the refrigerator, degrees F. "Do not freeze. | F 4                 | .31  |  |                            |

PRINTED: 11/13/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 (X3) DATE SURVEY COMPLETED

245266

B. WING

10/19/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

| BENEDICTINE HEALTH CENTER OF MINNEAPOLIS |  |                     | 618 EAST 17TH STREET MINNEAPOLIS, MN 55404  |  |  |  |
|--|--|---------------------|---|--|--|--|
| (X4) ID<br>PREFIX<br>TAG                 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETION DATE |  |  |  |
| K 000                                    | INITIAL COMMENTS   | K 00                | 00  |  |  |  |
|  | FIRE SAFETY  |                     |   |  |  |  |
|  | 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.   |                     | Elas-   |  |  |  |
|  | UPON RECEIPT OF AN ACCEPTABLE POC, AN ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.  |                     |   |  |  |  |
|  | A 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. |                     |   |  |  |  |
|  | PLEASE RETURN THE PLAN OF<br>CORRECTION FOR THE FIRE SAFETY<br>DEFICIENCIES<br>( K-TAGS) TO:   |                     | EPOC  |  |  |  |
|  | Health Care Fire Inspections<br>State Fire Marshal Division<br>445 Minnesota St., Suite 145<br>St Paul, MN 55101-5145, or  |                     |   |  |  |  |
| ABOBATOR                                 | DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN.   | ATURE               | TITLE (X6) DATE   |  |  |  |

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

**Electronically Signed** 

11/12/2015

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.

Facility ID: 00960

PRINTED: 11/13/2015 FORM APPROVED OMB NO. 0938-0391

|                   | CENTER                   | RS FOR MEDICARE  | & MEDICAID SERVICES   |                    |     |   | TVID IVO.         | 0930-0391                  |
|-------------------|--------------------------|--|---|--------------------|-----|---|-------------------|----------------------------|
|                   |                          | OF DEFICIENCIES<br>F CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                    |     | E CONSTRUCTION<br>01 - MAIN BUILDING 01   | (X3) DATE<br>COMF | SURVEY                     |
|                   |                          |  | 245266  | B. WING            |     |   | 10/1              | 9/2015                     |
|                   | NAME OF P                | ROVIDER OR SUPPLIER  |   |                    |     | TREET ADDRESS, CITY, STATE, ZIP CODE  |                   |                            |
|                   | BENEDIC                  | TINE HEALTH CENT   | HEALTH CENTER OF MINNEAPOLIS  618 EAST 17TH STREET  MINNEAPOLIS, MN 55404   |                    |     |   |                   |                            |
|                   | (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFI<br>TAG |     | PROVIDER'S PLAN OF CORRECTIO<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY) | BE                | (X5)<br>COMPLETION<br>DATE |
|                   | K 000<br>K 012<br>SS=F   | DEFICIENCY MUSE FOLLOWING INFO  1. A description of to correct the defice  2. The actual, or possible for corprevent a reoccurre. This 5-story building Type II(000) construction and is fully fire springly fire and is fully fire springly fire and is monitored for notification. The faction and had a census. The requirement and NOT MET as evident NOT MET as evident NOT MET as evident and had a construction of the requirement and NOT MET as evident N | state.mn.us and n@state.mn.us  PRRECTION FOR EACH ST INCLUDE ALL OF THE DRMATION:  what has been, or will be, done iency.  roposed, completion date.  or title of the person rection and monitoring to ence of the deficiency.  Ing was determined to be of ruction. It has a full basement inklered throughout. The facility stem with smoke detection in spaces open to the corridors or automatic fire department cility has a capacity of 95 beds of 79 at the time of the survey.  It 42 CFR, Subpart 483.70(a) is |                    | 000 |   |                   | 11/2/15                    |
| The second second |                          | This STANDARD  | is not met as evidenced by:   |                    |     | = =   |                   |                            |

Facility ID: 00960

PRINTED: 11/13/2015 FORM APPROVED OMB NO. 0938-0391

| ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIE  BENEDICTINE HEALTH CEN  |  |               | PLE CONSTRUCTION G 01 - MAIN BUILDING 01  STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET    | (X3) DATE SURVEY COMPLETED |
|---|--|---------------|---|----------------------------|
|   | TER OF MINNEAPOLIS  TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  |               | 618 EAST 17TH STREET  | 10/19/2015                 |
|   | TER OF MINNEAPOLIS  TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  | ID            | 618 EAST 17TH STREET  |                            |
|   | CY MUST BE PRECEDED BY FULL  | ID            | MINNEAPOLIS, MN 55404   |                            |
| PREFIX (EACH DEFICIEN   |  | PREFIX<br>TAG | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE COMPLET             |
| does not meet the type and height. This deficient pra   | page 2 ation and interview, this building e requirement for construction ctice could affect all residents.   | K 01          | K012 Correction not needed. Benedictine Health Center of Minneapolis has achie passing FSES score.      | eved a                     |
| 10/19/2015, obse<br>5-story, non-com<br>construction does<br>construction requ<br>height. The roof<br>fire rating.  | rvation revealed that this bustible facility of Type II(000) not meet the minimum irements for a building of this of the facility does not have a ctice was verified by the ervisor at the time of the   |               |   |                            |
| FSES can establicated fire safety the Life Safety Control NFPA 101 LIFE Signs SS=F  Fire drills are held varying conditions. The staff is familicated that drills are part Responsibility for assigned only to qualified to exercice conducted between the safety safety. | AFETY CODE STANDARD  If at unexpected times under so, at least quarterly on each shift. The ar with procedures and is aware of established routine. In planning and conducting drills is competent persons who are see leadership. Where drills are then 9 PM and 6 AM a coded ay be used instead of audible | K 05          | 50  | 10/30/                     |
|   |  |               |   | atiquation about Pego      |

Facility ID: 00960

| CENTER                   | RS FOR MEDICARE  | E & MEDICAID SERVICES   |                     |   | CIVID IVO.   | 0930-0391                  |
|--------------------------|--|---|---------------------|---|--|----------------------------|
| STATEMENT                | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                     | IPLE CONSTRUCTION<br>NG <b>01 - MAIN BUILDING 01</b>  |  | SURVEY<br>PLETED           |
|                          |  | 245266  | B. WING _           |   | 10/  | 19/2015                    |
|                          | PROVIDER OR SUPPLIER   | TER OF MINNEAPOLIS  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>618 EAST 17TH STREET<br>MINNEAPOLIS, MN 55404  |  |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY)   | ULD BE   | (X5)<br>COMPLETION<br>DATE |
| K 050<br>K 062<br>SS=E   | This STANDARD Based on review of determined that the of the fire drills in a (00) Section 19.7. Could affect how silmproper reaction of all 85 residents.  Findings include:  On facility tour be 10/19/2015, a revireports in 2014 and had conducted Dathours of 8:15 AM, and a Night-Shift of AM, 2:30 AM, 6:00 accordance with STAM AID LIFE SAME AID LIFE SAME Required automatic condition and are incondition and are incondition and are incondition. | is not met as evidenced by: of records and interview, it was e facility failed to vary the times accordance with NFPA 101 LSC 1.2. This deficient practice taff react in the event of a fire. by staff would affect the safety  tween 1:00 PM and 4:30 PM on ew of the available fire drill d 2015 revealed that the facility y-Shift fire drills between the 2:22 PM, 1:50 PM, 1:05 PM, ire drill between 5:30 AM, 5:00 0 AM not varying the times in ection 19.7.1.2. | K 05                | K050 Benedictine Health Cer Minneapolis will conduct unannounced fire deleast quarterly on each shift. The Mar Director will vary the times of each fire deshift by at least one and one/half hou hours. The Maintenance Director will be responsible for auditing this schedule and mee requirements of NFPA 101 LSC Section 19.7.1.2. | rills at intenance rill on each urs to two ee ting the | 10/26/15                   |
|                          | Based on docume with staff, the facil and maintain the a accordance with N   | is not met as evidenced by:<br>entation review and interview<br>ity has failed to properly inspect<br>automatic sprinkler system in<br>IFPA 101 LSC (00) section<br>is deficient practice does not  |                     | K062 Sprinkler heads in walk<br>and freezer replaced 10-26-15.<br>Maintenance<br>Director will monitor to insure the<br>sprinkler   |  |                            |

PRINTED: 11/13/2015 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 245266 B. WING 10/19/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 618 EAST 17TH STREET BENEDICTINE HEALTH CENTER OF MINNEAPOLIS MINNEAPOLIS, MN 55404 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 062 Continued From page 4 heads are replaced in accordance with ensure that the fire sprinkler system is functioning NFPA 13(99) and NFPA 25(98). 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).

#### 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

Phone: 651.430.3012 Fax: 651.430.3012 Cell: 651-769-7778

Email: <u>Tom.Linhoff@state.mn.us</u> Web: www.fire.state.mn.us

"The unauthorized disclosure or interception of e-mail is a federal crime. See 18 U.S.C SEC. 2517(4). This e-mail is intended only for the use of those whom it is addressed and may contain information which is privileged, confidential and exempt from disclosure under the law. If you have received this e-mail in error, do not distribute or copy it. Return it immediately to the sender with attachments, if any, and notify the sender by telephone."



### REPORT OF CONSULTANT FSES FINDINGS

# Benedictine Health Center of Minneapolis 618 East 17<sup>th</sup> 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



16768 County Road 160 Cold Spring, MN 56320 (320) 685-8559

E-mail: RImholteFiresafe@aol.com

November 09, 2015

Mr. Dave Brennan Administrator Benedictine Health Center of Minneapolis 618 East 17<sup>th</sup> 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 17<sup>th</sup> 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 J. Umkalle

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 17<sup>th</sup> 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:

- o Information provided by Mr. Dave Brennan, Administrator; Mr. Dan Withrow, Maintenance Director; and Mr. Don Tharaldson, CSR Manager;
- o A review of the Statement of Deficiencies (Form CMS-2567) from a fire/life safety recertification survey conducted on 10/19/2015; and
- o 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 1<sup>st</sup> 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.

Survey Date: 11/02 & 06/2015

Page 2 of 19

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).

Survey Date: 11/02 & 06/2015

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#### 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".
- o 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.
- o 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.
- o 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. OCCUPANY 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.

Survey Date: 11/02 & 06/2015

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#### **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 "<½ hour".

5. Doors to Corridor [Score: +1]:

Corridor doors in this zone were found to be of 1%-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 ft<sup>2</sup> 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.

Survey Date: 11/02 & 06/2015

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#### 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 (7) [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 "<½ hour".
- 5. Doors to Corridor [Score: 0]:
  - Most of the corridor doors in this zone were found to be of 1%-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 22%" 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.

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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. OCCUPANY 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 (7) [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 "<½ hour".

5. Doors to Corridor [Score: +1]:

Corridor doors in this zone were found to be of 1%-inch-thick solid wood construction.

6. Zone Dimensions [Score: +1]:

This zone measures approximately 55 feet in length.

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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. 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 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 (7) [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 "<½ hour".

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5. Doors to Corridor [Score: +1]:

Corridor doors in this zone were found to be of 1%-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. OCCUPANY 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 (7) [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.

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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 1%-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. 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 = 1.2]: 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 (7) [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.

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#### **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 "<½ hour".

5. Doors to Corridor [Score: +1]:

Corridor doors in this zone were found to be of 1%-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. 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 14 residents in this zone.
- 3. Zone Location (L) [Value assigned = 1.2]: This zone is two floor heights above First Floor.

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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: -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 1%-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.

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#### Zone 9 - Third Floor East/Zone 10 - Third Floor West:

#### **TABLE 1. OCCUPANY 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 (7) [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.

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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. 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 = 1.2]: 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 1%-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.

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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. 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 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 1%-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.

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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. OCCUPANY 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 1%-inch-thick solid wood construction.

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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. 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 = 1.2]: 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 (7) [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.

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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 1%-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. OCCUPANY 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 5<sup>th</sup> 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.

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#### **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 1%-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.

\* \* \* \* \* \* \* \* \* \* \* \*

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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*.

|      |       | OMB Exempt |
|------|-------|------------|
| VF / | OF (/ | ZONES      |

|                                 |          | ZONE        |          | OF(     | ZONES |
|---------------------------------|----------|-------------|----------|---------|-------|
| FIRE/SMOKE ZONE* EVALUATION WOR | KSHEET F | OR HEALTH ( | CARE FAC | CILITIE | S     |

|                                    | 2000 LIFE SAFETY CODE                              |
|------------------------------------|--|
| FACILITY 1                         | BUILDING   |
| BENEDICTINE HEALTH CENTER OF MINI  | REAPOUS OI-MAIN BUILDING                           |
| ZONE(S) EVALUATED                  |  |
| BASEMENT                           |  |
| PROVIDER/VENDOR NO.                | DATE OF SURVEY                                     |
| 245266                             | 11/06/2015   |
| COMPLETE THIS WORKSHEET FOR EACH 7 | ONE 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            | Y RISK PARAM                       | ETER FACT   | ORS                                  |                     |  |  |
|--|------------------------------|-------------------------|------------------------------------|---|--------------------------------------|---------------------|--|--|
| Risk Parameters                        | Risk Factors Values          |                         |                                    |   |                                      |                     |  |  |
| 1. Patlent                             | Mobility Status              | Mobile Limited Mobility |                                    | lobility  | Not Mobile                           | Not Movable         |  |  |
| Mobility (M) Risk Factor               | Risk Factor                  | 1.0                     | 1.6                                |   | 3.2                                  | 4.5                 |  |  |
| 2. Patient<br>Density (D)              | No. of Patients              | 1–5                     | 6–10                               | 0   | 11–30                                | >30                 |  |  |
| . , ,                                  | Risk Factor                  | 1.0                     | 1.2                                |   | 1.5                                  | 2.0                 |  |  |
| 3. Zone Floor Location (L) Risk Factor | Floor                        | 10                      | 2 <sup>nd</sup> or 3 <sup>nd</sup> | 2 <sup>nd</sup> or 3 <sup>nd</sup> 4 <sup>th</sup> to 6 <sup>th</sup> |                                      | Basements           |  |  |
|  | Risk Factor                  | 1.1                     | 1.2                                | 1.2 1.4   |                                      | (1.6)               |  |  |
| 4. Ratio of Patients to                | <u>Patients</u><br>Attendant | <u>1–2</u><br>1         | <u>3–5</u><br>1                    | <u>6–10</u><br>1  | <u>≥10</u><br>1                      | One or More<br>None |  |  |
| Attendants (T) Risk Factor             | Risk Factor                  | 1.0                     | 1.1                                | 1.1 1.2 1   |                                      | 4.0                 |  |  |
| 5. Patient                             | Age                          | Under 65 Yea            | rs and Over 1 year                 | 6   | 65 Years and Over 1 Year and Younger |                     |  |  |
| Average<br>Age (A) Ris                 | Risk Factor                  |                         | 1.0                                |   | (1.2)                                |                     |  |  |

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

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

| TABLE 2. OC    | CUPANO     | CY RISK | FACTO | OR CALC  | JLATION      |                   |  |
|----------------|------------|---------|-------|----------|--------------|-------------------|--|
| OCCUPANCY RISK | M<br>3.2 X | D 1.0 X | L     | x [].6 x | A<br>[5.2] = | <b>F</b><br>= 6.1 |  |

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

- A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table 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 3B. (EXISTING BUILDINGS) |
|--------------------------------|
| FR                             |
| 0.6 x $[6.1] = [3.1] = 4$      |
|                                |

| * FIRE/SMOKE ZONE is a space separated from all other spaces by fle | oors, horizontal exits, or smoke barriers. |                 |   |
|---|--|-----------------|---|
| SURVEYOR SIGNATURE ROLLY S. LINGUILLE, FIRE SAFETY RESOURCES, LLC   | TITLE PRESIDENT                            | DATE 11/09/2015 |   |
| FIRE AUTHORITY SIGNATURE  | FIRE SAPERY SUPERVISOR                     | DATE 11/17/2015 |   |
| Form CMS-2786T (02/2013)  |  | Page            | 1 |

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

|   |                               |                                     | TABL     | E 4.              |                 |                               |                           |                         |   |   |
|---|-------------------------------|-------------------------------------|----------|-------------------|-----------------|-------------------------------|---------------------------|-------------------------|---|---|
| Safety Parameters                           |                               |                                     | Saf      | ety Paran         | neters V        | /alues                        |                           |                         |   |   |
| 1. Construction                             | Ţ                             | Combustible<br>Types III, IV, and V |          |                   |                 |                               | NonCombu<br>Types I a     |                         |   |   |
| Floor or Zone                               | 000                           | 111                                 | 111 200  |                   | 2HH             | 000                           | 111                       | 222, 332, 4             |   |   |
| First                                       | -2                            | 0                                   | -2       | C                 |                 | 0                             | 2                         | 2                       |   |   |
| Second                                      | -7                            | -2                                  | -4       | -:                | 2               | (-2)                          | 2                         | 4                       |   |   |
| Third                                       | -9                            | -7                                  | -9       | 07                | 7               | -7                            | 2                         | 4                       |   |   |
| 4th and Above                               | -13                           | -7                                  | -13      | -                 | 7               | -9                            | -7                        | 4                       |   |   |
| 2, Interior Finish<br>(Corridors and Exits) | Class C<br>-5(0) <sup>f</sup> | Class<br>0(3)                       |          | Clas              | ss A            |                               |                           |                         |   |   |
| 3. Interior Finish                          | Class C                       | Class                               | В        | Clas              | ss A            |                               |                           |                         |   |   |
| (Rooms)                                     | (-3)1)'                       | 1(3)                                |          | 3                 |                 | 7                             |                           |                         |   |   |
| 4. Corridor                                 | None or Incomple              | te <1/2 ho                          | м        | ≥¹/₂ to <         | 1 hour          | 1                             | ≥1 hour                   |                         |   |   |
| Partitions/Walls                            | -10(0)ª                       | (0)                                 |          | 1(0               | )) <sup>a</sup> | 1                             | 2(0) <sup>B</sup>         |                         |   |   |
| 5, Doors to Corridor                        | No Door                       | <20 mln                             | FPR      | ≥20 mi            | n FPR           |                               | min FPR and<br>Auto Clos. |                         |   |   |
|   | -10                           | 0                                   |          | (1)0              |                 |                               | 2(0) <sup>d</sup>         |                         |   |   |
| 6. Zone Dimensions                          |                               | Dead End                            |          |                   | -               | No Dec                        | d Ends >30 ft and         | Zone Length Is          |   |   |
|   | >100 ft >50 ft to 100 ft 3    |                                     | 30 f     | t to 50 ft        | >15             |                               | 100 ft to 150 ft          | <100 ft                 |   |   |
| 1   | -6(0) <sup>b</sup>            | -4(0) <sup>b</sup>                  | T .      | 2(0) <sup>b</sup> | -2(             | (°(0                          | 0                         | 1                       |   |   |
| 7. Vertical Openings                        | Open 4 or More                | Open 2 or 3                         |          |                   |                 |                               | h Indicated Fire Re       | sist.                   |   |   |
|   | Floors                        | Floor                               |          | <1                |                 |                               | f hir to <2 hr            | <u>≥</u> 2 hr           |   |   |
|   | -14                           | -10                                 | -10      |                   |                 |                               | 2(0)°                     | 3(0)")                  |   |   |
| 8. Hazardous Areas                          | Double                        | Deficiency                          | ficiency |                   | Single          | Deficiency                    |                           | No Deficiencies         |   |   |
| Y.  | In Zone                       | Outside 2                           | Zone     | ln Z              | one             | In A                          | djacent Zone              |                         |   |   |
|   | -11                           | -5                                  |          | -(                | 3               | -2                            |                           | (0)                     |   |   |
| 9, Smoke Control                            | No Control                    | Smoke B                             |          |                   | Mech. Ass<br>by | Isted Syst                    | ems                       |                         |   |   |
|   | -5(0)°)                       | 0                                   |          |                   |                 | 3                             | 1                         |                         |   |   |
| 0. Emergency                                | <2 Routes                     | 9 J S 200 S 200 S 200 S 200         |          |                   | Multip          | le Routes                     |                           |                         |   |   |
| Movement<br>Routes                          |                               | Deficle                             | ent      | WO Ho             | rizontal        |                               | Horizontal<br>Exit(s)     | Direct Exit(s)          |   |   |
|   | -8 (-2)                       |                                     | (-2)     |                   | 0 1             |                               | 0 1                       |                         | 1 | 5 |
| 1. Manual Fire Alarm                        | No Man                        | ual Fire Alarm                      |          |                   | Manua           | l Fire Alar                   | m                         |                         |   |   |
| - 1   |                               |                                     |          | W/O F.E           | ). Conn.        | V                             | //F.D. Conn               |                         |   |   |
|   |                               | -4                                  |          | 1                 |                 |                               | (2)                       |                         |   |   |
| 2. Smoke Detection and Alarm                | None                          | Corridor (                          | Only     | Rooms             | s Only          | Corridor and<br>Habit, Spaces |                           | Total Spaces<br>In Zone |   |   |
|   | 0(3) <sup>a</sup>             | 2(3)9                               | )        | 3(3               | B) <sup>g</sup> |                               | 4                         | 6                       |   |   |
| 3. Automatic<br>Sprinklers                  | None                          | Corridor<br>Habit. Sp               |          | Ent<br>Build      |                 |                               |                           |                         |   |   |
|   | 0                             | 8                                   |          | (10               |                 | 1                             | , İ                       |                         |   |   |

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

b Use (0) where parameter 10 Is -8.

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

<sup>&</sup>lt;sup>d</sup> Use (0) where parameter 4 is -10.

<sup>&</sup>lt;sup>a</sup> Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

<sup>&</sup>lt;sup>f</sup> 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.

<sup>&</sup>lt;sup>9</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>0</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>0</sub> In Table 7 on page 4 of this sheet

| T                                    | ABLE 5. INDIVIDUAL         | SAFETY EVALUAT                          | เดพร                           |                        |
|--------------------------------------|----------------------------|---|--------------------------------|------------------------|
| Safety Parameters                    | Containment<br>Safety (Sı) | Extinguishment<br>Safety (S2)           | People Movement<br>Safety (S₃) | General<br>Safety (S₄) |
| 1. Construction                      | -2                         | -2                                      |                                | -2                     |
| Interior Finish     (Corr. and Exit) | 3                          |   | 3                              | 3                      |
| 3. Interior Finish (Rooms)           | -3                         |   |                                | -3                     |
| 4. Corridor Partitions/Walls         | 0                          |   |                                | 0                      |
| 5. Doors to Corridor                 | 1                          |   | 1                              | l                      |
| 6. Zone Dimensions                   |                            | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 0                              | 0                      |
| 7. Vertical Openings                 | 0                          | The part of the second                  | 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                          | <b>S</b> 1= q              | S2= (3                                  | S3= J()                        | <b>S</b> 4= 12         |

| MANDATORY S                                 | AFETY REQUI |               | LE 6.<br>R USE IN HOS | PITALS OR NU | JRSING HOME                        | S)     |
|---|-------------|---------------|-----------------------|--------------|------------------------------------|--------|
| P + 115 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |             | Inment<br>Sa) | Extingui<br>(S        |              | People Moveme<br>(S <sub>0</sub> ) |        |
| Zone Location                               | New         | Exist.        | New                   | Exist.       | New                                | Exist. |
| 1 <sup>st</sup> story                       | 11          | 5             | 15(12) <sup>a</sup>   | 4            | 8(5)a                              | 1      |
| 2 <sup>™</sup> or 3rd story <sup>b</sup>    | 15          | 9             | 17(14)ª               | 6            | 10(7)ª.                            | (3)    |
| 4 <sup>th</sup> 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 2<sup>nd</sup> story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values set shall be permitted to be used: Sa=7, Sb=10, and Sc=7

A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.

Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and Sc in Table 7.

C. For each row check "Yes" If the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

|   |       | TABLE 7. ZONE FIRE                            | SAFETY EQI | JIVALENCY EVALUATION  | Yes | No |
|---|-------|---|------------|---|-----|----|
| Containment<br>Safety (S <sub>1</sub> )     | minus | Mandatory<br>Containment (S <sub>•</sub> )    | ≥ 0        | $ \begin{array}{c c} S_1 & S_8 & C \\ \hline Q & - & Q & = & O \end{array} $  | 1   |    |
| Extinguishment<br>Safety (S2)               | mlnus | Mandatory<br>Extinguishment (S <sub>2</sub> ) | ≥ 0        | $\begin{bmatrix} S_2 & S_b & E \\ I_3 & - I_b & = 7 \end{bmatrix}$  | 1   |    |
| People Movement<br>Safety (S <sub>3</sub> ) | minus | Mandatory People<br>Movement (S.)             | ≥ 0        | $\begin{bmatrix} S_3 \\ IO \end{bmatrix} - \begin{bmatrix} S_c \\ 3 \end{bmatrix} = \begin{bmatrix} P \\ T \end{bmatrix}$ | J   |    |
| General<br>Safety (S <sub>4</sub> )         | minus | Occupancy<br>Risk (R)                         | ≥ 0        | $\begin{bmatrix} S_4 & R & G \\ 12 & - \downarrow_1 & = & g \end{bmatrix}$  | 1   |    |

|          | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEE   | Г       |            |                      |
|----------|---|---------|------------|----------------------|
| Co<br>Fo | mplete one copy of this worksheet for each facility.<br>r each consideration, select and mark the appropriate column.   | Met     | Not<br>Met | Not<br>Applic.       |
| A.       | Building utilities conform to the requirements of Section 9.1.  | <b></b> |            | A THE REAL PROPERTY. |
| 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.  | /       |            | Secretary and        |
| C.       | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | V       |            |                      |
| D.       | Fuel-burning space heaters and portable electrical space heaters are not used.  | J       |            | 100                  |
| E.       | There are no flue-fed Incinerators.   | J       |            | TO THE PERSON OF     |
| F.       | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.  | 1       |            |                      |
| G.       | Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.   |         |            |                      |
| н.       | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.   | J       |            | PHYSICANDON          |
| 1.       | Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.   | J       |            |                      |
| J.       | Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.   | 1       |            | 12 A 20 (24 PK) (3)  |
| K.       | Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.   | 1       |            |                      |
| L.       | Standpipes are provided in all new high rise buildings as required by 18.4.2.   |         |            | 1                    |

### CONCLUSIONS

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

\*The equivalency covered by this worksheet includes the majority of considerations covered by the Life Salety 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 0838-0242. 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. Form CMS-2786T (02/2013)

Page 4

ZONES

### ZONE FIRE/SMOKE ZONE\* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

|  | 2000 LIFE SAFETY CODE     |
|--|---------------------------|
| FACILITY 10 d 17                                   | BUILDING                  |
| FACILITY, BENEDICTINE HEALTH CENTER OF MINNEAPOLIS | OI-MAIN BUILDING          |
| ZONE(S) EVALUATED FIRST FLOOR NORTH/WEST           |                           |
| 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.

|                            | TABLE                        | 1. OCCUPANC                    | Y RISK PARAM    | ETER FA              | CTORS                                |                     |  |  |  |
|----------------------------|------------------------------|--------------------------------|-----------------|----------------------|--------------------------------------|---------------------|--|--|--|
| Risk Parameters            | Risk Factors Values          |                                |                 |                      |                                      |                     |  |  |  |
| 1. Patient                 | Mobility Status              | Mobile                         | Limited M       | lobility             | Not Mobile                           | Not Movable         |  |  |  |
| Mobility (M)               | Risk Factor                  | 1.0                            | 1.6             | 1.6                  |                                      | 4.5                 |  |  |  |
| 2. Patlent<br>Density (D)  | No. of Patients              | 1–5                            | 6–10            | 0                    | 11–30                                | >30                 |  |  |  |
| Density (D)                | Risk Factor                  | 1.0                            | 1.2             |                      | 1.5                                  | 2.0                 |  |  |  |
| 3. Zone                    | Floor                        | 14                             | 2nd or 3nd      | 4 <sup>th</sup> to € | 5th 7th and Ab                       | ove Basements       |  |  |  |
| Location (L)               | Risk Factor                  | 1.1                            | 1.2             | 1.4                  | 1.6                                  | 1.6                 |  |  |  |
| 4. Rallo of<br>Patlents to | <u>Patients</u><br>Attendant | <u>1–2</u><br>1                | <u>3–5</u><br>1 | <u>6–10</u><br>1     | ! <u>&gt;10</u>                      | One or More<br>None |  |  |  |
| Attendants (T)             | Risk Factor                  | 1.0                            | 1.1             | 1.2                  | 1.5                                  | 4.0                 |  |  |  |
| 5. Patient                 | Age                          | Under 65 Years and Over 1 year |                 |                      | 65 Years and Over 1 Year and Younger |                     |  |  |  |
| Average<br>Age (A)         | Risk Factor                  |                                | 1.0             |                      | (1.2)                                |                     |  |  |  |

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

| TABLE 2. OCC   | UPANC      | CY RISK    | FACTO  | R CALCL       | LATION  |          |
|----------------|------------|------------|--------|---------------|---------|----------|
| OCCUPANCY RISK | м<br>3.2 х | D<br>1.5 > | C [] X | T<br>( [.5] X | A 1.2 = | F<br>9.5 |

- Step 3: Compute Adjusted Building Status (R) Use Table 2.
  - A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table 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) | TABLE 3B. (EXISTING BUILDINGS) |
|---------------------------|--------------------------------|
| 1.0 X = R                 | $0.6 \times 9.5 = 5.1 = 6$     |

| FIRE/SMORE ZONE is a space separated from all other spaces by t | loors, norizontal exits, or smoke parriers. |                 |
|---|---|-----------------|
| SURVEYOR SIGNATURE ROBEN SAPEN RESOURCES, LLC                   | TITLE PRESIDENT                             | DATE 11/09/2015 |
| FIRE ANTHORITY SIGNATURE  | TITLE FIRE SARBTY SUPERISON                 | DATE uf n/ 2015 |
| Form CMS-2786T (02/2013)  | M.  | Page 1          |

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

|   |                               |                                     |                              | TABLE      | ₹ 4.                 |                    |                       |                              |                         |
|---|-------------------------------|-------------------------------------|------------------------------|------------|----------------------|--------------------|-----------------------|------------------------------|-------------------------|
| Safety Parameters                           |                               |                                     |                              | Safe       | ty Paran             | neters V           | 'alues                |                              |                         |
| 1. Construction                             |                               | Combustible<br>Types III, IV, and V |                              |            | NonComb<br>Types I a |                    |                       |                              |                         |
| Floor or Zone                               | 000                           |                                     | 111                          | 200        | 211 +                | 2HH                | 000                   | 111                          | 222, 332, 43            |
| First                                       | -2                            | 77                                  | 0                            | -2         | C                    |                    | (0)                   | 2                            | 2                       |
| Second                                      | -7                            |                                     | -2                           | -4         | :                    | 2                  | -2                    | 2                            | 4                       |
| Third                                       | -9                            |                                     | -7                           | -9         | 9                    |                    | -7                    | 2                            | 4                       |
| 4th and Above                               | -13                           |                                     | -7                           | -13        | -                    | 7                  | -9                    | -7                           | 4                       |
| 2. Interior Finish<br>(Corridors and Exits) | Class C<br>-5(0) <sup>f</sup> |                                     | Class B<br>0(3) <sup>f</sup> |            | Clas                 | ss A               |                       |                              | 11                      |
| 3. Interior Finish<br>(Rooms)               | Class C                       |                                     | Class B                      |            | Clas                 | ss A               |                       |                              |                         |
| 4. Corridor<br>Partitions/Walls             | None or Incompl               | ete                                 | <1/2 hour                    |            | ≥¹/₂ to <            | 1 hour             |                       | ≥1 hour<br>2(0) <sup>a</sup> |                         |
| 5. Doors to Corridor                        | No Door                       |                                     | <20 min FF                   | PR         | ≥20 min FPR          |                    |                       | min FPR and<br>Auto Clos.    |                         |
|   | -10                           |                                     | 0                            |            | 1(0                  | D) <sup>d</sup>    |                       | 2(0) <sup>d</sup>            |                         |
| 6. Zone Dimensions                          |                               | Dead End                            |                              |            |                      |                    | No Dea                | d Ends >30 ft and            | Zone Length Is          |
|   | >100 ft >50 ft to             |                                     | 50 ft to 100 ft 30 ft to     |            | t to 50 ft >150      |                    |                       | 100 ft to 150 ft             |                         |
| 1   | -6(0) <sup>b</sup>            |                                     | -4(0) <sup>b</sup>           | -2         | 2(0)b                | -2(                | (o)°)                 | 0                            | 1                       |
| 7. Vertical Openings                        | Open 4 or Mor                 | e                                   | Open 2 or 3                  |            |                      | En                 | closed wit            | n Indicated Fire Re          | eslst.                  |
|   | Floors                        | Floors                              |                              | <1 hr      |                      | ≥′                 | hr to <2 hr           | <u>≥</u> 2 hr                |                         |
|   | -14                           |                                     | -10                          |            | C                    |                    |                       | 2(0) <sup>a</sup>            | 3(0)°)                  |
| 8. Hazardous Areas                          | Doub                          | ole De                              | eficiency                    |            |                      | Single             | Deficiency            |                              | No Deficiencies         |
|   | In Zone                       |                                     | Outside Zone                 |            | In Zone              |                    | In Adjacent Zone      |                              |                         |
|   | -11                           |                                     | -5                           |            |                      | -6 -2              |                       | -2                           | 0                       |
| 9. Smoke Control                            | No Control                    | -                                   | Smoke Barı<br>Serves Zor     |            |                      | Mech. Ass<br>by    | sisted Syst<br>/ Zone | ems                          |                         |
|   | -5(0)°                        |                                     | (ō)                          | no-stace a |                      |                    | . 3                   |                              |                         |
| 10. Emergency                               | <2 Routes                     |                                     |                              |            |                      | Multip             | le Roules             |                              |                         |
| Movement<br>Routes                          |                               |                                     | Deficient                    |            |                      | orizontal<br>It(s) |                       | Horizontal<br>Exit(s)        | Direct Exit(s)          |
|   | -8                            |                                     | (-2)                         |            |                      | 0                  |                       | 1                            | 5                       |
| 11. Manual Fire Alarm                       | No Ma                         | nual                                | Fire Alarm                   |            |                      |                    | l Fire Alar           | m                            |                         |
| l   |                               |                                     |                              |            | W/O F.I              | D. Conn.           | V                     | //F.D. Conn                  |                         |
|   |                               | -4                                  |                              |            |                      | 1                  |                       | (2)                          |                         |
| 12 Smoke Detection and Alarm                | None                          |                                     | Corridor Or                  | nly        | Rooms Only           |                    |                       | orridor and<br>oit. Spaces   | Total Spaces<br>In Zone |
|   | 0(3)9                         |                                     | 2(3) <sup>a</sup> )          |            | 3(                   | 3) <sup>ø</sup>    |                       | 4                            | 5                       |
| 13. Automatic<br>Sprinklers                 | None                          |                                     | Corridor ar<br>Habit, Spac   |            |                      | tire<br>ding       |                       |                              | 5                       |
| Ť   | 0                             |                                     | В                            |            | (1                   | 0)                 | 1                     | 1                            |                         |

NOTE: a Use (0) where parameter 6 is -10.

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

b Use (0) where parameter 10 Is -8.

<sup>&</sup>lt;sup>c</sup> Use (0) on floor with fewer than 31 patients (existing buildings only)

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

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

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

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

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

| TA                                   | ABLE 5, INDIVIDUAL                      | SAFETY EVALUAT   | IONS   | NIII CONTRACTOR OF THE CONTRAC |
|--------------------------------------|---|--|--|--|
| Safety Parameters                    | Containment<br>Safety (S <sub>1</sub> ) | Extinguishment<br>Safety (S2)  | People Movement<br>Safety (S <sub>3</sub> )  | General<br>Safety (S4)   |
| 1. Construction                      | 0                                       | O  |  | 0  |
| Interior Finish     (Corr. and Exit) | 3                                       | AMELIAN STAN   | 3  | 3  |
| 3. Interior Finish (Rooms)           | -3                                      |  | The second secon | -3   |
| 4. Corridor Partitions/Walls         | 0                                       |  |  | 0  |
| 5. Doors to Corridor                 | O                                       | A Charles  | 0  | 0  |
| 6. Zone Dimensions                   |   |  | 0  | 0  |
| 7. Vertical Openings                 | 0                                       | promise and september of the september o | 0  | 0  |
| 8. Hazardous Areas                   | 0                                       | 0  |  | 0  |
| 9. Smoke Control                     |   |  | 0  | O  |
| 10. Emergency Movement Routes        |   |  | -2   | -2   |
| 11. Manual Fire Alarm                | n ern valore (1977)                     | 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   | S= 9   | S4= 13   |

| MANDATORY S                               | AFETY REQUI         |            | LE 6.<br>R USE IN HOS | PITALS OR NU | JRSING HOME                         | S)     |
|---|---------------------|------------|-----------------------|--------------|-------------------------------------|--------|
|   | Containment<br>(Sa) |            | Extingul<br>(S        |              | People Movemer<br>(S <sub>0</sub> ) |        |
| Zone Location                             | New                 | Exist.     | New                   | Exist.       | New                                 | Exist. |
| 1 <sup>st</sup> story                     | 11                  | <b>(5)</b> | 15(12)ª               | <b>(4)</b>   | 8(5)ª                               | (T)    |
| 2 <sup>nd</sup> or 3rd story <sup>b</sup> | 15                  | 9          | 17(14) <sup>a</sup>   | 6            | 10(7) <sup>a.</sup>                 | 3      |
| 4 <sup>th</sup> story or higher           | 18                  | 9          | 19(16) <sup>a</sup>   | 6            | 11(B) <sup>a</sup>                  | 3      |

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

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

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked So, Sb, and So 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<br>Safety (S <sub>1</sub> )     | minus | Mandatory<br>Containment (S <sub>4</sub> )     | ≥ 0 | S <sub>1</sub> S <sub>8</sub> C<br>S <sub>0</sub> = 5 | J        |  |
| Extinguishment<br>Safety (S <sub>2</sub> )  | minus | Mandatory<br>Extinguishment (S。)               | ≥ 0 | S <sub>2</sub> S <sub>b</sub> E                       | <b>J</b> |  |
| People Movement<br>Safety (S <sub>3</sub> ) | minus | Mandatory People<br>Movement (S <sub>•</sub> ) | ≥ 0 | S <sub>3</sub> S <sub>c</sub> P g                     | 1        |  |
| General<br>Safety (S <sub>4</sub> )         | minus | Occupancy<br>Risk (R)                          | ≥ 0 | S <sub>4</sub> R G G T                                | /        |  |

|    | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET  | •        |            |                |
|----|---|----------|------------|----------------|
|    | mplete one copy of this worksheet for each facility. r each consideration, select and mark the appropriate column.  | Met      | Not<br>Met | Not<br>Applic. |
| A. | Building utilities conform to the requirements of Section 9.1.  | J        |            |                |
| В. | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | J        |            |                |
| C. | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | 1        |            |                |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | 1        |            | 200            |
| E. | There are no flue-fed Incinerators.   | 1        |            | 1              |
| F. | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2,  | J        | 3          |                |
| G. | Smoking-regulations-have-been-adopted-and-implemented-in-accordance-with-18.7.4 and 19.7.4.   | -/       |            |                |
| H. | Draperles, upholstered furniture, mattresses, fumishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.  | 1        |            |                |
| l. | Fire extinguishers are provided in accordance with the requirements of 18,3.5.4 and 19,3.5.6.   | 1        |            | 图 少國           |
| 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.   | <b>V</b> |            |                |
| L. | Standpipes are provided in all new high rise buildings as required by 18.4.2.   |          |            | 1              |

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

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ZONE

ZONES

| FIRE/SMOKE ZONE* EVALUAT | ION WORKSHEET FOR HEAL | TH CARE FACIL | ITIES |
|--------------------------|------------------------|---------------|-------|

| National Community of the Community of t | 2000 LIFE SAFETY O        | CODE |
|--|---------------------------|------|
| FACILITY BENEDICTINE HEALTH CENTER OF MINNEAPOLIS  | BUILDING OI-MAIN BUILDING |      |
| ZONE(S) EVALUATED FIRST FLOOR EAST   |                           |      |
| 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.

|                           | TABLE                        | 1. OCCUPANC     | Y RISK PARAM                       | ETER FAC                           | TORS                                 |                     |  |  |  |  |
|---------------------------|------------------------------|-----------------|------------------------------------|------------------------------------|--------------------------------------|---------------------|--|--|--|--|
| Risk Parameters           | Risk Factors Values          |                 |                                    |                                    |                                      |                     |  |  |  |  |
| 1. Patlent                | Mobility Status              | Mobile          | Limited M                          | lobility                           | Not Mobile                           | Not Movable         |  |  |  |  |
| Mobility (M)              | Risk Factor                  | 1.0             | 1.6                                |                                    | 3.2                                  | 4.5                 |  |  |  |  |
| 2. Patient<br>Density (D) | No. of Patients              | 1–5             | 6-1                                | 6–10                               |                                      | >30                 |  |  |  |  |
|                           | Risk Factor                  | 1.0             | (1.2                               | >                                  | 1.5                                  | 2.0                 |  |  |  |  |
| 3. Zone                   | Floor                        | 14              | 2 <sup>nd</sup> or 3 <sup>nd</sup> | 4 <sup>th</sup> to 6 <sup>th</sup> | 7th and Above                        | Basements           |  |  |  |  |
| Location (L)              | Risk Factor                  | 1.1             | 1.2                                | 1.4                                | 1.6                                  | 1,6                 |  |  |  |  |
| 4. Ratio of Patients to   | <u>Patlents</u><br>Attendant | <u>1–2</u><br>1 | <u>3–5</u><br>1                    | <u>6–10</u><br>1                   | <u>&gt;10</u><br>1                   | One or More<br>None |  |  |  |  |
| Attendants (T)            | Risk Factor                  | 1.0             | 1.1                                | 1.2                                | 1.5                                  | 4.0                 |  |  |  |  |
| 5. Patient                | Age                          | Under 65 Yea    | ars and Over 1 year                | (                                  | 65 Years and Over 1 Year and Younger |                     |  |  |  |  |
| Average<br>Age <i>(A)</i> | Risk Factor                  | 1.0             |                                    |                                    | (1.2)                                |                     |  |  |  |  |

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

| TABLE 2. OCC   | UPANC      | Y RISK | FACTO  | R CALCU | LATION       |          |
|----------------|------------|--------|--------|---------|--------------|----------|
| OCCUPANCY RISK | M<br>3.2 X | 1.2    | ( [] ) | T x     | A<br>[1,2] = | F<br>5.6 |

- 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) | TABLE 3B. (EXISTING BUILDINGS) |
|---------------------------|--------------------------------|
| 1.0 X = R                 | 0.6 x 5.6 = 3.4 = 4            |

| " FIRE/SMOKE ZONE IS a space separated from all other spaces by ti | oors, norizontal exits, or smoke parriers. |                 |        |
|--|--|-----------------|--------|
| SURVEYOR SIGNATURE ROBERS & LICE SAFETY RESOURCES, LLC             | TITLE PRESIDENT                            | DATE 11/09/2015 |        |
| FIRE AUTHORITY SIGNATURE   | PIRE SUPERY SUPERUSOR                      | DATE 11/17/2015 |        |
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A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply, choose the one with the lowest point value.

|   |                                     |                           | TABLE        | 4.                             |                    |                      |   |                         |
|---|-------------------------------------|---------------------------|--------------|--------------------------------|--------------------|----------------------|---|-------------------------|
| Safety Parameters                           |                                     |                           | Safe         | ty Paran                       | neters Va          | lues                 | ===://================================= |                         |
| 1. Construction                             | Combustible<br>Types IIf, IV, and V |                           |              | NonComb<br>Types I             |                    |                      |   |                         |
| Floor or Zone                               | 000                                 | 111                       | 200          | 211 +                          | 211 + 2HH          |                      | 111                                     | 222, 332, 43            |
| First                                       | -2                                  | 0                         | -2           | 0                              |                    | (0)                  | 2                                       | 2                       |
| Second                                      | -7                                  | -2                        | -4           | -2                             | 2                  | -2                   | 2                                       | 4                       |
| Third                                       | -9                                  | -7                        | -9           | -7                             |                    | -7                   | 2                                       | 4                       |
| 4th and Above                               | -13                                 | -7                        | -13          | -7                             | 7                  | -9                   | -7                                      | 4                       |
| 2. Interior Finish<br>(Corridors and Exits) | Class C<br>-5(0)'                   | Class B<br>0(3)           | 3            | Clas                           |                    |                      |   |                         |
| 3. Interior Finish                          | Class C                             | Class B                   | 3            | Clas                           | ss A               | 1                    |   |                         |
| (Rooms)                                     | -3(1)'                              | 1(3)                      |              | (3                             |                    | 1                    |   |                         |
| 4. Corridor<br>Partitions/Walls             | None or Incomplete                  | <1/2 hou                  | r            | ≥¹/₂ to <                      |                    |                      | ≥1 hour<br>2(0) <sup>a</sup>            |                         |
| 5. Doors to Corridor                        | No Door                             | <20 min F                 | PR           | <u>≥</u> 20 ml                 | ≥20 min FPR        |                      | min FPR and<br>Auto Clos.               | 147                     |
|   | -10                                 | 0                         |              | (10)                           | )) <sup>d</sup>    | 2(0) <sup>d</sup>    |   |                         |
| 6. Zone Dimensions                          |                                     | Dead End                  |              |                                |                    | No Dea               | d Ends >30 ft and 2                     | Zone Length Is          |
|   | >100 ft >50 ft to 100 ft            |                           | 30 ft        | 30 ft to 50 ft >150            |                    | ft                   | 100 ft to 150 ft                        | <100 ft                 |
|   | -6(0) <sup>b</sup>                  | -4(0) <sup>b</sup>        | -2           | -2(0) <sup>b</sup> -2(0)       |                    | )°                   | 0                                       | 1                       |
| 7. Vertical Openings                        | Open 4 or More                      | Open 2 or                 | r 3          | Enclosed with Indicated Fire F |                    | n Indicated Fire Res | slst.                                   |                         |
|   | Floors Floor                        |                           | Floors <1 hr |                                | ≥1                 | l hr to <2 hr        | ≥2 hr                                   |                         |
|   | -14                                 | -10                       |              | / 0                            |                    | 1                    | 2(0) <sup>a</sup>                       | 3(0)*)                  |
| 8. Hazardous Areas                          | Double                              | Deficiency                |              | Single De                      |                    |                      |   | No Deficiencles         |
|   | in Zone                             | Outside Zo                | one          |                                | In Zone            |                      | djacent Zone                            |                         |
|   | -11                                 | -5                        |              | -                              | 6                  | 1                    | -2                                      | ( <u>0</u> )            |
| 9. Smoke Control                            | No Control                          | Smoke Bar<br>Serves Zo    |              |                                | Mech. Assl<br>by   | sted Syst<br>Zone    | ems                                     |                         |
|   |                                     | (0)                       | onunna A     |                                |                    | 3=                   |   |                         |
| 10. Emergency                               | <2 Routes                           |                           |              |                                | Multiple           | Routes               |   |                         |
| Movement<br>Routes                          | 2                                   | Deficient                 | t            |                                | orizontai<br>lt(s) |                      | Horizontal<br>Exit(s)                   | Direct Exit(s)          |
|   | -8                                  | (-2)                      | - 2          |                                | 0                  |                      | 1                                       | 5                       |
| 11. Manual Fire Alarm                       | No Manu                             | at Fire Alarm             |              |                                | Manual             | Fire Alar            | m                                       |                         |
|   |                                     | -4                        |              |                                | D. Conn.           | V                    | //F.D. Conn                             |                         |
| 2 Smoke Detection and Alarm                 | None                                | Corridor O                | nly          | Room                           | s Only             |                      | rridor and<br>olt. Spaces               | Total Spaces<br>In Zone |
| 1   | 0(3) <sup>g</sup>                   | 2(3)0)                    |              | 3(                             | 3) <sup>a</sup>    |                      | 4                                       | 5                       |
| 13. Automatic<br>Sprinklers                 | None                                | Corridor at<br>Habit. Spa |              | En                             | tire<br>ding       |                      |   |                         |
| -   | 0                                   | 8                         |              | 1                              | 0)                 |                      | 1                                       |                         |

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

b Use (0) where parameter 10 Is -8.

Output of the second of the

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

<sup>&</sup>lt;sup>e</sup> 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.

<sup>&</sup>lt;sup>9</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.
- B. Add the four columns, keeping in mind that any negative numbers deduct.
- C. Transfer the resulting total values for S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TA                                   | ABLE 5. INDIVIDUAL   | SAFETY EVALUAT   | IONS  |                        |
|--------------------------------------|--|--|---|------------------------|
| Safety Parameters                    | Containment<br>Safety (S <sub>1</sub> )  | Extinguishment<br>Safety (S <sub>2</sub> )   | People Movement<br>Safety (S <sub>3</sub> ) | General<br>Safety (S4) |
| 1. Construction                      | 0  | 0  |   | 0                      |
| Interior Finish     (Corr. and Exit) | 3  |  | 3   | 3                      |
| 3. Interior Finish (Rooms)           | 3  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   | 3                      |
| 4. Corridor Partitions/Walls         | 0  |  |   | 0                      |
| 5. Doors to Corridor                 |  | ALTERNATION OF THE STREET  | 1   | 1                      |
| 6. Zone Dimensions                   | County Liver   |  | (   | 1                      |
| 7. Vertical Openings                 | 0  | At a fine and a second and a se | 0   | 0                      |
| 8. Hazardous Areas                   | 0  | 0  |   | 0                      |
| 9. Smoke Control                     |  |  | 0   | 0                      |
| 10. Emergency Movement Routes        |  |  | -2  | -2                     |
| 11. Manual Fire Alarm                | or of the grant  | 2  |   | 2                      |
| 12. Smoke Detection and Alarm        | And the second s | 3  | 3   | 3                      |
| 13. Automatic Sprinklers             | 10   | 10   | 10 ÷2=5                                     | 10                     |
| Total Value                          | S1= /7   | S2= 15   | S3= )                                       | S4= 2)                 |

| MANDATORY S                              | AFETY REQUI                   |        | LE 6.<br>R USE IN HOSI | PITALS OR N | URSING HOME         | S)     |
|--|-------------------------------|--------|------------------------|-------------|---------------------|--------|
| Zone Location                            | Containment (S <sub>a</sub> ) |        | Extingui<br>(S         |             | People Movemen      |        |
|  | New                           | Exist. | New                    | Exist.      | New                 | Exist. |
| 1 <sup>st</sup> story                    | 11                            | (5)    | 15(12) <sup>a</sup>    | <b>(4)</b>  | 8(5) <sup>a</sup>   | 1      |
| 2 <sup>™</sup> ог 3rd story <sup>b</sup> | 15                            | 9      | 17(14) <sup>a</sup>    | 6           | 10(7) <sup>a.</sup> | 3      |
| 4 <sup>th</sup> story or higher          | 18                            | 9      | 19(16)ª                | 6           | 11(8) <sup>a</sup>  | 3      |

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

b. For a 2<sup>nd</sup> 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<sub>B</sub>=7, S<sub>D</sub>=10, and S<sub>D</sub>=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked S<sub>a</sub>, S<sub>b</sub>, and S₀ 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<br>Safety (S <sub>1</sub> )    | minus | Mandatory<br>Containment (S.)                 | ≥ 0 | S <sub>1</sub> - S <sub>2</sub> = C   | 1 |  |
| Extinguishment<br>Safety (S <sub>2</sub> ) | minus | Mandatory<br>Extinguishment (S <sub>4</sub> ) | ≥ 0 | $\begin{array}{c c} S_2 & S_b & E \\ \hline 15 & - 4 & = 11 \end{array}$  | 1 |  |
| People Movement<br>Safety (S₃)             | minus | Mandatory People<br>Movement (S₀)             | ≥ 0 | $\begin{bmatrix} S_3 \\ I \end{bmatrix} - \begin{bmatrix} S_c \\ J \end{bmatrix} = \begin{bmatrix} P \\ IO \end{bmatrix}$ | 1 |  |
| General<br>Safety (S <sub>4</sub> )        | minus | Occupancy<br>Risk (R)                         | ≥ 0 | $\begin{bmatrix} S_4 & R & G \\ 21 & -14 & = 17 \end{bmatrix}$  | 1 |  |

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

## CONCLUSIONS

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gether 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 Reporte Clearance Officer, 7500 Security Boulevard, Ballimore, Maryland 21244-1850.

ZONE

ZONES

| FIRE/SMOKE ZONE | EVALUATION | <b>WORKSHEET FOF</b> | RHEALTH | CARE | <b>FACIL</b> | ITIES |
|-----------------|------------|----------------------|---------|------|--------------|-------|

|                      |                         | 000  |  | 2000 LIFE SAFETY CODE |
|----------------------|-------------------------|--|--|-----------------------|
| FACILITY             | . O M                   | BUILDING   | 01-11-11-11-11-11-11-11-11-11-11-11-11-1 |                       |
| REHEDICTINE HEAL     | TH CENTER OF MINNEAPOUS | L  | 01-MAIN BUILDING                         |                       |
| ZONE(S) EVALUATED    | - 11                    |  |  |                       |
| SECO                 | VID FLOOR NORTH         | Alexander and a second a second and a second a second and |  |                       |
| PROVIDER/VENDOR NO.  | 245266                  | DATE OF SU   | RVEY 11/06/2015                          |                       |
| COMPLETE TURO MODICE | VIET FOR EAGUE TONE 144 | IEDE OONDI   | TIONS ARE THE DAME IN C                  | NEVEDAL ZONEO         |

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. OCCUPANC         | Y RISK PARAM                       | ETER FA                            | CTOR                                 | S                         |                     |  |  |  |  |  |
|----------------------------|------------------------------|---------------------|------------------------------------|------------------------------------|--------------------------------------|---------------------------|---------------------|--|--|--|--|--|
| Risk Parameters            |                              | Risk Factors Values |                                    |                                    |                                      |                           |                     |  |  |  |  |  |
| 1. Patlent                 | Mobility Status              | Mobile              | Limited N                          | lobility                           | Not Mobile                           |                           | Not Movable         |  |  |  |  |  |
| Mobility (M)               | Risk Factor                  | 1.0                 | 1.6                                |                                    | 3.2                                  |                           | 4.5                 |  |  |  |  |  |
| 2. Patlent<br>Density (D)  | No. of Patients              | 1–5                 | 8-10                               | 0                                  |                                      | 1130                      | >30                 |  |  |  |  |  |
| Defisity (D)               | Risk Factor                  | 1.0                 | 1.2                                |                                    | 1.5                                  |                           | 2.0                 |  |  |  |  |  |
| 3. Zone                    | Floor                        | 1 <sup>N</sup>      | 2 <sup>nd</sup> or 3 <sup>nd</sup> | 3 <sup>ul</sup> 4 <sup>th</sup> to |                                      | 7 <sup>th</sup> and Above | Basements           |  |  |  |  |  |
| Location (L)               | Risk Factor                  | 1.1                 | 1.2                                | 1.4                                |                                      | 1.6                       | 1.6                 |  |  |  |  |  |
| 4. Ratio of Patients to    | <u>Patients</u><br>Attendant | <u>1–2</u><br>1     | <u>3–5</u><br>1                    | 3-5 6-10<br>1 1                    |                                      | <u>&gt;10</u><br>1        | One or More<br>None |  |  |  |  |  |
| Attendants (T) Risk Factor |                              | 1.0                 | 1.1                                | 1,2                                |                                      | 1.5                       | 4.0                 |  |  |  |  |  |
| δ. Patient                 | Age                          | Under 65 Ye         | ars and Over 1 year                |                                    | 65 Years and Over 1 Year and Younger |                           |                     |  |  |  |  |  |
| Average<br>Age <i>(A)</i>  | Risk Factor                  |                     | 1.0                                |                                    |                                      | (1.2)                     |                     |  |  |  |  |  |

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

| TABLE 2. OC    | CUPAN | CY RISK  | FACTO   | R CALC  | JLATION |     |  |
|----------------|-------|----------|---------|---------|---------|-----|--|
|                | M     | D        | L       | T       | Α       | F   |  |
| OCCUPANCY RISK | 3.2 > | x [15] > | ( 1.2 ) | ( ].] x | (1.2) = | 7.6 |  |

- 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) | TABLE 3B. (EXISTING BUILDINGS) |
|---------------------------|--------------------------------|
| F R                       | F R                            |
| 1.0 x =                   | $0.6 \times 7.6 = 4.6 = 5$     |

| * FIRE/SMOKE ZONE is a space separated from all other spaces by flo | ors, horizontal exits, or smoke barriers. |                 |
|---|---|-----------------|
| SURVEYOR SIGNATURE ROBERT L'ENGLES LLC                              | TITLE PRESIDENT                           | DATE 11/09/2015 |
| FIRE AUTHORITY SIGNATURE  | TITLE FILE SAPETY SUPERIOR                | DATE 11/17/2015 |

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

|   |                               |                   | 19                           | TABLE     | <b>4</b> .                              |                    |                       |                           |                         |
|---|-------------------------------|-------------------|------------------------------|-----------|---|--------------------|-----------------------|---------------------------|-------------------------|
| Safety Parameters                         |                               |                   |                              | Safe      | ty Paran                                | neters V           | /alues                |                           |                         |
| 1. Construction                           | ту                            | Combustibl        |                              |           |   |                    |                       | NonCombu<br>Types I a     |                         |
| Floor or Zone                             | 000                           | 111               | 1                            | 200       | 211 +                                   | 2HH                | 000                   | 111                       | 222, 332, 43            |
| First                                     | -2                            | 0                 |                              | -2        | 0                                       |                    | 0                     | 2                         | 2                       |
| Second                                    | -7                            | -2                |                              | 4         | -2                                      | 2                  | (-2)                  | 2                         | 4                       |
| Third                                     | -9                            | -7                |                              | -9        | -7                                      | 7                  | -7                    | 2                         | 4                       |
| 4th and Above                             | -13                           | -7                | -7 -                         |           | -7                                      | '                  | -9                    | -7                        | 4                       |
| Interior Finish     (Corridors and Exits) | Class C<br>-5(0) <sup>i</sup> | C                 | Class B<br>0(3) <sup>r</sup> |           | Clas                                    |                    |                       |                           |                         |
| 3. Interior Finish<br>(Rooms)             | Class C<br>-3(1) <sup>r</sup> | C                 | class B                      |           | Clas                                    |                    |                       |                           | 3011, 2                 |
| 4. Corridor                               | None or Incomple              | te <              | ½ hour                       |           | ≥1/2 to <                               |                    |                       | ≥1 hour                   |                         |
| Partitions/Walls                          | -10(0)ª                       |                   | (0)                          |           | 1(0                                     | ))°                |                       | 2(0) <sup>a</sup>         |                         |
| 5. Doors to Corridor                      | No Door                       | <20               | min FP                       | R         | ≥20 mln FPR                             |                    |                       | min FPR and<br>Auto Clos, |                         |
|   | -10                           |                   | 0                            |           | (1)0) <sup>d</sup>                      |                    |                       | 2(0) <sup>d</sup>         |                         |
| 6. Zone Dimensions                        |                               | Dead En           |                              |           | =                                       |                    |                       | d Ends >30 ft and         |                         |
|   | >100 ft                       | >50 ft to 1       |                              |           | t to 50 ft >150                         |                    |                       | 100 ft to 150 ft          | <100 ft                 |
|   | -6(0) <sup>b</sup>            | -4(0)b            |                              | -2        | -2(0) <sup>b</sup> -2(0) <sup>c</sup>   |                    | 0)°                   | 0                         | 1 (1)                   |
| 7. Vertical Openings                      | Open 4 or More                |                   | en 2 or                      | 3         | Enclosed with Indicated Fire            |                    |                       |                           |                         |
| 1   | Floors                        | F                 | Floors                       |           | <1 hr                                   |                    | ≥1                    | hr to <2 hr               | ≥2 hr                   |
|   | -14                           |                   | -10                          |           | 0                                       |                    |                       | 2(0)*                     | 3(0)°)                  |
| 8. Hazardous Areas                        |                               | e Deficiency      |                              |           | Single D                                |                    | Deficiency            |                           | No Deficiencies         |
|   | In Zone                       | Outs              | ide Zor                      | 18        |   | one                | In A                  | djacent Zone              |                         |
|   | -11                           |                   | -5                           |           | -                                       | 6                  |                       | -2                        | (0)                     |
| 9. Smoke Control                          | No Control                    |                   | ke Barri<br>ves Zon          |           |   |                    | sisted Syst<br>y Zone | ems                       |                         |
|   | -5(0)°                        | HOR (SHI SALESHI) | (0)                          | essante p |   |                    | 3                     | _                         |                         |
| 10. Emergency                             | <2 Routes                     |                   |                              |           |   | Muitlp             | le Routes             |                           |                         |
| Movement<br>Routes                        |                               | De                | eficient                     |           |   | orizontal<br>It(s) | 1                     | Horizontal<br>Exit(s)     | Direct Exit(s)          |
|   | -8                            |                   | (-2)                         |           |   | 0                  |                       | 1                         | 5                       |
| 11. Manual Fire Alarm                     | No Man                        | ual Fire Aları    | m                            |           |   | Manua              | al Fire Alar          | m                         |                         |
|   |                               | -4                |                              | 1         |   | O. Conn.           | W                     | //F.D. Conn               |                         |
| 12. Smoke Detection                       | None                          | 7                 | ldor On                      | lv        | 711111111111111111111111111111111111111 | s Only             |                       | rridor and<br>bit. Spaces | Total Spaces<br>In Zone |
|   | O(3) <sup>g</sup>             |                   | 2(3) <sup>8</sup> )          |           |   | 3) <sup>g</sup>    |                       | 4                         | 5                       |
| 13. Automatic<br>Sprinklers               | None                          | Corr              | rldor and<br>lt. Spac        |           | En                                      | tire<br>ding       |                       |                           |                         |
| -   | 0                             |                   | 8                            |           | (1                                      | 0)                 | -                     | ľ.                        |                         |

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

b Use (0) where parameter 10 Is -8.

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

<sup>&</sup>lt;sup>d</sup> Use (0) where parameter 4 is -10.

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

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

<sup>&</sup>lt;sup>9</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TA                                   | BLE 5. INDIVIDUAL  | SAFETY EVALUAT                | IONS  |                        |
|--------------------------------------|--|-------------------------------|---|------------------------|
| Safety Parameters                    | Containment<br>Safety (S <sub>1</sub> )                  | Extinguishment<br>Safety (S2) | People Movement<br>Safety (S <sub>3</sub> ) | General<br>Safety (S4) |
| 1. Construction                      | -2   | -2                            | Christian Control                           | -2                     |
| Interior Finish     (Corr. and Exit) | 3  | A Marian                      | 3   | 3                      |
| 3. Interior Finish (Rooms)           | 3  |                               |   | 3                      |
| 4. Corridor Partitions/Walls         | 0  |                               | Annual St.                                  | 0                      |
| 5. Doors to Corridor                 | 1  |                               | 1   | (                      |
| 6. Zone Dimensions                   | 6 (130) (14) (14) (17) (17) (17) (17) (17) (17) (17) (17 |                               | 1   | ľ                      |
| 7. Vertical Openings                 | 0  | Continue of the second        | O   | 0                      |
| 8. Hazardous Areas                   | Ô  | Ó                             |   | 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= }}                                      | S4= 19                 |

| MANDATORY S   | AFETY REQUI    |               | LE 6.<br>R USE IN HOS   | PITALS OR NU | IRSING HOME  | S)     |
|---|----------------|---------------|---|--------------|--|--------|
|   |                | inment<br>3a) | Extingui<br>(S  |              | People Movemer   |        |
| Zone Location   | New            | Exist.        | New   | Exist.       | New  | Exist. |
| 1 <sup>si</sup> story<br>2 <sup>ss</sup> or 3rd story <sup>b</sup><br>4 <sup>th</sup> story or higher | 11<br>15<br>18 | 5<br>9<br>9   | 15(12) <sup>a</sup><br>17(14) <sup>a</sup><br>19(16) <sup>a</sup> | 4<br>6<br>6  | 8(5) <sup>a</sup><br>10(7) <sup>a,</sup><br>11(8) <sup>a</sup> | 1 3    |

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

b. For a 2<sup>nd</sup> 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<sub>0</sub>=7, S<sub>0</sub>=10, and S<sub>0</sub>=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and So 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 EQ | UIVALENCY EVALUATION  | Yes | No |
|---|-------|---|-----------|---|-----|----|
| Containment<br>Safety (S <sub>1</sub> ) | minus | Mandatory<br>Containment (S.)                 | ≥ 0       | $\begin{bmatrix} s_1 & s_a & c \\ 15 & q \end{bmatrix} = \begin{bmatrix} b \end{bmatrix}$                 | 1   |    |
| Extinguishment<br>Safety (S₂)           | minus | Mandatory<br>Extinguishment (S <sub>b</sub> ) | ≥ 0       | $\begin{array}{c c} S_2 & S_b & E \\ \hline 13 & - & L & = 7 \end{array}$                                 | J   |    |
| People Movement<br>Safety (S₃)          | minus | Mandatory People<br>Movement (S₊)             | ≥ 0       | $\begin{bmatrix} S_3 & S_c \\ \mathcal{J} \end{bmatrix} = \begin{bmatrix} P \\ \mathcal{B} \end{bmatrix}$ | 1   |    |
| General<br>Safety (S <sub>4</sub> )     | minus | Occupancy<br>Risk (R)                         | ≥ 0       | S <sub>4</sub> R G  | 1   |    |

|                | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET   |             |            |                |  |  |  |  |  |
|----------------|--|-------------|------------|----------------|--|--|--|--|--|
|                | mplete one copy of this worksheet for each facility.<br>r each consideration, select and mark the appropriate column.  | Met         | Not<br>Met | Not<br>Applic. |  |  |  |  |  |
| A.             | Building utilities conform to the requirements of Section 9.1.   | 1           |            | ME SHE         |  |  |  |  |  |
| В.             | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.   | 1           |            |                |  |  |  |  |  |
| C.             | Heatling 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. | J           |            |                |  |  |  |  |  |
| D.             | Fuel-burning space heaters and portable electrical space heaters are not used.   | 1           |            | Marie 1        |  |  |  |  |  |
| E.             | There are no flue-fed incinerators.  | 1           |            |                |  |  |  |  |  |
| F.             | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.   | /           |            |                |  |  |  |  |  |
| G⊨             | =Smoking-regulations-have-been-adopted-and-implemented-in-accordance-with-18.7.4-and-19.7.4.   | -/ <u>-</u> |            |                |  |  |  |  |  |
| H.             | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.  | J           |            |                |  |  |  |  |  |
| l <sub>i</sub> | Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.  | 1,          |            |                |  |  |  |  |  |
| J.             | Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.  | V,          |            |                |  |  |  |  |  |
| K.             | Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.  | 1           |            |                |  |  |  |  |  |
| L.             | Standplpes are provided in all new high rise buildings as required by 18.4.2.  |             |            | 1              |  |  |  |  |  |

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

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 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, Atin: PRA Reports Clearance Officer, 7500 Security Boulevard, Beltimore, Maryland 21244-1850.

ZONE 5 F 6 OF

ZONES

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|---|------|
|   | IFO  |
| FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILIT                         | IES. |

|  |                                  | 2000 LIFE SAFETY CODE |
|--|----------------------------------|-----------------------|
| FACILITY II I  | BUILDING                         |                       |
| FACILITY BENEDICTINE HEALTH CENTER OF MINHEARING ZONE(S) EVALUATED | US OI-MAIN BUILDING              |                       |
| ZONE(S) EVALUATED  | ¥ ).                             | 747                   |
| SECOND FLOOR EAST SECO   | NO FLOOR WEST                    |                       |
| PROVIDER/VENDOR NO.  | DATE OF SURVEY                   |                       |
| 245266   | 11/06/2015                       |                       |
| COMPLETE THIS WORKSHEET FOR EACH ZONE, V                           | 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. OCCUPANC     | Y RISK PARAM                       | ETER F                           | ACTOF                                | IS                        |                     |  |
|---------------------------|------------------------------|-----------------|------------------------------------|----------------------------------|--------------------------------------|---------------------------|---------------------|--|
| Risk Parameters           |                              | Risk I          | Factors Values                     |                                  |                                      |                           |                     |  |
| 1, Patient                | Mobility Status              | Mobile          | Limited M                          | Limited Mobility                 |                                      | ot Mobile                 | Not Movable         |  |
| Mobility (M)              | Risk Factor                  | 1.0             | 1.6                                | 1.8                              |                                      | 3.2                       | 4.5                 |  |
| 2. Patient<br>Density (D) | No. of Patients              | 1–5             | 610                                | 610                              |                                      | 11–30                     | >30                 |  |
| Density (D)               | Risk Factor                  | 1.0             | 1.2                                | 1.2                              |                                      | 1.5                       | 2.0                 |  |
| 3. Zone                   | Floor                        | 10              | 2 <sup>nd</sup> or 3 <sup>nd</sup> | 4 <sup>և</sup> to 6 <sup>և</sup> |                                      | 7 <sup>th</sup> and Above | Basements           |  |
| Location (L)              | Risk Factor                  | 1.1             | 1.2                                | 1.4                              |                                      | 1.8                       | 1.6                 |  |
| 4. Ratio of Patients to   | <u>Patients</u><br>Attendant | <u>1–2</u><br>1 | <u>3–5</u><br>1                    | <u>-5</u> <u>6-10</u>            |                                      | <u>≥10</u><br>1           | One or More<br>None |  |
| Attendants (T)            | Risk Factor                  | (1.0)           | 1.1                                | 1.                               | 1.2 1                                |                           | 4.0                 |  |
| 5. Patlent                | Age                          | Under 65 Yea    | ars and Over 1 year                |                                  | 65 Years and Over 1 Year and Younger |                           |                     |  |
| Average<br>Age (A)        | Risk Factor                  |                 | 1.0                                |                                  | (1.2)                                |                           |                     |  |

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

| TABLE 2. OCCUPANCY RISK FACTOR CALCULATION |            |           |          |            |            |              |  |  |  |
|--|------------|-----------|----------|------------|------------|--------------|--|--|--|
| OCCUPANCY RISK                             | M<br>3.2 X | D (1.2) X | L<br>1.2 | <b>T</b> X | A<br>1.2 = | <b>F</b> 555 |  |  |  |

- 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) | TABLE 3B. (EXISTING BUILDINGS)                 |
|---------------------------|--|
| 1.0 x = =                 | $6.6 \times \frac{F}{5.5} = \frac{R}{3.3} = 4$ |

| FIRE AUTHORITY SIGNATURE   | TITLE PLEASARETY SUPER WOOL | DATE 11/2/2015  |
|--|-----------------------------|-----------------|
| SURVEYOR SIGNATURE ROBERS of Amelican Fire SAFETY RESOURCES, LLC | TITLE PRESIDENT             | DATE 11/09/2015 |

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                           |                               |                                     | Safe            | ty Paran                                       | neters V        | alues                 |                            |                         |  |
| 1. Construction                             | Туј                           | Combustible<br>Types III, IV, and V |                 |  |                 |                       |                            | stible<br>nd 11         |  |
| Floor or Zone                               | 000                           | 111                                 | 200             | 211 +  | 2HH             | 000                   | 111                        | 222, 332, 43            |  |
| First                                       | -2                            | 0                                   | -2              | C  | )               | 0                     | 2                          | 2                       |  |
| Second                                      | -7                            | -2                                  | -4              | -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<br>(Corridors and Exits) | Class C<br>-5(0) <sup>f</sup> | Class B<br>0(3) <sup>f</sup>        |                 | Clas   | ss A            |                       |                            |                         |  |
| 3. Interior Finish                          | Class C                       | Class B                             |                 | Clas   | ss A            |                       |                            |                         |  |
| (Rooms)                                     | -3(1)'                        | 1(3)                                |                 | (3   |                 | 1                     |                            |                         |  |
| 4. Corridor<br>Partitions/Walls             | None or incomplete            | <1/2 hour                           |                 | ≥¹/₂ to <                                      | 1 hour          |                       | ≥1 hour<br>2(0)ª           | 341                     |  |
| 5. Doors to Corridor                        | No Door                       | <20 mln FF                          | PR              | ≥20 ml   |                 |                       | min FPR and<br>Auto Clos.  |                         |  |
|   | -10                           | 0                                   |                 | 1(0) <sup>d</sup>                              |                 | 2(0) <sup>d</sup>     |                            |                         |  |
| 6, Zone Dimensions                          |                               | Dead End                            | <del>-</del>    |  |                 | No Dea                | d Ends >30 ft and          | Zone Length Is          |  |
| 1   | >100 ft                       | >50 ft to 100 ft                    | 30 ft           | to 50 ft                                       | >15             | 0 ft                  | 100 ft to 150 ft           | <100 ft                 |  |
|   | -6(0) <sup>b</sup>            | -4(0) <sup>b</sup>                  | -2              | (0) <sup>b</sup>                               | -2(             | 0)°                   | 0                          | (1)                     |  |
| 7. Vertical Openings                        | Open 4 or More                | Open 2 or                           | 3               |  | En              | closed wit            | h Indicated Fire Re        | sist.                   |  |
|   | Floors Floors                 |                                     |                 | <1 hr  |                 | ≥′                    | 1 hr to <2 hr              | ≥2 hr                   |  |
|   | -14                           | -10                                 |                 |  |                 |                       | 2(0)°                      | 3(0)°)                  |  |
| 8. Hazardous Areas                          | Double                        | Deficiency                          |                 |  | Single          | Deficiency            | /                          | No Deficiencies         |  |
|   | In Zone                       | Outside Zo                          | ne              | In Zone  |                 | In A                  | djacent Zone               |                         |  |
|   | -11                           | -5                                  |                 | -6   |                 |                       | -2                         | (0)                     |  |
| 9. Smoke Control                            | No Control                    | Smoke Barr<br>Serves Zor            |                 | Mech. Assisted Systems<br>by Zone              |                 | tems                  |                            |                         |  |
|   | -5(0)°                        | (0)                                 | III WILLIAMS AN | s <u>, , , , , , , , , , , , , , , , , , ,</u> |                 |                       |                            |                         |  |
| 10. Emergency                               | <2 Routes                     |                                     |                 |  | Multip          | Itiple Routes         |                            |                         |  |
| Movement<br>Routes                          |                               | Deficient                           |                 | W/O Horizontal<br>Exit(s)                      |                 | Horizontal<br>Exit(s) |                            | Direct Exit(s)          |  |
|   | -8                            | (-2)                                | ì               |  | 0               |                       | 1                          | 5                       |  |
| 11. Manual Fire Alarm                       | No Manu                       | al Fire Alarm                       |                 |  | Manua           | l Fire Alar           | m                          |                         |  |
|   |                               |                                     | 8               | W/O F.I  | D. Conn.        | V                     | V/F.D. Conn                |                         |  |
|   |                               | -4                                  |                 |  | 1               |                       | (2)                        |                         |  |
| 12. Smoke Detection and Alarm               | None                          | Corridor Or                         | aly             | Room   | s Only          |                       | orridor and<br>bit. Spaces | Total Spaces<br>in Zone |  |
|   | 0(3) <sup>g</sup>             | 2(3)8)                              |                 | 3(   | 3) <sup>e</sup> |                       | 4                          | 5                       |  |
| 13. Automatic<br>Sprinklers                 | None                          | Corridor an<br>Habit, Spac          |                 |  | tire<br>ding    |                       |                            |                         |  |
|   | 0                             | 8                                   |                 | (1   | 0)              | 7                     | ŧ.                         |                         |  |

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

b Use (0) where parameter 10 is -8.

<sup>&</sup>lt;sup>c</sup> Use (0) on floor with fewer than 31 patients (existing buildings only)

<sup>&</sup>lt;sup>d</sup> Use (0) where parameter 4 is -10.

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

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

<sup>&</sup>lt;sup>9</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers,

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TABLE 5. INDIVIDUAL SAFETY EVALUATIONS |   |  |   |                        |  |  |  |  |
|--|---|--|---|------------------------|--|--|--|--|
| Safety Parameters                      | Containment<br>Safety (S <sub>1</sub> ) | Extinguishment<br>Safety (S2)  | People Movement<br>Safety (S <sub>3</sub> ) | General<br>Safety (S4) |  |  |  |  |
| 1. Construction                        | -2                                      | -2   |   | -2                     |  |  |  |  |
| Interior Finish     (Corr. and Exit)   | 3                                       |  | 3   | 3                      |  |  |  |  |
| 3. Interior Finish (Rooms)             | 3                                       |  |   | 3                      |  |  |  |  |
| 4. Corridor Partitions/Walls           | 0                                       |  |   | 0                      |  |  |  |  |
| 5. Doors to Corridor                   | 0                                       |  | 0   | 0                      |  |  |  |  |
| 6. Zone Dimensions                     |   |  | 1   | 1                      |  |  |  |  |
| 7. Vertical Openings                   | 0                                       | Contains of the Contains of th | 0   | 0                      |  |  |  |  |
| 8. Hazardous Areas                     | 0                                       | 0  |   | 0                      |  |  |  |  |
| 9. Smoke Control                       |   | Service Company  | 0   | 0                      |  |  |  |  |
| 10. Emergency Movement Routes          |   |  | -2  | -2                     |  |  |  |  |
| 11. Manual Fire Alarm                  | n Action Comments                       | 2  |   | 2                      |  |  |  |  |
| 12. Smoke Detection and Alarm          |   | 3  | 3   | 3                      |  |  |  |  |
| 13. Automatic Sprinklers               | 10                                      | 10   | 10 ÷2=5                                     | 10                     |  |  |  |  |
| Total Value                            | S1= (4                                  | S2=  3   | S3= (O                                      | S4= 18                 |  |  |  |  |

| TABLE 6.  MANDATORY SAFETY REQUIREMENTS (FOR USE IN HOSPITALS OR NURSING HOMES) |                  |        |                |        |                     |        |  |  |
|---|------------------|--------|----------------|--------|---------------------|--------|--|--|
|   | Containment (Sa) |        | Extingul<br>(S |        | People Movemer      |        |  |  |
| Zone Location   | New              | Exist. | New            | Exist. | New                 | Exist. |  |  |
| 1st story   | 11               | 5      | 15(12)ª        | 4      | 8(5)ª               | 1      |  |  |
| 2 <sup>™</sup> or 3rd story <sup>b</sup>  | 15               | (9)    | 17(14)ª        | (6)    | 10(7) <sup>a.</sup> | (3)    |  |  |
| 4 <sup>๒</sup> story or higher  | - 18             | 9      | 19(16)         | 6      | 11(8)ª              | 3      |  |  |

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

b. For a 2<sup>rd</sup> 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<sub>a</sub>=7, S<sub>b</sub>=10, and S<sub>c</sub>=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and So 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<br>Safety (S <sub>1</sub> ) | minus | Mandatory<br>Containment (S.)                  | ≥ 0 | $\begin{bmatrix} S_1 & S_a & C \\ \downarrow L_1 & - Q & = 5 \end{bmatrix}$  | 1 |  |
| Extinguishment<br>Safety (S₂)           | minus | Mandatory<br>Extinguishment (S <sub>b</sub> )  | ≥ 0 | $\begin{bmatrix} S_2 \\ S_3 \end{bmatrix} - \begin{bmatrix} S_b \\ b \end{bmatrix} = \begin{bmatrix} E \\ 7 \end{bmatrix}$ | 1 |  |
| People Movement<br>Safety (S³)          | minus | Mandatory People<br>Movement (S <sub>2</sub> ) | ≥ 0 | $\begin{bmatrix} S_3 \\ 10 \end{bmatrix} - \begin{bmatrix} S_0 \\ 3 \end{bmatrix} = \begin{bmatrix} P \\ 7 \end{bmatrix}$  | 1 |  |
| General<br>Safety (S <sub>4</sub> )     | minus | Occupancy<br>Risk (R)                          | ≥ 0 | S4 R G 14 = 14   | 1 |  |

|    | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET  | •           |            |                |
|----|---|-------------|------------|----------------|
|    | mplete one copy of this worksheet for each facility.<br>r each consideration, select and mark the appropriate column.   | Met         | Not<br>Met | Not<br>Applic. |
| A. | Building utilities conform to the requirements of Section 9.1.  | $\sqrt{}$   |            |                |
| В. | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | 1           |            |                |
| C. | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | 1           |            |                |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | 1           |            | (大家)           |
| E. | There are no flue-fed incinerators.   | 1           |            |                |
| F. | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.  | 1           |            |                |
| G_ | Smoking-regulations-have-been-adopted and implemented in accordance with 18.7.4 and 19.7.4.   | $-\sqrt{-}$ |            |                |
| H. | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18,7.5 and 19.7.5.   | 1           |            |                |
| l. | Fire extinguishers are provided in accordance with the requirements of 18,3,5,4 and 19,3,5,6.   | J           |            | <b>阿山</b> 祖    |
| J, | Exit signs are provided in accordance with the requirements of 18.2,10.1 and 19.2.10.   | V,          |            |                |
| K. | Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.   | $\sqrt{}$   |            |                |
| L. | Standpipes are provided in all new high rise buildings as required by 18.4.2.   |             |            | V              |

# 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 0936-0242. 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, Atin: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

|      |      |    | OMP EXELL |
|------|------|----|-----------|
| ZONE | 7 OF | 16 | ZONE      |

### FIRE/SMOKE ZONE\* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

|  | 2000 LIFE SAFETY CODE     |
|--|---------------------------|
| FACILITY. BENEDICTINE HEALTH CENTER OF MINNEAPOLIS | BUILDING OI-MAIN BUILDING |
| ZONE(S) EVALUATED SECOND FLOOR CENTER              |                           |
| PROVIDER/VENDOR NO. 245266                         | DATE OF SURVEY            |

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. OCCUPANC     | Y RISK PARAM        | ETER F           | ACTOF | RS                        |                     |  |  |
|---------------------------|------------------------------|-----------------|---------------------|------------------|-------|---------------------------|---------------------|--|--|
| Risk Parameters           | eters Risk Factors Values    |                 |                     |                  |       |                           |                     |  |  |
| 1. Patient                | Mobility Status              | Mobile          | Limited M           | Limited Mobility |       | ot Mobile                 | Not Movable         |  |  |
| Mobility (M)              | Risk Factor                  | 1.0             | 1.6                 | 1.6              |       | 3.2                       | 4.5                 |  |  |
| 2. Patient                | No. of Patients              | 1–5             | 6-1                 | 0                |       | 11–30                     | >30                 |  |  |
| Density (D)               | Risk Factor                  | 1.0             | 1.2                 |                  | 1,5   |                           | 2.0                 |  |  |
| 3. Zone                   | Floor                        | 111             | 2nd or 3dd          | 4th to 6         |       | 7 <sup>th</sup> and Above | Basements           |  |  |
| Location (L)              | Rlsk Factor                  | 1.1             | 1.2                 | 1.2              |       | 1.6                       | 1.6                 |  |  |
| 4. Ratio of Patients to   | <u>Patients</u><br>Attendant | <u>1-2</u><br>1 | <u>3–5</u><br>1     | 3-5<br>1 6-1     |       | <u>&gt;10</u><br>1        | One or More<br>None |  |  |
| Altendants (T)            | Risk Factor                  | (1,6)           | 1,1                 | 1,2              |       | 1,5                       | 4.0                 |  |  |
| 5, Patient                | Age                          | Under 65 Ye     | ars and Over 1 year |                  | 65 Ye | ears and Over 1 Yea       | r and Younger       |  |  |
| Average<br>Age <i>(A)</i> | Risk Factor                  |                 | 1.0                 |                  | (1.2) |                           |                     |  |  |

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

| TABLE 2. OC    | CCUPANO    | CY RISK | FACTO  | R CALCU     | LATION   |          |
|----------------|------------|---------|--------|-------------|----------|----------|
| OCCUPANCY RISK | M<br>3.2 X | D 12 3  | L (12) | T<br>X IG X | A [12] = | <b>F</b> |

- Step 3: Compute Adjusted Bullding 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) | TABLE 3B. (EXISTING BUILDINGS)  |
|---------------------------|---|
| 1.0 X = =                 | $ \begin{array}{ccc}  & \mathbf{F} & \mathbf{R} \\  & 0.6 \times 55 & = 5.3 & = 4 \end{array} $ |

| * FIRE/SMOKE ZONE is a space separated from all other spaces by it | oors, norizontal exits, or smoke partiers. |   |        |
|--|--|---|--------|
| SURVEYOR SIGNATURE ROBERT V. SMITTHE SAFETY RESOURCES, LLC         | TITLE PRESIDENT                            | DATE 11/09/2015                         |        |
| FIRE AUTHORITY SIGNATURE   | TITLE PINES APPEN SUPERVISOR               | DATE 11/17/2015                         |        |
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A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters, if two or more appear to apply, choose the one with the lowest point value.

|  |   |                                     | TABLE        | ₹ 4.                              |                    |              |                                  |                      |  |
|--|---|-------------------------------------|--------------|-----------------------------------|--------------------|--------------|----------------------------------|----------------------|--|
| Safety Parameters                          |   |                                     | Safe         | ety Paran                         | neters V           | alues        |                                  |                      |  |
| 1. Construction                            | Тур                                       | Combustible<br>Types III, IV, and V |              |                                   |                    |              | NonCombuslible<br>Types I and II |                      |  |
| Floor or Zone                              | 000                                       | 111                                 | 200          | 211 +                             | 2HH                | 000          | 111                              | 222, 332, 43         |  |
| First                                      | -2  | 0                                   | -2           | 0                                 |                    | 0            | 2                                | 2                    |  |
| Second                                     | -7  | -2                                  | -4           | -2                                | 2                  | (-2)         | 2                                | 4                    |  |
| Third                                      | -9  | -7                                  | -9           | -7                                |                    | -7           | 2                                | 4                    |  |
| 4th and Above                              | -13                                       | -7                                  | -13          | -7                                | 7                  | -9           | -7                               | 4                    |  |
| 2. Interior Finish<br>(Coπidors and Exits) | Class C<br>-5(0) <sup>f</sup>             | Class E<br>0(3) <sup>f</sup>        | 3            | Clas                              |                    |              |                                  |                      |  |
| 3. Interior Finish                         | Class C                                   | Class E                             | 3            | Clas                              | s A                |              |                                  |                      |  |
| (Rooms)                                    | -3(1)'                                    | 1(3)                                |              | (3                                | 3)                 |              |                                  |                      |  |
| 4. Corridor Partitions/Walls               | None or Incomplete<br>-10(0) <sup>a</sup> | <1/2 hou                            | r            | ≥¹/₂ to <                         |                    |              | ≥1 hour<br>2(0) <sup>a</sup>     | -                    |  |
| 5. Doors to Corridor                       | No Door                                   | <20 mln F                           | PR           | ≥20 min FPR                       |                    |              | min FPR and<br>Auto Clos.        |                      |  |
|  | -10                                       | 0                                   | 0            |                                   | (1)0) <sup>4</sup> |              | 2(0) <sup>d</sup>                |                      |  |
| 6. Zone Dimensions                         | Dead End                                  |                                     |              |                                   |                    | No Dea       | d Ends >30 ft and 2              | Zone Length Is       |  |
|  | >100 ft                                   | >50 ft to 100 ft                    | 30 ft        | to 50 ft                          | >15                | 0 ft         | 100 ft to 150 ft                 | <100 ft              |  |
|  | -6(0) <sup>b</sup>                        | -4(0) <sup>b</sup>                  | 1            | 2(0) <sup>b</sup>                 | -2(                | 0)°          | 0                                | (1)                  |  |
| 7. Vertical Openings                       | Open 4 or More                            | Floors                              |              |                                   |                    |              | h Indicated Fire Res             |                      |  |
|  | Floors                                    |                                     |              | <1 hr                             |                    | ≥1           | 1 hr to <2 hr                    | ≥2 hr                |  |
|  | -14                                       | -10                                 | -10          |                                   |                    |              | 2(0)°                            | 3(0)°)               |  |
| 8. Hazardous Areas                         | Double Deficiency                         |                                     |              |                                   | Single             | Deficiency   |                                  | No Deficiencles      |  |
|  | In Zone                                   |                                     | Outside Zone |                                   | In Zone            |              | Adjacent Zone                    |                      |  |
|  | -11                                       | -5                                  |              | -6                                |                    |              | -2                               | (0)                  |  |
| 9. Smoke Control                           | No Control                                | Smoke Barrier<br>Serves Zone        |              | Mech. Assisted Systems<br>by Zone |                    |              | tems                             |                      |  |
|  | -5(0)°                                    | (6)                                 |              | 3                                 |                    |              |                                  |                      |  |
| 0. Emergency                               | <2 Routes                                 |                                     |              |                                   | Multip             | le Routes    |                                  |                      |  |
| Movement<br>Routes                         |   | Deficien                            | ı            |                                   | orizontal<br>lt(s) |              | Horlzontal<br>Exit(s)            | Direct Exit(s)       |  |
|  | -8  | (-2)                                |              |                                   | 0                  |              | 1                                | 6                    |  |
| 11. Manual Fire Alarm                      | No Manu                                   | al Fire Alarm                       |              |                                   | Manua              | ıl Fire Alar | m                                |                      |  |
|  |   |                                     |              | W/O F.I                           | D. Conn.           | V            | WF.D. Conn                       |                      |  |
|  |   | -4                                  |              |                                   | 1                  |              | (2)                              |                      |  |
| I2 Smoke Detection<br>and Alarm            | None                                      | Corridor O                          | nly          | Room                              | s Only             |              | orridor and<br>bit. Spaces       | Total Spaces In Zone |  |
|  | 0(3) <sup>9</sup>                         | 2(3)1)                              |              | 3(                                | 3) <sup>9</sup>    |              | 4                                | 5                    |  |
| l3. Automatic<br>Sprinklers                | None                                      | Corridor a<br>Habit. Spa            |              |                                   | tire<br>ding       |              |                                  |                      |  |
| -  | 0   | 8                                   |              | (1                                | 0)                 | 1            |                                  |                      |  |

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

b Use (0) where parameter 10 is -8.

<sup>&</sup>lt;sup>c</sup> Use (0) on floor with fewer than 31 patients (existing buildings only)

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

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

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

<sup>&</sup>lt;sup>g</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers,

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TA                                   | BLE 5. INDIVIDUAL  | SAFETY EVALUAT  | IONS  |                        |
|--------------------------------------|--|---|---|------------------------|
| Safety Parameters                    | Containment<br>Safety (S <sub>1</sub> )  | Extinguishment<br>Safety (S <sub>2</sub> )                    | People Movement<br>Safety (S <sub>3</sub> ) | General<br>Safety (S4) |
| 1. Construction                      | -2   | -2  |   | -2                     |
| Interior Finish     (Corr. and Exit) | 3  |   | 3   | 3                      |
| 3. Interior Finish (Rooms)           | 3  |   |   | 3                      |
| 4. Corridor Partitions/Walls         | 0  |   |   | 0                      |
| 5. Doors to Corridor                 | 1  | Carlos San                | 1   | 1                      |
| 6. Zone Dimensions                   | A property of the Control of the Con | 是"不得"的"是"等的。<br>"我们是一个人,我们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们 | 1   | 1                      |
| 7. Vertical Openings                 | 0  | SCHOOL STATE  | 0   | Ó                      |
| 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                                     | Ю                      |
| Total Value                          | S1= 15   | S2= 13  | S3= \\                                      | S4= 19                 |

| MANDATORY S  | AFETY REQUI      |             | LE 6.<br>R USE IN HOSI  | PITALS OR NU | RSING HOMES  | S)            |  |
|--|------------------|-------------|---|--------------|--|---------------|--|
| 9-18-3-3-11:   | Containment (Sa) |             | Extingul<br>(S  |              | People Movement<br>(S <sub>c</sub> )                           |               |  |
| Zone Location  | New              | Exist.      | New   | Exist.       | New  | Exist.        |  |
| 1ª story<br>2™ or 3rd story <sup>b</sup><br>4 <sup>™</sup> story or higher | 11<br>15<br>18   | 5<br>9<br>9 | 15(12) <sup>a</sup><br>17(14) <sup>a</sup><br>19(16) <sup>a</sup> | 4<br>6<br>6  | 8(5) <sup>a</sup><br>10(7) <sup>a.</sup><br>11(8) <sup>a</sup> | 1<br>(3)<br>3 |  |

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

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

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and So 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 EQU | IIVALENCY EVALUATION   | Yes | No |
|---|-------|--|------------|--|-----|----|
| Containment<br>Safety (S <sub>1</sub> )     | minus | Mandatory<br>Containment (S <sub>4</sub> )     | ≥ 0        | $\begin{array}{c c} S_1 & S_a & C \\ \hline S_1 & - & q & = & 6 \end{array}$   | J   |    |
| Extinguishment<br>Safety (S <sub>2</sub> )  | minus | Mandatory<br>Extinguishment (S₃)               | ≥ 0        | $\begin{bmatrix} S_2 \\ J_2 \end{bmatrix} - \begin{bmatrix} S_b \\ b \end{bmatrix} = \begin{bmatrix} E \\ 7 \end{bmatrix}$ | 1   |    |
| People Movement<br>Safety (S <sub>3</sub> ) | minus | Mandatory People<br>Movement (S <sub>•</sub> ) | ≥ 0        | S <sub>3</sub> - S <sub>c</sub> = P  | 1   |    |
| General<br>Safety (S <sub>4</sub> )         | minus | Occupancy<br>Risk (R)                          | ≥ 0        | $\begin{bmatrix} S_4 & R & G \\ IQ & - \boxed{1} & = \boxed{1} \end{bmatrix}$  | /   |    |

|    | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET  |     |            |                |
|----|---|-----|------------|----------------|
|    | mplete one copy of this worksheet for each facility.<br>r each consideration, select and mark the appropriate column.   | Met | Not<br>Met | Not<br>Applic. |
| A. | Building utilities conform to the requirements of Section 9.1.  | 1   |            |                |
| В. | In new facilities only, life-support systems, alarms, emergency communication systems, and Illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | 1   |            |                |
| C. | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | 1   | -          |                |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | 1   |            | <b>设施</b> 在30  |
| E. | There are no flue-fed incinerators.   | 1   |            |                |
| F. | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.  | 1   |            |                |
| G, | Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.   | _/  |            |                |
| H. | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.   | J   |            |                |
| 1. | Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.   | 1   |            |                |
| J. | Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.   | 1,  |            |                |
| K. | Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.   | 1   |            |                |
| L. | Standpipes are provided in all new high rise buildings as required by 18.4.2.   |     |            | J              |

### CONCLUSIONS

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is objection is objection is objection in the 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, Atin: PRA Reports Clearance Officer, 7600 Security Boulevard, Baltimore, Maryland 21244-1850.

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| NTERS FOR MEDICARE           | & MEDICAID SERVICES   | ×                                     |  |                                  |                           | OMB Ex              |
|------------------------------|---|---------------------------------------|--|----------------------------------|---------------------------|---------------------|
| EIDE/SN                      | OKE ZONE* EVA   | LIATION WO                            | JOKSHEET I                             |                                  |                           | )F16ZO              |
|                              |   |                                       |  | ON NEALI                         |                           | LIFE SAFETY CO      |
| CILITY                       | HEALTH CENTER OF  | MULLEAPOLIS                           | BUILDING                               | 01-MAINE                         | MINING                    |                     |
| NE(S) EVALUATED              | THIRD FLOOR NO  | R114                                  |  | 7.10.1 9                         | V.1-178                   | 11                  |
| ROVIDER/VENDOR N             | 245266  | 7.37.11                               | DATE OF SUR                            | VEY WOL                          | 12015                     |                     |
| COMPLETE THIS                | WORKSHEET FOR   | EACH ZONE. WI                         | HERE CONDITI                           |                                  |                           | RAL ZONES,          |
|                              | T CAN BE USED FO  |                                       |  |                                  |                           |                     |
| A. For each                  | ne Occupancy Risk P<br>n Risk Parameter in T  | able 1, select and                    | d circle the appr                      | opriate risk fac                 | tor value.                |                     |
| Choose                       | only one for each of t  |                                       |  |                                  |                           |                     |
|                              | TABLE   | 1. OCCUPANCY                          | RISK PARAME                            | TER FACTOR                       | RS                        |                     |
| Risk Parameters              |   | Risk F                                | actors Values                          |                                  |                           |                     |
| 1. Patient                   | Mobility Status   | Mobile                                | Limited M                              | obility N                        | lot Mobile                | Not Movable         |
| Mobility (M)                 | Risk Factor   | 1.0                                   | 1.6                                    |                                  | (3.2)                     | 4.5                 |
| 2. Patient Density (D)       | No. of Patients   | 1-5                                   | 6–10                                   |                                  | 11–30                     | >30                 |
| Deliaity (D)                 | Risk Factor   | 1.0                                   | 1.2                                    |                                  | 1.5                       | 2.0                 |
| 3. Zone                      | Floor   | 1 <sup>1</sup>                        | 2 <sup>nd</sup> or 3 <sup>nd</sup>     | 4 <sup>և</sup> to 6 <sup>և</sup> | 7 <sup>th</sup> and Above | Basements           |
| Location (L)                 | Risk Factor   | 1.1                                   | (1.2)                                  | 1.2 1.4                          |                           | 1.6                 |
| 4. Ratio of Patients to      | Patients<br>Attendant   | <u>1–2</u><br>1                       | <u>3–5</u><br>1                        | <u>6–10</u><br>1                 | <u>≥10</u>                | One or More<br>None |
| Attendants (T)               | Risk Factor   | 1.0                                   | 1.1                                    | 1.2                              | 1.5                       | 4.0                 |
| 5. Patient                   | Age   | Under 65 Year                         | s and Over 1 year                      | 65 Ye                            | ears and Over 1 Year      | and Younger         |
| Average<br>Age (A)           | Risk Factor   |                                       | 1.0                                    |                                  | (1.2)                     |                     |
| A. Transfer                  | e Occupancy Risk Fac<br>the circled risk factor<br>of by multiplying the                          | values from Tab                       | le 1 to the corre                      |                                  | s in Table 2.             | 8                   |
|                              | TABLE :   | 2. OCCUPANCY                          | RISK FACTOR                            | CALCULATIO                       | N                         |                     |
|                              | OCCUPANCY   | RISK $\frac{M}{3.2} \times [$         | D L<br>15 x 1.2 x                      | T A                              | = Ø.3                     |                     |
| A. If buildin<br>B. Transfer | Adjusted Building St<br>g is classified as "NEV<br>the value of F from T<br>R to the block labele | № use Table 3A.<br>able 2 to Table 3. | If building is cla<br>A or Table 3B as | s appropriate. (                 |                           | 3.                  |
| TABL                         | E 3A. (NEW BUILDI   | NGS)                                  |  | TABLE 3B. (E                     | XISTING BUILDI            | NGS)                |
|                              | 1.0 x = R   |                                       |  | 0.6 X                            | F R 83 = 5                |                     |
|                              | space separated from all  | other spaces by flo                   | T                                      | s, or smoke barr                 |                           |                     |
| RVEYOR SIGNATUR              | FIRE SAPETYRES  | JURCES, LLC                           | TITLE PRE                              | SIDENT                           | DATE ()                   | 09/2015             |
| READTHORITY & GN             |   |                                       |  |                                  |                           | 7/2015              |

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

|                               |                     |  | TABL | E 4.              |                  |                      |                   |                         |
|-------------------------------|---------------------|--|------|-------------------|------------------|----------------------|-------------------|-------------------------|
| Safety Parameters             |                     |  | Safe | ety Paran         | neters Va        | alues                |                   |                         |
| 1. Construction               | Туј                 | Combustible<br>Types III, IV, and V    |      |                   |                  | NonComb<br>Types I   |                   |                         |
| Floor or Zone                 | 000                 | 111                                    | 200  | 211 +             | 2HH              | 000                  | 111               | 222, 332, 43            |
| First                         | -2                  | 0                                      | -2   | (                 |                  | 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            | Class C             | Class E                                | 3    | Cla               | ss A             |                      |                   |                         |
| (Corridors and Exits)         | -5(0) <sup>f</sup>  | 0(3)                                   |      | C                 | 3)               |                      |                   |                         |
| 3. Interior Finish            | Class C             | Class E                                | 3    | Cla               | ss A             |                      |                   |                         |
| (Rooms)                       | -3(1) <sup>r</sup>  | 1(3) <sup>f</sup>                      |      | (                 | 3)               |                      |                   |                         |
| 4. Corridor                   | None or incomplete  | e <1/2 hou                             | ır   | ≥¹/₂ to •         | <1 hour          | ≥1                   | hour              |                         |
| Partitions/Walls              | -10(0) <sup>a</sup> | 0                                      |      |                   | 0) <sup>a</sup>  | 20                   | (0)°              |                         |
| 5. Doors to Corridor          |                     |  |      |                   | ≥20 min FPR and  |                      |                   |                         |
|                               | No Door             | <20 mln F                              | PR   |                   | In FPR           |                      | Clos.             |                         |
|                               | -10                 | 0                                      |      |                   | D) <sup>d</sup>  | 2(                   | (0) <sup>d</sup>  |                         |
| 6. Zone Dimensions            |                     | Dead End No Dead Ends >30 ft and       |      |                   |                  |                      |                   |                         |
|                               | >100 ft             | >50 ft to 100 ft                       |      |                   | ft to 50 ft >150 |                      | 00 ft to 150 ft   | <100 ft                 |
|                               | -6(0) <sup>b</sup>  | -4(0) <sup>b</sup>                     | 1    | 2(0) <sup>b</sup> | -2(0             |                      | 0                 | (1)                     |
| 7. Vertical Openings          | Open 4 or More      |  |      |                   |                  |                      | licated Fire Resi |                         |
|                               | Floors              | Floors                                 |      |                   | hr               |                      | to <2 hr          | ≥2 hr<br>3(0)°)         |
|                               | -14                 | -10                                    |      |                   | )                |                      | 0) <sup>8</sup>   |                         |
| 8. Hazardous Areas            |                     | Double Deficiency In Zone Outside Zone |      |                   |                  | Deficiency           | -17               | No Deficiencies         |
|                               | In Zone             | -5                                     | one  |                   | Zone<br>-6       |                      | ent Zone          | (0)                     |
|                               |                     |  |      |                   |                  | 1                    |                   |                         |
| 9. Smoke Control              | No Control          | Smoke Ba                               |      |                   |                  | sted Systems<br>Zone |                   |                         |
|                               | -5(0)°              | (0)                                    |      |                   |                  | 3                    |                   |                         |
| 10. Emergency                 | <2 Routes           |  |      |                   | Multip           | e Routes             |                   |                         |
| Movement                      | 12 1100100          |  |      | W/O H             | Iorizontal       | 7                    | zontal            |                         |
| Routes                        |                     | Deficien                               | nt   |                   | dt(s)            |                      | lt(s)             | Direct Exit(s)          |
|                               | -8                  | (-2)                                   |      |                   | 0                |                      | 1                 | 5                       |
| 11. Manual Fire Alarm         | No Manu             | No Manual Fire Alarm                   |      |                   | Manua            | Fire Alarm           |                   |                         |
|                               |                     |  | 1    | W/O F.            | D. Conn.         |                      | . Conn            |                         |
|                               |                     | -4                                     |      |                   | 1                |                      | 2)                |                         |
| 12, Smoke Detection and Alarm | None                | Corridor O                             | only | Room              | ns Only          | Corrido<br>Habit, S  |                   | Total Spaces<br>In Zone |
|                               | 0(3)g               | 2(3)0                                  | )    | 3(                | (3) <sup>g</sup> | 4                    |                   | 5                       |
| 13. Automatic<br>Sprinklers   | None                | Corridor a                             |      |                   | ntire<br>iding   |                      |                   |                         |
| ·                             | 0                   | 8                                      |      |                   | 10)              | 1                    | 1                 |                         |

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

b Use (0) where parameter 10 is -8.

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

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

<sup>&</sup>lt;sup>e</sup> 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.

<sup>&</sup>lt;sup>9</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TABLE 5. INDIVIDUAL SAFETY EVALUATIONS |  |  |                                |                                     |  |  |  |  |
|--|--|--|--------------------------------|-------------------------------------|--|--|--|--|
| Safety Parameters                      | Containment<br>Safety (S <sub>1</sub> )  | Extinguishment<br>Safety (S <sub>2</sub> ) | People Movement<br>Safety (S₃) | General<br>Safety (S <sub>4</sub> ) |  |  |  |  |
| 1. Construction                        | -7   | -7   |                                | -7                                  |  |  |  |  |
| 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                              | J                                   |  |  |  |  |
| 6. Zone Dimensions                     | 11 March 2011  |  | 1                              |                                     |  |  |  |  |
| 7. Vertical Openings                   | 0  |  | 0                              | . 0                                 |  |  |  |  |
| 8. Hazardous Areas                     | 0  | 0  |                                | 0                                   |  |  |  |  |
| 9. Smoke Control                       | A STATE OF THE STA |  | 0                              | O                                   |  |  |  |  |
| 10. Emergency Movement Routes          |  |  | -2                             | -2                                  |  |  |  |  |
| 11. Manual Fire Alarm                  | Section of the second  | 2  |                                | 2.                                  |  |  |  |  |
| 12. Smoke Detection and Alarm          |  | 3  | 3                              | 3                                   |  |  |  |  |
| 13. Automatic Sprinklers               | 10   | 10   | 10 ÷2=5                        | 10                                  |  |  |  |  |
| Total Value                            | S1= (0   | S2=8                                       | S₃= <b>( )</b>                 | S4= J4                              |  |  |  |  |

| MANDATORY S  | AFETY REQUI       |               | LE 6.<br>R USE IN HOSI  | PITALS OR NU | IRSING HOMES   | S)     |
|--|-------------------|---------------|---|--------------|--|--------|
| WEIGHT TO THE PERSON OF THE PE | The second second | inment<br>Sa) | Extingui<br>(S  |              | People Movemen   |        |
| Zone Location  | New               | Exist.        | New   | Exist.       | New  | Exist. |
| 1 <sup>st</sup> story<br>2 <sup>nd</sup> or 3rd story <sup>b</sup><br>4 <sup>th</sup> story or higher  | 11<br>15<br>18    | 5<br>9<br>9   | 15(12) <sup>a</sup><br>17(14) <sup>a</sup><br>19(16) <sup>a</sup> | 4<br>6<br>6  | 8(5) <sup>a</sup><br>10(7) <sup>a.</sup><br>11(8) <sup>a</sup> | 1 3 3  |

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

b. For a 2<sup>nd</sup> 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<sub>a</sub>=7, S<sub>b</sub>=10, and S<sub>c</sub>=7

A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.

B. Transfer the three circled values from Table 6 to the blocks marked S<sub>a</sub>, S<sub>b</sub>, and S<sub>c</sub> 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 EQU | IVALENCY EVALUATION   | Yes | No |
|---|-------|--|------------|---|-----|----|
| Containment<br>Safety (S <sub>1</sub> )     | minus | Mandatory<br>Containment (S <sub>•</sub> ) | ≥ 0        |   | 1   |    |
| Extinguishment<br>Safety (S <sub>2</sub> )  | minus | Mandatory<br>Extinguishment (S₃)           | ≥ 0        | $\begin{array}{c c} S_2 & S_b & E \\ \hline S & - & L & = & 2 \end{array}$          | J   |    |
| People Movement<br>Safety (S <sub>3</sub> ) | mińus | Mandatory People<br>Movement (S.)          | ≥ 0        | $\begin{array}{c c} S_3 & S_c \\ \hline 11 & - \boxed{3} & = \boxed{8} \end{array}$ | 1   |    |
| General<br>Safety (S <sub>4</sub> )         | minus | Occupancy<br>Risk (R)                      | ≥ 0        | $\begin{bmatrix} S_4 & R & G \\ J_4 & - J_5 & = J_4 \end{bmatrix}$                  | 1   |    |

|    | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET  | Ī                          |            |                |
|----|---|----------------------------|------------|----------------|
|    | omplete one copy of this worksheet for each facility. r each consideration, select and mark the appropriate column.   | Met                        | Not<br>Met | Not<br>Applic. |
| A. | Building utilities conform to the requirements of Section 9.1.  | V                          |            | TO THE         |
| В, | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | <b>V</b>                   |            |                |
| C. | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | 1                          |            |                |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | 1                          |            | di Billiagea   |
| E. | There are no flue-fed incinerators.   | J                          |            |                |
| 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.  | J                          |            |                |
| G. | Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.   | $=$ $\downarrow$ == $\mid$ |            |                |
| Н. | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.   | <i></i>                    |            |                |
| 1. | Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.   | $\sqrt{}$                  |            | <b>医</b> [4]   |
| J, | Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.   | /                          |            |                |
| K. | Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9,   | 1                          |            |                |
| L. | Standpipes are provided in all new high rise buildings as required by 18.4.2.   |                            |            | 1              |

### CONCLUSIONS

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

"The equivalency covered by this worksheet includes the majority of considerations covered by the *Life Salety 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 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, Atin: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

ZONE 9 10 OF ZONES

### FIRE/SMOKE ZONE\* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

|   | 2000 LIFE SAFETY CO                            | DE |
|---|--|----|
| FACILITY BENEDICTINE HEALTH CENTER OF MINNEAPOLIS | BUILDING OI-MAIN BUILDING                      |    |
| ZONE(S) EVALUATED THIRD FLOOR EAST THIRD FLOOR    | r West   |    |
| PROVIDER/VENDOR NO. 245266                        | DATE OF SURVEY 11/06/2015                      |    |
| COMPLETE THIS WORKSHEET FOR EACH ZONE. WI         | HERE 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. OCCUPANC                    | Y RISK PARAM                       | ETER FACT                          | ORS                                  |                     |  |  |  |
|-------------------------------------|------------------------------|--------------------------------|------------------------------------|------------------------------------|--------------------------------------|---------------------|--|--|--|
| Risk Parameters Risk Factors Values |                              |                                |                                    |                                    |                                      |                     |  |  |  |
| 1. Patient                          | Mobility Status              | Mobile Limite                  |                                    | Limited Mobility No                |                                      | Not Movable         |  |  |  |
| Mobility (M)                        | Risk Factor                  | 1.0                            | 1.6                                |                                    | 3.2                                  | 4.5                 |  |  |  |
| 2. Patient                          | No. of Patients              | 1–5                            | 6–10                               |                                    | 11–30                                | >30                 |  |  |  |
| Density (D)                         | Risk Factor                  | 1.0                            | (1.2                               |                                    | 1.5                                  | 2.0                 |  |  |  |
| 3. Zone                             | Floor                        | 1 <sup>11</sup>                | 2 <sup>nd</sup> or 3 <sup>nd</sup> | 4 <sup>th</sup> to 6 <sup>th</sup> | 7 <sup>հ</sup> and Above             | Basements           |  |  |  |
| Location (L)                        | Risk Factor                  | 1.1                            | 1.2                                | 1.4                                | 1.6                                  | 1.6                 |  |  |  |
| 4. Ratio of Patlents to             | <u>Patients</u><br>Attendant | <u>1–2</u><br>1                | <u>3–5</u><br>1                    | 610<br>1                           | <u>&gt;10</u><br>1                   | One or More<br>None |  |  |  |
| Attendants (T)                      | Risk Factor                  | 1.0                            | 1.1                                | 1.2                                | 1.5                                  | 4.0                 |  |  |  |
| 5. Patient                          | Age                          | Under 65 Years and Over 1 year |                                    |                                    | 65 Years and Over 1 Year and Younger |                     |  |  |  |
| Average<br>Age (A)                  | Risk Factor                  |                                | 1.0                                | 1100                               | (1.2)                                |                     |  |  |  |

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

| TABLE 2. OCCUPANCY RISK FACTOR CALCULATION |       |       |       |          |       |     |  |  |
|--|-------|-------|-------|----------|-------|-----|--|--|
|  | М     | D     | L     | <u>T</u> | _A_   | F   |  |  |
| OCCUPANCY RISK                             | 3.2 X | 1.2 X | 1.2 x | ( ].I X  | 1.2 = | 6.1 |  |  |

- Step 3: Compute Adjusted Building Status (R) Use Table 2.
  - A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table 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) | TABLE 3B. (EXISTING BUILDINGS) |
|---------------------------|--------------------------------|
| 1.0 x = R                 | $0.6 \times 6.1 = 3.7 = 4$     |

| * FIRE/SMUKE ZUNE IS a space separated from all other spaces by the | loors, norizontal exits, or smoke parriers. |                 |
|---|---|-----------------|
| SURVEYOR SIGNATURE ROBERS Y Dinbulle FIRE SAFIETY RESOURCES, LLC    | TITLE PRESIDENT                             | DATE 11/09/2015 |
| FIRE OUTHORITY SIGNATURE  | TITLE<br>FILE SAPETY SURGEVISOR             | DATE 11/17/2015 |
| Form CMS-2786T (02/2013)  |   | Page 1          |

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

|   |  |                                     | TABLE 4 | 4.                |                    |                     |                              |                         |
|---|--|-------------------------------------|---------|-------------------|--------------------|---------------------|------------------------------|-------------------------|
| Safety Parameters                         | (n==================================== |                                     | Safety  | / Paran           | neters V           | alues               |                              |                         |
| 1. Construction                           | ζT                                     | Combustible<br>Types III, IV, and V |         |                   |                    | NonCo<br>Type       |                              |                         |
| Floor or Zone                             | 000                                    | 111                                 | 200     | 211 +             | 2HH                | 000                 | 111                          | 222, 332, 43            |
| First                                     | -2                                     | 0                                   | -2      | (                 | )                  | 0                   | 2                            | 2                       |
| Second                                    | -7                                     | -2                                  | -4      | -2                | 2                  | -2                  | 2                            | 4                       |
| Third                                     | -9                                     | -7                                  | -9      | -                 | 7                  | (-7)                | 2                            | 4                       |
| 4th and Above                             | -13                                    | :+7                                 | -13     | -                 | 7                  | -9                  | -7                           | 4                       |
| Interior Finish     (Corridors and Exits) | Class C<br>-5(0) <sup>r</sup>          | Class B                             | 3       | Cla               | ss A               | -                   | -                            |                         |
| 3. Interior Finish                        | Class C                                | Class B                             |         | Clas              |                    |                     |                              |                         |
| (Rooms)                                   | -3(1) <sup>r</sup>                     | 1(3)                                |         | (                 |                    | -9                  |                              |                         |
| 4. Corridor<br>Partitions/Walls           | None or Incomple                       | te <1/2 hou                         | r       | ≥¹/₂ to <         | <1 hour            |                     | ≥1 hour<br>2(0) <sup>a</sup> |                         |
| 5. Doors to Corridor                      | No Door                                | <20 mln F                           | PR      | <u>≥</u> 20 mi    |                    |                     | min FPR and<br>Auto Clos.    | ***                     |
|   | -10                                    |                                     |         | 1(0               | D) <sup>d</sup>    | 1                   | 2(0) <sup>d</sup>            |                         |
| 6. Zone Dimensions                        |  | Dead End                            |         | -                 |                    |                     | d Ends >30 ft and            |                         |
|   | >100 ft                                | >50 ft to 100 ft                    |         | ) ft to 50 ft >15 |                    |                     | 100 ft to 150 ft             | <100 ft                 |
|   | -6(0) <sup>b</sup>                     | -4(0) <sup>b</sup>                  | -2(0    | )) <sup>6</sup>   | -2(                | D)°                 | 0                            |                         |
| 7. Vertical Openings                      | Open 4 or More                         | Open 2 or                           | r 3     |                   |                    |                     | Indicated Fire Re            |                         |
|   | Floors                                 | Floors                              |         | <1                | 8.93               | ≥1                  | hr to <2 hr                  | ≥2 hr                   |
|   | -14                                    | -10                                 |         |                   |                    |                     | 2(0) <sup>a</sup>            | 3(0)*)                  |
| 8. Hazardous Areas                        |  | Deficiency                          |         |                   |                    | Deficiency          |                              | No Deficiencies         |
|   | In Zone                                |                                     |         | In Zone           |                    | In A                | dJacent Zone -               |                         |
|   | -11                                    |                                     |         |                   | -2                 | <u> </u>            |                              |                         |
| 9. Smoke Control                          | No Control                             | Smoke Bar<br>Serves Zo              |         |                   | Mech. Ass<br>by    | sisted Syst<br>Zone | ems                          |                         |
|   | -5(0)°                                 | (6)                                 |         |                   |                    | 3                   |                              |                         |
| 10. Emergency                             | <2 Routes                              |                                     |         |                   | Multip             | le Routes           |                              |                         |
| Movement<br>Routes                        |  | Deficient                           | t       |                   | orizontal<br>it(s) | 1                   | Horizontal<br>Exit(s)        | Direct Exit(s)          |
|   | -8                                     | (-2)                                |         |                   | 0                  |                     | 1                            | 5                       |
| 11. Manual Fire Alarm                     | No Man                                 | ual Fire Alarm                      |         |                   | Мапиа              | I Fire Alar         | m                            |                         |
|   |  |                                     |         | W/O F.            | D. Conn.           | V                   | //F.D. Conn                  |                         |
|   |  | -4                                  |         |                   | 1                  |                     | (2)                          |                         |
| 12 Smoke Detection and Alarm              | None                                   | Corridor O                          | nly     | Rooms Or          |                    |                     | rridor and<br>oit. Spaces    | Total Spaces<br>In Zone |
|   | 0(3) <sup>g</sup>                      | 2(3)11)                             |         | 3(                | (3) <sup>g</sup>   |                     | 4                            | 5                       |
| 13. Automatic<br>Sprinklers               | None                                   | Corridor a<br>Habit, Spa            |         |                   | itire<br>Iding     | 1                   |                              |                         |
| Ì   | 0                                      | 8                                   |         | (1                | 0)                 | 1                   |                              |                         |

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

<sup>&</sup>lt;sup>b</sup> Use (0) where parameter 10 Is -8.

<sup>&</sup>lt;sup>c</sup> Use (0) on floor with fewer than 31 patients (existing buildings only)

<sup>&</sup>lt;sup>d</sup> Use (0) where parameter 4 is -10.

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

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.

<sup>&</sup>lt;sup>9</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TABLE 5. INDIVIDUAL SAFETY EVALUATIONS |   |                               |                                |                        |  |  |  |  |  |
|--|---|-------------------------------|--------------------------------|------------------------|--|--|--|--|--|
| Safety Parameters                      | Containment<br>Safety (S <sub>1</sub> ) | ExtInguishment<br>Safety (S2) | People Movement<br>Safety (S₃) | General<br>Safety (S₄) |  |  |  |  |  |
| 1. Construction                        | -7                                      | -7                            |                                | -7                     |  |  |  |  |  |
| Interior Finish     (Corr. and Exit)   | 3                                       |                               | 3                              | 3                      |  |  |  |  |  |
| 3. Interior Flnish (Rooms)             | 3                                       |                               |                                | 3                      |  |  |  |  |  |
| 4. Corridor Partitions/Walls           | 0                                       |                               | 15.4.3                         | 0                      |  |  |  |  |  |
| 5. Doors to Corridor                   | 0                                       |                               | O                              | 0                      |  |  |  |  |  |
| 6. Zone Dimensions                     |   |                               | 1                              | 1                      |  |  |  |  |  |
| 7. Vertical Openings                   | 0                                       |                               | 0                              | 0                      |  |  |  |  |  |
| 8. Hazardous Areas                     | 0                                       | 0                             |                                | O                      |  |  |  |  |  |
| 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                            | Sı=q                                    | S2= 8                         | <b>S</b> 3= O                  | S4=13                  |  |  |  |  |  |

| MANDATORY S  | AFETY REQUI |                | LE 6.<br>PR USE IN HOSI                    | PITALS OR NU | JRSING HOME                             | S)       |
|--|-------------|----------------|--|--------------|---|----------|
|  |             | linment<br>S₃) | Extingul<br>(S                             |              | People Movemen                          |          |
| Zone Location  | New         | Exist.         | New  | Exist.       | New                                     | Exist.   |
| 1 <sup>st</sup> story<br>2 <sup>nd</sup> or 3rd story <sup>b</sup> | 11<br>15    | 5<br>(9)       | 15(12) <sup>a</sup><br>17(14) <sup>a</sup> | 4<br>(6)     | 8(5) <sup>a</sup><br>10(7) <sup>a</sup> | 1<br>(3) |
| 4 <sup>և</sup> 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 2<sup>nd</sup> story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values *set* shall be permitted to be used: Sa=7, Sb=10, and Sc=7

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and So 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 EQU | JIVALENCY EVALUATION   | Yes | No |
|---|-------|--|------------|--|-----|----|
| Containment<br>Safety (S <sub>1</sub> )     | minus | Mandatory<br>Containment (S <sub>•</sub> )     | ≥ 0        | $ \begin{array}{c c} S_1 & S_a & C \\ \hline Q & - & Q & = & O \end{array} $   | 1   |    |
| Extingulshment<br>Safety (S <sub>2</sub> )  | minus | Mandatory<br>Extinguishment (S <sub>b</sub> )  | ≥ 0        | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  | 1   |    |
| People Movement<br>Safety (S <sub>3</sub> ) | minus | Mandatory People<br>Movement (S <sub>•</sub> ) | ≥ 0        | $\begin{bmatrix} S_3 \\ I_0 \end{bmatrix} - \begin{bmatrix} S_c \\ \overline{J} \end{bmatrix} = \begin{bmatrix} P \\ \overline{J} \end{bmatrix}$ | 1   |    |
| General<br>Safety (S <sub>4</sub> )         | minus | Occupancy<br>Risk (R)                          | ≥ 0        | $\begin{bmatrix} S_4 \\ J_2 \end{bmatrix} - \begin{bmatrix} R \\ J_4 \end{bmatrix} = \begin{bmatrix} G \\ Q \end{bmatrix}$                       | 1   |    |

|    | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET  | •   |            |                |
|----|---|-----|------------|----------------|
|    | mplete one copy of this worksheet for each facility.<br>r each consideration, select and mark the appropriate column.   | Met | Not<br>Met | Not<br>Applic. |
| A. | Building utilities conform to the requirements of Section 9.1.  | 1   |            | (07.8°)        |
| В. | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | J   |            |                |
| C. | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | 1   |            |                |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | 1   |            | THE .          |
| E. | There are no flue-fed incinerators.   | - / |            | 255-77         |
| F. | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.  | 1   |            |                |
| G. | Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.   |     |            |                |
| H. | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18,7.5 and 19,7.5.   | 7   |            |                |
| ١. | Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.   | J   |            |                |
| J. | Exit signs are provided in accordance with the requirements of 18.2,10.1 and 19.2,10.   | J,  |            |                |
| 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.   |     |            | 1              |

### CONCLUSIONS

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 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, Alin: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

| ONE | П | 0 | F | 6 | <br>ZONES |
|-----|---|---|---|---|-----------|
|     |   |   |   |   |           |

|   | ZONE             | OF 2.0    |
|---|------------------|-----------|
| FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR | R HEALTH CARE FA | ACILITIES |

|   |   | 2000 LIFE SAFETY CODE |
|---|---|-----------------------|
| FACILITY BENEDICTINE HEALTH CENTER OF MINHEAPOLIS | BUILDING OI-MAIN BUILDING               |                       |
| ZONE(S) EVALUATED THIRD FLOOR CENTRER             | , |                       |
| PROVIDER/VENDOR NO. 245266                        | DATE OF SURVEY                          |                       |
|   | TERE COMPLETANCE ARE THE CAME IN        | OF VERAL BOLIES       |

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. OCCUPANC                    | Y RISK PARAMI                      | ETER F                   | ACTOF                                | IS                        |                     |  |  |  |
|---|------------------------------|--------------------------------|------------------------------------|--------------------------|--------------------------------------|---------------------------|---------------------|--|--|--|
| Risk Parameters                         | A 2011 - AA21 10 A12 1       | Risk Factors Values            |                                    |                          |                                      |                           |                     |  |  |  |
| 1. Patient                              | Mobility Status              | Mobile                         | Limited M                          | Limited Mobility         |                                      | ot Mobile                 | Not Movable         |  |  |  |
| Mobility (M)                            | Risk Factor                  | 1.0                            | 1.6                                | 1.6                      |                                      | 3.2                       | 4.5                 |  |  |  |
| 2. Patient<br>Density <i>(D)</i>        | No. of Patients              | 1–5                            | 6–10                               | 6–10                     |                                      | 11–30                     | >30                 |  |  |  |
|   | Risk Factor                  | 1.0                            | 1.2                                | 1.2                      |                                      | 1.5                       | 2.0                 |  |  |  |
| 3. Zone                                 | Floor                        | 121                            | 2 <sup>nd</sup> or 3 <sup>nd</sup> | 2nd or 3nd 4th to 6th    |                                      | 7 <sup>th</sup> and Above | Basements           |  |  |  |
| Location (L)                            | Risk Factor                  | 1.1                            | 1.2                                | 1.4                      |                                      | 1.6                       | 1.6                 |  |  |  |
| 4. Ratio of Patients to                 | <u>Patlents</u><br>Attendant | <u>1–2</u><br>1                | <u>3–5</u><br>1                    | 3 <u>-5</u> 6 <u>-10</u> |                                      | <u>≥10</u><br>1           | One or More<br>None |  |  |  |
| Attendants (T)                          | Risk Factor                  | 1.0                            | 1.1                                | 1,2                      |                                      | 1.5                       | 4.0                 |  |  |  |
| 5, Patlent<br>Average<br>Age <i>(A)</i> | Age                          | Under 65 Years and Over 1 year |                                    |                          | 65 Years and Over 1 Year and Younger |                           |                     |  |  |  |
|   | Risk Factor                  | 1.0                            |                                    |                          |                                      | (1.2)                     |                     |  |  |  |

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

|   | TABLE 2. OC    | CUPANC     | Y RISK      | FACTOR     | CALCU | LATION     |          |
|---|----------------|------------|-------------|------------|-------|------------|----------|
| 2 | OCCUPANCY RISK | M<br>3.2 × | D<br>[.2] X | L<br>J.2 x | T X   | A<br>1.2 = | F<br>6.1 |

- Step 3: Compute Adjusted Building Status (R) Use Table 2.
  - A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table 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) | TABLE 3B. (EXISTING BUILDINGS) |
|---------------------------|--------------------------------|
| 1.0 X = R                 | $0.6 \times 6.1 = 3.1 = 4$     |

| "FIRE/SMOKE ZONE is a space separated from all other spaces by no | ors, norizontal exits, or smoke parriers. |            |
|---|---|------------|
| SURVEYOR SIGNATURE  | TITLE                                     | DATE       |
| Robert J. Infalt FIRE SAFETY RESOURCES, LLC                       | TRESIDENT                                 | 11/09/2015 |
| FIRE OUTHORITY SIGNATURE  | TITLE                                     | DATE       |
| Thom 1 Loss   | FIRE SAFBTY SUPERVISOR                    | 11/17/2015 |
| Form CMS-2786T (02/2013)  | ,   | Page 1     |

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

| V. 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   |                               |                                     | TABLE 4.           |  | 4                  |                       | 15                           |                               |  |  |
|---|-------------------------------|-------------------------------------|--------------------|--|--------------------|-----------------------|------------------------------|-------------------------------|--|--|
| Safety Parameters                           |                               |                                     | Safety             | Parame                                       | eters Va           | lues                  |                              |                               |  |  |
| 1. Construction                             |                               | Combustible<br>Types III, IV, and V |                    |  |                    | NonCombu<br>Types I a |                              |                               |  |  |
| Floor or Zone                               | 000                           | 111                                 | 200                | 211 + 2                                      | нн                 | 000                   | 111                          | 222, 332, 43                  |  |  |
| First                                       | -2                            | 0                                   | -2                 | 0  |                    | 0                     | 2                            | 2                             |  |  |
| Second                                      | -7                            | -2                                  | -4                 | -2   |                    | -2                    | 2                            | 4                             |  |  |
| Third                                       | -9                            | -7                                  | -9                 | -7   |                    | (-1)                  | 2                            | 4                             |  |  |
| 4th and Above                               | -13                           | -7                                  | -13                | -7   |                    | -9                    | -7                           | 4                             |  |  |
| 2. Interior Finish<br>(Corridors and Exits) | Class C<br>-5(0) <sup>i</sup> | Class B<br>0(3) <sup>r</sup>        |                    | Class<br>(3)                                 |                    |                       |                              |                               |  |  |
| 3, Interior Finish                          | Class C                       | Class B                             |                    | Class  |                    | -                     |                              |                               |  |  |
| (Rooms)                                     | -3(1) <sup>1</sup>            | 1(3)                                |                    | (3)  |                    | 1                     | 1                            |                               |  |  |
| 4. Corridor<br>Partitions/Walls             | None or Incomplete            | <1/2 hour                           |                    | ≥¹/₂ to <1<br>1(0)⁵                          |                    |                       | ≥1 hour<br>2(0) <sup>a</sup> | 367                           |  |  |
| 5. Doors to Corridor                        | No Door                       | <20 mln FF                          | PR                 | ≥20 mln FPR                                  |                    |                       |                              | ≥20 min FPR and<br>Auto Clos. |  |  |
|   | -10                           | 0                                   |                    | (1(p)  | (1(p) <sup>d</sup> |                       | 2(0) <sup>d</sup>            |                               |  |  |
| 6. Zone Dimensions                          |                               | Dead End                            |                    |  |                    | No Dead Ends >30 ft a |                              | one Length is                 |  |  |
|   | >100 ft                       | >50 ft to 100 ft                    | 30 ft to 5         | ft to 50 ft >150<br>-2(0) <sup>b</sup> -2(0) |                    | ft 100 ft to 150 ft   |                              | <100 ft                       |  |  |
|   | -6(0) <sup>b</sup>            | -4(0) <sup>b</sup>                  | -2(0) <sup>b</sup> |  |                    | )°                    | 0                            | (1)                           |  |  |
| 7. Vertical Openings                        | Open 4 or More                | Open 4 or More Open 2 or 3          |                    | Enclosed with Indicated Fire F               |                    |                       | Indicated Fire Res           | sist.                         |  |  |
|   | Floors                        | Floors                              | Floors <1 hr       |  |                    | ≥1 hr to <2 hr        |                              | ≥2 hr                         |  |  |
|   | -14                           | -10                                 |                    | .0   |                    |                       | 2(0)*                        | 3(6)                          |  |  |
| 8. Hazardous Areas                          | Double (                      | Deficiency                          |                    |  | Single D           | Deficlency            |                              | No Deficiencies               |  |  |
|   | In Zone                       | Outside Zor                         | ne                 | In Zor                                       | ne                 | In A                  | djacent Zone                 |                               |  |  |
|   | · -11                         | -5                                  |                    | -6   |                    |                       | -2                           | (0)                           |  |  |
| 9. Smoke Control                            | No Control                    | Smoke Barr<br>Serves Zor            |                    | M  |                    | sted Syste<br>Zone    | ems                          | _                             |  |  |
|   | -5(0)°                        | (0)                                 |                    |  |                    | 3                     |                              |                               |  |  |
| 10, Emergency                               | <2 Routes                     |                                     | -/                 |  | Multiple           | Routes                |                              |                               |  |  |
| Movement<br>Routes                          |                               | Deficient                           |                    | W/O Hori<br>Exit(                            |                    | F                     | łorizontal<br>Exit(s)        | Direct Exit(s)                |  |  |
| 1   | -8                            | (-2)                                |                    | 0  |                    |                       | 1                            | 5                             |  |  |
| 11. Manual Fire Alarm                       | No Manua                      | I Fire Alarm                        |                    |  | Manual             | Fire Alarr            | n                            |                               |  |  |
|   |                               |                                     |                    | W/O F.D.                                     | Conn.              | l w                   | F.D. Conn                    |                               |  |  |
|   |                               | -4                                  |                    | 1  |                    |                       | (2)                          |                               |  |  |
| 12 Smoke Detection<br>and Alarm             | None                          | Corridor On                         | ily                | Rooms  | Only               | 1                     | ridor and<br>lt. Spaces      | Total Spaces<br>In Zone       |  |  |
| <b>1</b>                                    | 0(3) <sup>g</sup>             | 2(3)0)                              |                    | 3(3)   | g                  |                       | 4                            | 5                             |  |  |
| 13. Automatic<br>Sprinklers                 | None                          | Corridor an<br>Habit, Space         |                    | Entir<br>Bulidi                              |                    |                       | 34.345                       |                               |  |  |
| l l   | 0                             | 8                                   |                    | (10  | 7                  | 1                     |                              |                               |  |  |

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

<sup>&</sup>lt;sup>b</sup> Use (0) where parameter 10 is -8.

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

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

<sup>&</sup>lt;sup>e</sup> 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,

<sup>&</sup>lt;sup>9</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TA                                   | TABLE 5. INDIVIDUAL SAFETY EVALUATIONS   |  |                                |                                     |  |  |  |  |
|--------------------------------------|--|--|--------------------------------|-------------------------------------|--|--|--|--|
| Safety Parameters                    | Containment<br>Safety (S <sub>1</sub> )  | Extinguishment<br>Safety (S <sub>2</sub> ) | People Movement<br>Safety (S₃) | General<br>Safety (S <sub>4</sub> ) |  |  |  |  |
| 1. Construction                      | -7   | -7   |                                | -7                                  |  |  |  |  |
| 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  |  | (                              |                                     |  |  |  |  |
| 6. Zone Dimensions                   |  |  | l                              |                                     |  |  |  |  |
| 7. Vertical Openings                 | 0  |  | 0                              | 0                                   |  |  |  |  |
| 8. Hazardous Areas                   | 0  | 0  |                                | 0                                   |  |  |  |  |
| 9. Smoke Control                     |  |  | 0                              | 0                                   |  |  |  |  |
| 10. Emergency Movement Routes        | Also de la constantina della c |  | -2                             | -2                                  |  |  |  |  |
| 11. Manual Fire Alarm                |  | 7,   |                                | 1                                   |  |  |  |  |
| 12. Smoke Detection and Alarm        |  | 3  | 3                              | 3                                   |  |  |  |  |
| 13. Automatic Sprinklers             | 10   | .10  | 10 ÷2=5                        | 10                                  |  |  |  |  |
| Total Value                          | S1= )D   | S2= 8                                      | S3=                            | S4=14                               |  |  |  |  |

| MANDATORY S                              | AFETY REQUI |                | LE 6.<br>R USE IN HOSI | PITALS OR NU                         | IRSING HOMES       | S)     |
|--|-------------|----------------|------------------------|--------------------------------------|--------------------|--------|
| Containment<br>(S₃)                      |             | Extingui<br>(S |                        | People Movement<br>(S <sub>0</sub> ) |                    |        |
| Zone Location                            | New         | Exist.         | New                    | Exist.                               | New                | Exist. |
| 1 <sup>ររ</sup> story                    | 11          | 5_             | 15(12) <sup>a</sup>    | 4                                    | 8(5)ª              | 1      |
| 2 <sup>™</sup> or 3rd story <sup>b</sup> | 15          | 9              | 17(14)ª                | <b>6</b>                             | 10(7) <sup>a</sup> | (3)    |
| 4 <sup>th</sup> story or higher          | ē 18        | 9              | 19(16) <sup>a</sup>    | 6                                    | 11(8)ª             | 3      |

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

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

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

|  |       | TABLE 7. ZONE FIRE                            | SAFETY EQU | JIVALENCY EVALUATION   | Yes | No |
|--|-------|---|------------|--|-----|----|
| Containment<br>Safety (S <sub>1</sub> )    | minus | Mandatory<br>Containment (S.)                 | ≥ 0        | $\begin{bmatrix} S_1 & S_4 & C \\ IO & -Q & = D \end{bmatrix}$   | 1   |    |
| Extinguishment<br>Safety (S <sub>2</sub> ) | minus | Mandatory<br>Extinguishment (S <sub>s</sub> ) | ≥ 0        | $\begin{bmatrix} S_2 \\ S \end{bmatrix} - \begin{bmatrix} S_b \\ E \end{bmatrix} = \begin{bmatrix} E \\ 2 \end{bmatrix}$ | 1   |    |
| People Movement<br>Safety (S₃)             | minus | Mandatory People<br>Movement (S₀)             | ≥ 0        | S <sub>3</sub> - S <sub>0</sub> = P  | 1   |    |
| General<br>Safety (S <sub>4</sub> )        | minus | Occupancy<br>Risk (R)                         | ≥ 0        | $\begin{bmatrix} S_4 & R & G \\ J_{14} & - \begin{bmatrix} J_{4} \end{bmatrix} & = \begin{bmatrix} I_{10} \end{bmatrix}$ | 1   |    |

|    | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET  | •         |            |                |
|----|---|-----------|------------|----------------|
|    | mplete one copy of this worksheet for each facility. r each consideration, select and mark the appropriate column.  | Met       | Not<br>Met | Not<br>Applic. |
| A. | Building utilities conform to the requirements of Section 9.1.  | <b>V</b>  |            | (TYPE)         |
| B. | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | 1         |            | 3314 123       |
| C. | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | 1         |            |                |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | <b>V</b>  |            | <b>建</b>       |
| E. | There are no flue-fed incinerators.   | V         |            |                |
| F. | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.  | 1         |            |                |
| G. | Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.   | $\sqrt{}$ |            |                |
| Н. | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.   | 1         |            | Electrical Par |
| ١, | Fire extinguishers are provided in accordance with the regulrements of 18.3.5.4 and 19.3.5.6.   | <b>V</b>  |            | 鲁沟湖            |
| J. | Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.   | 1         |            |                |
| K. | Emergency lighting is provided in accordance with 18.2,9.1 or 19,2,9.   | /         |            |                |
| L. | Standpipes are provided in all new high rise buildings as required by 18.4,2.   |           |            | 1              |

### CONCLUSIONS

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 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 CODI                           |
|---|---|
| FACILITY BENEDICTINE HEALTH CENTER OF MINNEAPOL | BUILDING  |
| HENEDICTINE HEALTH CENTER OF MINNEAPOL          | 15 OI-MAIN BUILDING                             |
| ZONE(S) EVALUATED FOURTH FLOOR NORTH            |   |
| PROVIDER/VENDOR NO.                             | DATE OF SURVEY                                  |
| 245266  | 11/06/2015                                      |
| COMPLETE THIS WORKSHEET FOR EACH ZONE.          | WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES, |

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.

|                                   | IABLE               | 1. OCCUPANO                    | Y RISK PARAM                       | EIER F            | ACTOR                                | 15                        |             |  |
|-----------------------------------|---------------------|--------------------------------|------------------------------------|-------------------|--------------------------------------|---------------------------|-------------|--|
| Risk Parameters                   | Risk Factors Values |                                |                                    |                   |                                      |                           |             |  |
| 1. Patient<br>Mobility <i>(M)</i> | Mobility Status     | Mobile                         | Limited M                          | Limited Mobility  |                                      | ot Mobile                 | Not Movable |  |
|                                   | Risk Factor         | 1.0                            | 1.6                                | 1.6               |                                      | (3.2)                     | 4.5         |  |
| 2. Patient<br>Density (D)         | No. of Patients     | 1–5                            | 6–10                               | 6–10              |                                      | 11–30                     | >30         |  |
| Deliaity (D)                      | Risk Factor         | 1.0                            | 1.2                                | 1.2               |                                      | 1.5                       | 2.0         |  |
| 3. Zone<br>Location (L)           | Floor               | 1 <sup>st</sup>                | 2 <sup>nd</sup> or 3 <sup>rd</sup> | 4 <sup>tı</sup> t | o 6 <sup>th</sup>                    | 7 <sup>th</sup> and Above | Basements   |  |
|                                   | Risk Factor         | 1.1                            | 1.2                                | 1.2               |                                      | 1.6                       | 1.6         |  |
| 4. Ratio of Patients to           |                     |                                | <u>≥10</u>                         |                   | One or More<br>None                  |                           |             |  |
| Attendants (T)                    | Risk Factor         | 1.0                            | 1.1                                | 1.1 (1.           |                                      | 1.5                       | 4.0         |  |
| 5. Patient                        | Age                 | Under 65 Years and Over 1 year |                                    |                   | 65 Years and Over 1 Year and Younger |                           |             |  |
| Average<br>Age <i>(A)</i>         | Risk Factor         | 1.0                            |                                    |                   | (1.2)                                |                           |             |  |

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

| TABLE 2. OCC   | CUPANC | Y RISK | FACTOR | CALCU    | LATION  |     |
|----------------|--------|--------|--------|----------|---------|-----|
|                | M      | D      | L      | <b>T</b> | Α       | F   |
| OCCUPANCY RISK | 3.2 X  | 1.5 X  | 1.4 X  | 1.2 X    | [1.2] = | 9.7 |

- 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) | TABLE 3B. (EXISTING BUILDINGS) |
|---------------------------|--------------------------------|
| 1.0 X = R                 | 0.6 x 9.7 = 5.8 = 6            |

| * FIRE/SMOKE ZONE is a space separated from all other spaces by fi | oors, horizontal exits, or smoke barriers. |                 |
|--|--|-----------------|
| SURVEYOR SIGNATURE ROBERT L'AMBOLLE FIRE SAFETY RESOURCES, LLC     | TITLE PRESIDENT                            | DATE 11/09/2015 |
| FIRE AUTHORITY SIGNATURE   | FIRE SAPETY SUPERVISOR                     | DATE 11/0/2015  |

Form CMS-2786T (02/2013)

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                           |                               |                                     | Safe         | ty Paran                 | neters V                   | /alues                |                                  |                         |  |
| 1. Construction                             | Ту                            | Combustible<br>Types III, IV, and V |              |                          |                            |                       | NonCombustible<br>Types I and II |                         |  |
| Floor or Zone                               | 000                           | 111                                 | 111 200      |                          | 211 + 2HH                  |                       | 111                              | 222, 332, 43            |  |
| First                                       | -2                            | 0                                   | -2           |                          | )                          | 0                     | 2                                | 2                       |  |
| Second                                      | -7                            | -2                                  | -4           |                          |                            | -2                    | 2                                | 4                       |  |
| Third                                       | -9                            | -7                                  | -9           | =                        |                            | -7                    | 2                                | 4                       |  |
| 4th and Above                               | -13                           | -7                                  | -13          | -                        | 7                          |                       | -7                               | 4                       |  |
| 2. Interior Finish<br>(Corridors and Exits) | Class C<br>-5(0) <sup>f</sup> | Class<br>0(3) <sup>f</sup>          | В            | Cla                      | ss A                       |                       |                                  |                         |  |
| 3. Interior Finish<br>(Rooms)               | Class C                       | Class                               | В            |                          | ss A                       |                       |                                  | 410                     |  |
| 4. Corridor<br>Partitions/Walls             | None or Incomplet             |                                     | ar .         | ≥¹/₂ to •                | <1 hour                    |                       | ≥1 hour<br>(2)0)³                | <del></del>             |  |
| 5. Doors to Corridor                        | No Door                       | <20 min F                           | PR           |                          | ≥20 mln FPR and Auto Clos. |                       | mln FPR and<br>Auto Clos.        |                         |  |
|   | -10                           | -10 0                               |              | (1)0) <sup>d</sup>       |                            | 2(0) <sup>d</sup>     |                                  |                         |  |
| 6. Zone Dimensions                          |                               | Dead End                            | -Vi-         |                          |                            | No Dea                | d Ends >30 ft and                | Zone Length Is          |  |
|   | >100 ft                       | >50 ft to 100 ft                    |              |                          | ft to 50 ft >150 f         |                       | 100 ft to 150 ft                 | <100 ft                 |  |
|   | -6(0) <sup>b</sup>            | -4(0) <sup>b</sup>                  | -2           | -2(0) <sup>b</sup> -2(0) |                            | 0)°                   | 0                                | 1                       |  |
| 7. Vertical Openings                        | Open 4 or More                | Floors Floors                       |              |                          |                            | closed with           | n Indicated Fire R               | esist.                  |  |
|   |                               |                                     |              | <1 hr                    |                            | ≥1                    | hr to <2 hr                      | ≥2 hr                   |  |
|   | -14                           | -10                                 |              | C                        |                            |                       | 2(0)°                            | 3(0)*)                  |  |
| 8. Hazardous Areas                          |                               | Deficiency                          |              |                          |                            | Deficiency            |                                  | No Deficiencies         |  |
|   | In Zone                       |                                     | Outside Zone |                          | In Zone                    |                       | djacent Zone                     |                         |  |
|   | -11                           | -5                                  |              |                          | 6                          |                       | -2                               | (0)                     |  |
| 9. Smoke Control                            | No Control                    | Smoke Ba<br>Serves Zo               |              |                          | Mech. Ass                  | sisted Syst<br>/ Zone | ems                              |                         |  |
|   | -5(0)°                        | (0)                                 |              | 3.                       |                            |                       |                                  |                         |  |
| 10. Emergency                               | <2 Roules                     |                                     |              |                          | Multip                     | le Routes             |                                  |                         |  |
| Movement<br>Routes                          |                               | Deficier                            | nt .         |                          | W/O Horizontal<br>Exit(s)  |                       | lorizontal<br>Exit(s)            | Direct Exit(s)          |  |
|   | -8                            | (-2)                                |              |                          | 0                          |                       | 1                                | 5                       |  |
| 11. Manual Fire Alarm                       | No Man                        | ual Fire Alarm                      |              |                          |                            | l Fire Aları          | m                                | ***                     |  |
|   |                               | -4                                  | -            |                          | D. Conn.<br>1              | N                     | //F.D. Conn                      |                         |  |
| 12 Smoke Detection and Alarm                | None                          | Corridor C                          | nly          | Room                     | s Only                     |                       | rridor and<br>oit, Spaces        | Total Spaces<br>In Zone |  |
|   | 0(3) <sup>g</sup>             | 2(3) <sup>g</sup> )                 | - "          | 3(                       | 3) <sup>g</sup>            |                       | 4                                | 6                       |  |
| 13. Automatic<br>Sprinklers                 | None                          | Corridor a<br>Habit, Spa            |              |                          | tire<br>ding               |                       |                                  |                         |  |
|   | 0                             | 8                                   |              | (1                       | 0)                         | 1                     |                                  |                         |  |

NOTE: <sup>6</sup> Use (0) where parameter 5 is -10.

For SI units: 1 ft = 0.3048 m

b Use (0) where parameter 10 Is -8.

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

<sup>&</sup>lt;sup>d</sup> Use (0) where parameter 4 is -10.

Use (0) where Parameter 1 Is based on first floor zone or on an unprotected type of construction (cofumns 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.

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 ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TABLE 5. INDIVIDUAL SAFETY EVALUATIONS |  |                               |                                |                                     |  |  |  |  |  |
|--|--|-------------------------------|--------------------------------|-------------------------------------|--|--|--|--|--|
| Safety Parameters                      | Containment<br>Safety (S <sub>1</sub> )  | Extinguishment<br>Safety (S2) | People Movement<br>Safety (S₃) | General<br>Safety (S <sub>4</sub> ) |  |  |  |  |  |
| 1. Construction                        | _9   | -9                            |                                | -9                                  |  |  |  |  |  |
| 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                                   |  |  |  |  |  |
| 6. Zone Dimensions                     | and the second   |                               | l                              | 1                                   |  |  |  |  |  |
| 7. Vertical Openings                   | 0  |                               | 0                              | 0                                   |  |  |  |  |  |
| 8. Hazardous Areas                     | 0  | 0                             |                                | O                                   |  |  |  |  |  |
| 9. Smoke Control                       |  |                               | 0                              | 0                                   |  |  |  |  |  |
| 10. Emergency Movement Routes          |  |                               | -2                             | -2                                  |  |  |  |  |  |
| 11. Manual Fire Alarm                  | in the state of th | 2                             |                                | 2                                   |  |  |  |  |  |
| 12. Smoke Detection and Alarm          |  | 3                             | 3                              | 3                                   |  |  |  |  |  |
| 13. Automatic Sprinklers               | 10   | 10                            | 10 ÷2=5                        | 10                                  |  |  |  |  |  |
| Total Value                            | S1= (O   | S2= ( <sub>0</sub>            | S₃= ((                         | S4= 14                              |  |  |  |  |  |

| MANDATORY S                              | AFETY REQUI |               | LE 6.<br>R USE IN HOSI | PITALS OR NU | IRSING HOME       | S)     |
|--|-------------|---------------|------------------------|--------------|-------------------|--------|
|  |             | inment<br>3a) | Extingui<br>(S         |              | People Movemen    |        |
| Zone Location                            | New         | Exist.        | New                    | Exist.       | New               | Exist. |
| 1 <sup>st</sup> story                    | 11          | 5             | 15(12)ª                | 4            | 8(5) <sup>a</sup> | 1      |
| 2 <sup>™</sup> or 3rd story <sup>b</sup> | 15          | 9             | 17(14) <sup>a</sup>    | 6            | 10(7)             | 3      |
| 4 <sup>th</sup> story or higher          | 18          | 9             | 19(16)                 | 6            | 11(8)*            | 3      |

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

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

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

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

|   |       | TABLE 7. ZONE FIRE                             | SAFETY EQU | JIVALENCY EVALUATION   | Yes | No  |
|---|-------|--|------------|--|-----|-----|
| Containment<br>Safety (S <sub>1</sub> )     | minus | Mandatory<br>Containment (S <sub>•</sub> )     | ≥ 0        | $\begin{bmatrix} S_1 & S_a & C \\ IO & q \end{bmatrix} = \begin{bmatrix} I \end{bmatrix}$            | J   | 104 |
| Extinguishment<br>Safety (S <sub>2</sub> )  | minus | Mandatory<br>Extinguishment (S <sub>i</sub> )  | ≥ 0        | S <sub>2</sub> S <sub>b</sub> E  6 - 6 = 6   | 1   |     |
| People Movement<br>Safety (S <sub>3</sub> ) | minus | Mandatory People<br>Movement (S <sub>•</sub> ) | ≥ 0        | $\begin{array}{c c} S_3 & S_c \\ \hline 1 & - & 3 \end{array} = \begin{array}{c} P \\ g \end{array}$ | 1   |     |
| General<br>Safety (S <sub>4</sub> )         | minus | Occupancy<br>Risk (R)                          | ≥ 0        | S4 R G R   G   R   R   R   R   R   R   R   | 1   |     |

|    | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET  | Γ   |            |   |
|----|---|-----|------------|---|
|    | mplete one copy of this worksheet for each facility.<br>r each consideration, select and mark the appropriate column.   | Met | Not<br>Met | Not<br>Applic.  |
| A. | Building utilities conform to the requirements of Section 9.1.  | 1   |            | (27)  |
| B. | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | 1   |            | - THE TOTAL STREET  |
| C. | Heating and alr 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. | J   |            |   |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | 1   |            | 3 Mary 1  |
| E. | There are no flue-fed incinerators.   | 1   |            | National State of the Land of |
| F. | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.  | 1   |            |   |
| G. | Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.   | 1   |            |   |
| H, | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.   | J   |            |   |
| 1. | Fire extinguishers are provided in accordance with the requirements of 18.3,5.4 and 19.3,5.6.   | 1   |            | 獨為國   |
| J. | Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.   | J.  |            |   |
| K. | Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.   | 1   |            |   |
| L. | Standpipes are provided in all new high rise buildings as required by 18.4.2.   |     |            | 1   |

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2000 LIFE SAFETY CODE

ZONE 13 \$ 14 OF

## FIRE/SMOKE ZONE\* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

| FACILITY.<br>BENET        | DICTIME              | E HEALTH CENTER   | OF MINNEAPOLIS                         | BUILDING                              | 01-M  | IAIN BU           | ILDING  |                     |
|---------------------------|----------------------|---|--|---------------------------------------|---|-------------------|---|---------------------|
| ZONE(S) EVALU             |                      | FOURTH FLOOR E  |  |                                       |   |                   |   |                     |
| PROVIDER/VEN              |                      | ).<br>245266  |  | DATE OF SUR                           |   |                   | 12015   |                     |
|                           |                      | WORKSHEET FOR I<br>T CAN BE USED FO   |  |                                       | IONS AF   | RE THE            | SAME IN SEVE  | RAL ZONES,          |
| A. F                      | or each              | e Occupancy Risk P<br>Risk Parameter in T<br>only one for each of t                             | able 1, select and                     | d circle the app                      |   | risk fact         | or value.   |                     |
|                           |                      | TABLE   | 1. OCCUPANCY                           | RISK PARAM                            | ETER F  | ACTORS            | 3   |                     |
| Risk Paran                | neters               |   | Risk F                                 | actors Values                         |   |                   |   |                     |
| 1. Patient                |                      | Mobility Status   | Mobile                                 | Limited M                             | lobility  | No                | t Mobile  | Not Movable         |
| Mobility (M)              |                      | Risk Factor   | 1.0                                    | 1.6                                   |   |                   | 3.2   | 4.5                 |
| 2, Patient<br>Density (D) |                      | No. of Patients   | 1–5                                    | 6–1                                   | 0   |                   | 11–30   | >30                 |
| Donaky (D)                |                      | Risk Factor   | 1.0                                    | 1.2                                   | )   |                   | 1.5   | 2.0                 |
| 3, Zone                   |                      | Floor   | 14                                     | 2 <sup>nd</sup> or 3 <sup>td</sup>    | 4 <sup>th</sup> to                              | o 6 <sup>th</sup> | 7 <sup>th</sup> and Above                           | Basements           |
| Location (L)              |                      | Risk Factor   | 1.1                                    | 1.2                                   | (1.   | 4)                | 1.6   | 1.6                 |
| 4. Ratlo of Patients to   |                      | <u>Patlents</u><br>Attendant  | <u>1–2</u><br>1                        | <u>3–5</u><br>1                       | <u>6-</u><br>1                                  | 10                | <u>&gt;10</u><br>1                                  | One or More<br>None |
| Altendants                | (T)                  | Risk Factor   | 1.0                                    | (1.1)                                 | 1.  | 2                 | 1.5   | 4.0                 |
| 5. Patlent<br>Average     |                      | Age   | Under 65 Year                          | s and Over 1 year                     | ver 1 year 65 Years and Over 1 Year and Younger |                   |   |                     |
| Age (A)                   |                      | Risk Factor   |  | 1.0                                   | .0 (  |                   |   |                     |
| Tr. A                     | ansfer t             | Occupancy Risk Factor<br>the circled risk factor<br>F by multiplying the                        | values from Tabl                       | e 1 to the corre                      |   |                   | in Table 2.   |                     |
|                           |                      | TABLE   | 2. OCCUPANCY                           | RISK FACTOR                           | CALCU   | JLATIO            | V   |                     |
|                           |                      | OCCUPANCY   | RISK $\frac{M}{3.2}$ x [               | D L<br>.2 X 1.4 X                     | T<br>i.i x                                      | A 1.2             | = <del>[</del> 7.1]                                 |                     |
| A. If<br>B. Tr            | building<br>ansfer t | Adjusted Building St<br>is classified as "NEV<br>the value of F from T<br>R to the block labele | N″ use Table 3A.<br>able 2 to Table 3A | lf building is cla<br>A or Table 3B a | s approp  | oriate. C         |   | 3.                  |
|                           | TABL                 | E 3A. (NEW BUILDI   | NGS)                                   |                                       | TABLE   | 3B. (EX           | ISTING BUILDI                                       | NGS)                |
|                           |                      | 1.0 x = R   |  |                                       |   | 0.6 X             | $\frac{\mathbf{F}}{7.1} = \frac{\mathbf{R}}{4.3} =$ | 5                   |
|                           |                      | pace separated from all   | other spaces by floo                   | ors, horizontal exi                   | ts, or smo                                      | ke barrie         |   |                     |
| SURVEYOR SIGI             | holle                | FIRE SAFETY RESO  | urces, LLC                             |                                       | 51DEHY  |                   | DATE  | 09/2015             |
| FIRE AUTHORIT             | 11                   | ATURE /   | i i i i i i i i i i i i i i i i i i i  | TITLE<br>GUE SAPA                     | my su   | PERVISO           | DATE N  | n/zons              |
|                           | M M                  |   |  |                                       |   |                   |   |                     |

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.

|   |                               |                                   | TABL          | E 4.                      |   |                    |                          |   |  |  |
|---|-------------------------------|-----------------------------------|---------------|---------------------------|---|--------------------|--------------------------|---|--|--|
| Safety Parameters                         |                               |                                   | Safe          | ety Parar                 | neters V                                  | alues              |                          |   |  |  |
| 1. Construction                           | Ту                            | Combustible<br>pes III, IV, and V |               |                           |   |                    | NonCombu<br>Types I ar   |   |  |  |
| Floor or Zone                             | 000                           | 111                               | 111 200       |                           | 211 + 2HH                                 |                    | 111                      | 222, 332, 43  |  |  |
| First                                     | -2                            | 0                                 | -2            |                           | 0   | 0                  | 2                        | 2   |  |  |
| Second                                    | -7                            | -2                                | -4            |                           | 2   | -2                 | 2                        | 4   |  |  |
| Third                                     | -9                            | -7                                | -9            | 3.5                       | 7   | -7                 | 2                        | 4   |  |  |
| 4th and Above                             | -13                           | -7                                | -13           | -                         | 7   | (-9)               | ) -7                     | 4   |  |  |
| Interior Finish     (Corridors and Exits) | Class C<br>-5(0) <sup>r</sup> | Class I                           | 3             |                           | ss A                                      |                    |                          |   |  |  |
| 3. Interior Finish                        | Class C                       | Class I                           | 3             | Cla                       | ss A                                      |                    |                          |   |  |  |
| (Rooms)                                   | -3(1) <sup>f</sup>            | 1(3)                              |               |                           | 3)  |                    |                          |   |  |  |
| 4. Corridor                               | None or Incomplet             |                                   | ır            |                           | <1 hour                                   |                    | ≥1 hour                  |   |  |  |
| Partitions/Walls                          | -10(0)ª                       | 0                                 |               | 1(1                       | 0)*                                       |                    | (2)0)ª                   |   |  |  |
| 5. Doors to Corridor                      | No Door                       | <20 min F                         | PR            | <u>≥</u> 20 ml            | ≥20 mln FPR and<br>≥20 mln FPR Auto Clos. |                    |                          |   |  |  |
|   | -10                           | 0                                 |               | (1)p)d                    |   |                    | 2(0) <sup>d</sup>        |   |  |  |
| 6. Zone Dimensions                        |                               | Dead End                          | Dead End      |                           |   | No Dea             | d Ends >30 ft and        | Zone Length is  |  |  |
|   | >100 ft                       | >50 ft to 100 ft                  |               |                           | ft to 50 ft >150 f                        |                    | 100 ft to 150 ft         | <100 ft   |  |  |
| -11-17                                    | -6(0) <sup>b</sup>            | -4(0) <sup>b</sup>                |               | 2(0) <sup>b</sup>         | -2(                                       | 0)°                | - 0                      | (1)   |  |  |
| 7. Vertical Openings                      | Open 4 or More                | Open 2 o                          | r 3           |                           | En  | closed with        | n Indicated Fire Re      | sist,   |  |  |
|   | Floors                        |                                   | Floors<br>-10 |                           | <1 hr                                     |                    | hr to <2 hr              | ≥2 hr   |  |  |
|   | -14                           | -10                               |               |                           |   |                    | 2(0)*                    | 3(0)*)  |  |  |
| 8. Hazardous Areas                        |                               | Deficiency                        |               |                           | Single                                    | Deficiency         |                          | No Deficiencies   |  |  |
| -   | In Zone                       | Outside Zo                        | one           | In Zone                   |   | In Adjacent Zone   |                          |   |  |  |
|   | -11                           | -5                                |               |                           | 6   | 1                  | -2                       | (0)   |  |  |
| 9. Smoke Control                          | No Control                    | Smoke Bar<br>Serves Zo            |               |                           | Mech. Ass<br>by                           | Isted Syst<br>Zone | ems                      |   |  |  |
|   | -5(0)°                        | (0)                               |               | Martine Statement Andrews |   | 3                  |                          | continue or a principul and a |  |  |
| 0. Emergency                              | <2 Routes                     |                                   |               |                           | Multip                                    | le Routes          |                          |   |  |  |
| Movement<br>Routes                        |                               | Deficien                          | t             | W/O Horizontal<br>Exit(s) |   | ŀ                  | Horizontal<br>Exit(s)    | Direct Exit(s)  |  |  |
|   | -8                            | (-2)                              |               |                           | 0   |                    | 1                        | 5   |  |  |
| 1. Manual Fire Alarm                      | No Manu                       | al Fire Alarm                     |               |                           | Manua                                     | I Fire Aları       | n                        |   |  |  |
|   |                               |                                   |               | W/O F.I                   | O. Conn.                                  | W                  | //F.D. Conn              |   |  |  |
|   |                               | -4                                |               |                           | 1   |                    | (2)                      |   |  |  |
| 2 Smoke Detection and Alarm               | None                          | Corridor O                        | nly           | Room                      | s Only                                    |                    | rridor and<br>lt, Spaces | Total Spaces<br>In Zone   |  |  |
|   | 0(3) <sub>a</sub>             | 2(3)4)                            |               | 3(                        | 3) <sup>9</sup>                           |                    | 4                        | 5   |  |  |
| 3. Automatic<br>Sprinklers                | None                          | Corridor a<br>Habit. Spa          |               | En<br>Buile               | tlre                                      |                    |                          |   |  |  |
| -   | 0                             | 8                                 | -             | (1                        | (0  |                    |                          |   |  |  |

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

For SI units: 1 ft = 0,3048 m

<sup>&</sup>lt;sup>b</sup> Use (0) where parameter 10 is -8.

<sup>&</sup>lt;sup>c</sup> Use (0) on floor with fewer than 31 patients (existing buildings only)

<sup>&</sup>lt;sup>d</sup> Use (0) where parameter 4 Is -10.

<sup>&</sup>lt;sup>e</sup> Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200")

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.

<sup>&</sup>lt;sup>9</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TA                                   | TABLE 5. INDIVIDUAL SAFETY EVALUATIONS  |   |   |                        |  |  |  |  |  |  |  |
|--------------------------------------|---|---|---|------------------------|--|--|--|--|--|--|--|
| Safety Parameters                    | Containment<br>Safety (S <sub>1</sub> ) | Extinguishment<br>Safety (S2)               | People Movement<br>Safety (S <sub>3</sub> ) | General<br>Safety (S₄) |  |  |  |  |  |  |  |
| 1. Construction                      | - 9                                     | -9  |   | -9                     |  |  |  |  |  |  |  |
| 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                                       | All and |   | 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                | 19 19 19 19 2                           | 2   | 4   | 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=  \                                      | S4=14                  |  |  |  |  |  |  |  |

| MANDATORY S   | AFETY REQUI                   |                    | LE 6.<br>R USE IN HOS            | PITALS OR NU | JRSING HOME   | S)          |
|---|-------------------------------|--------------------|----------------------------------|--------------|---|-------------|
| *   | Containment (S <sub>a</sub> ) |                    | Extinguishment (S <sub>b</sub> ) |              | People Moveme   |             |
| Zone Location   | New                           | Exist.             | New                              | Exist.       | New   | Exist.      |
| 1 <sup>st</sup> story<br>2 <sup>nd</sup> or 3rd story <sup>b</sup><br>4 <sup>th</sup> story or higher | 11<br>15<br>18                | 5<br>9<br><b>9</b> | 15(12)ª<br>17(14)ª<br>19(16)ª    | 4<br>6<br>6  | 8(5) <sup>a</sup><br>10(7) <sup>a</sup><br>11(8) <sup>a</sup> | 1<br>3<br>3 |

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

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

- Step 6: Determine Mandatory Safety Requirement Values Use Table 6.
  - A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
  - B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and So 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 |   |     |  |   |  |  |  |
|---|--|---|-----|--|---|--|--|--|
| Containment<br>Safety (S <sub>1</sub> )     | minus  | Mandatory<br>Containment (S.)                 | ≥ 0 | $\begin{array}{c c} S_1 & S_8 & C \\ \hline ID & q & = 1 \end{array}$  | 1 |  |  |  |
| Extinguishment<br>Safety (S <sub>2</sub> )  | minus  | Mandatory<br>Extinguishment (S <sub>•</sub> ) | ≥ 0 | $\begin{array}{c c} S_2 & S_b & E \\ \hline b & - b & = 0 \end{array}$ | 1 |  |  |  |
| People Movement<br>Safety (S <sub>3</sub> ) | minus  | Mandatory People<br>Movement (S₊)             | ≥ 0 | $\begin{array}{c c} S_3 & S_e & P \\ \hline 1 & 3 & = 8 \end{array}$   | 1 |  |  |  |
| General<br>Safety (S <sub>4</sub> )         | minus  | Occupancy<br>Risk (R)                         | ≥ 0 | $\begin{bmatrix} S_4 & R & G \\ II_4 & - [5] & = [q] \end{bmatrix}$    | 1 |  |  |  |

|    | TABLE 8. FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET  |           |            |                |
|----|---|-----------|------------|----------------|
|    | omplete one copy of this worksheet for each facility.<br>r each consideration, select and mark the appropriate column.  | Met       | Not<br>Met | Not<br>Applic. |
| A. | Building utilities conform to the requirements of Section 9.1.  | $\sqrt{}$ |            |                |
| В. | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | J         |            |                |
| C. | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | 1         |            |                |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | 1         |            | 30 M           |
| E. | There are no flue-fed incinerators.   | 1         |            |                |
| F. | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.  | 1         |            |                |
| G. | _Smoking regulations have been adopted and implemented in accordance with 18-7-4 and 19-7-4.  |           |            | 25             |
| H. | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.   | 1         |            |                |
| l. | Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.   | 1         |            |                |
| J. | Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.   | 1         |            |                |
| K. | Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.   | /         |            |                |
| L. | Standplpes are provided in all new high rise buildings as required by 18.4,2.   |           |            | J              |

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

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

| EPARTMENT OF HEALTH A                       |  |                                       |  |  |                           | Form Approved<br>OMB Exemp              |  |
|---|--|---------------------------------------|--|--|---------------------------|---|--|
|   | OKE ZONE* EVA  |                                       |  |  | H CARE FACI               | DFZONES<br>LITIES<br>D LIFE SAFETY CODE |  |
| ACILITY<br>BENEDICTIHE<br>CONE(S) EVALUATED | HEALTH CENTER OF   | MINNEAPOLIS                           | BUILDING                                   | OI-MAW BU  | IIDING                    |   |  |
| PROVIDER/VENDOR NO                          | FOURTH FLOOR (   | ENTER                                 | DATE OF SURV                               | /EY  |                           |   |  |
| COMPLETE THE                                | 245266<br>WORKSHEET FOR I  | EACH ZONE W                           | LEDE CONDITIO                              | NOO  |                           | DAI ZONES                               |  |
| ONE WORKSHEE                                | T CAN BE USED FO   | R THOSE ZONE                          | ES.  | ONS AIL THE  | SAME IN SEVE              | IVAL ZONLO,                             |  |
| A. For each                                 | e Occupancy Risk P<br>Risk Parameter in T<br>only one for each of t                          | able 1, select an                     | d circle the appre                         | opriate risk fac                                     | tor value.                |   |  |
|   | TABLE  | 1. OCCUPANCY                          | RISK PARAME                                | TER FACTOR   | RS                        |   |  |
| Risk Parameters                             |  | Risk F                                | actors Values                              |  |                           |   |  |
| 1. Palient                                  | Mobility Status  | Mobile                                | Limited Mo                                 | obllity N  | lot Mobile                | Not Movable                             |  |
| Mobility (M)                                | Risk Factor  | 1.0                                   | 1.6  |  | 3.2                       | 4,5                                     |  |
| 2. Patlent                                  | No. of Pallents  | 15                                    | 6–10                                       |  | 11–30                     | >30                                     |  |
| Density (D)                                 | Risk Factor  | 1.0                                   | (1.2)                                      | )  | 1.5                       | 2.0                                     |  |
| 3. Zone                                     | Floor  | 1 <sub>n</sub>                        | 2 <sup>nd</sup> or 3 <sup>nd</sup>         | 4 <sup>և</sup> to 6 <sup>և</sup>                     | 7 <sup>th</sup> and Above | Basements                               |  |
| Location (L)                                | Risk Factor  | 1.1                                   | 1.2  | (1,4)  | 1.6                       | 1.6                                     |  |
| 4. Ratio of                                 | Patients<br>Attendant  | <u>1–2</u><br>1                       | <u>3–5</u>                                 | <u>6–10</u>  | <u>≥10</u>                | One or More<br>None                     |  |
| Patients to<br>Attendants (T)               | Risk Factor  | 1.0                                   | (1.1)                                      | 1,2  | 1.5                       | 4.0                                     |  |
| 5. Patlent                                  | Age  | Under 65 Yea                          | rs and Over 1 year                         | s and Over 1 year 65 Years and Over 1 Year and Young |                           |   |  |
| Average<br>Age (A)                          | Risk Factor  |                                       | 1.0  |  | (1.2)                     |   |  |
| A. Transfer                                 | Occupancy Risk Fa<br>the circled risk factor<br>F by multiplying the                         | values from Tab                       | le 1 to the corre                          |  | ks in Table 2.            |   |  |
|   | TABLE  | 2. OCCUPANCY                          | RISK FACTOR                                | CALCULATIO   | ON                        |   |  |
|   | OCCUPANCY  | RISK 3.1 X                            | D L<br>J.2 x J,4 x                         | T A 1.2  | = [7.]                    |   |  |
| A. If building B. Transfer                  | Adjusted Building Signs classified as "NE\<br>the value of F from T<br>R to the block labele | N" use Table 3A.<br>able 2 to Table 3 | . If building is clas<br>3A or Table 3B as | appropriate.   |                           | В.                                      |  |
| TABL  | E 3A. (NEW BUILDI  | NGS)                                  |  | TABLE 3B. (E   | XISTING BUILD             | INGS)                                   |  |
| 3   | 1.0 x = R  |                                       |  | 0.6 X  | F R 43 =                  | -5                                      |  |
| FIRE/SMOKE ZONE Is a s                      |  | other spaces by flo                   |  | s, or smoke barr                                     |                           |   |  |
| URVEYOR SIGNATURE                           | FIRE SAFETY RES  | OURCES, LLC                           | TITLE PRE                                  | SIDENT   | DATE                      | 109/2015                                |  |
| REAUTHORITY SIGN                            | ATURE /  |                                       | TITLE FINE SAPER                           | Y SUPERAVISI   | DATE                      | 7/2018                                  |  |
| orm CMS-2786T (02/2013)                     |  |                                       |  |  | 300.                      | Page 1                                  |  |

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

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

|   |                               |  | TABLE | 4.                  |                     |                         |                           |                         |
|---|-------------------------------|--|-------|---------------------|---------------------|-------------------------|---------------------------|-------------------------|
| Safety Parameters                           |                               |  | Safet | y Paran             | neters V            | alues                   |                           |                         |
| 1. Construction                             | Ту                            | Combustible<br>pes III, IV, and V        |       |                     |                     |                         | NonCombu<br>Types I ar    |                         |
| Floor or Zone                               | 000                           | 111                                      | 200   | 211 + 2HH           |                     | 000                     | 111                       | 222, 332, 433           |
| First                                       | -2                            | 0  | -2    | (                   | )                   | 0                       | 2                         | 2                       |
| Second                                      | -7                            | -2                                       | -4    | -2                  | 2                   | -2                      | 2                         | 4                       |
| Third                                       | -9                            | -7                                       | -9    | -7                  | 7                   | -7                      | 2                         | 4                       |
| 4th and Above                               | -13                           | -7                                       | -13   | -                   | 7                   | -9                      | ) -7                      | 4                       |
| 2. Interior Finish<br>(Corridors and Exits) | Class C<br>-5(0) <sup>r</sup> | Class 0(3)                               | В     | Clas                | ss A                |                         |                           |                         |
| 3. Interior Finish                          | Class C                       | Class                                    | 3     | Clas                | ss A                |                         |                           |                         |
| (Rooms)                                     | -3(1) <sup>f</sup>            | 1(3)                                     |       | (3                  |                     |                         | 1                         |                         |
| 4. Corridor                                 | None or Incomple              |  | ır    | ≥1/2 to <           | <1 hour             |                         | ≥1 hour                   |                         |
| Partilions/Walls                            | -10(0) <sup>6</sup>           | 0  |       | 1(0                 | 0) <sup>a</sup>     |                         | (2(f)) <sup>a</sup>       |                         |
| 5. Doors to Corridor                        | No Door                       | <20 min i                                | PR    | ≥20 mi              |                     |                         | min FPR and<br>Auto Clos, |                         |
|   | -10                           | -10 0                                    |       | (1(p)) <sup>d</sup> |                     |                         | 2(0) <sup>d</sup>         |                         |
| 6, Zone Dimensions                          | Dead End                      |  |       |                     |                     |                         | d Ends >30 ft and         | Zone Length Is          |
| ļ.  | >100 ft                       | >50 ft to 100 ft                         |       |                     |                     | 0 ft   100 ft to 150 ft |                           | <100 ft                 |
|   | -6(0) <sup>b</sup>            | -4(0) <sup>b</sup>                       | -2(   | -2(0)b -2(0         |                     | 0)°                     | 0                         |                         |
| 7. Vertical Openings                        |                               | Open 4 or More Open 2 or 3 Floors Floors |       |                     |                     |                         | h Indicated Fire Re       |                         |
|   |                               |  |       | <1 hr               |                     | ≥′                      | hr to <2 hr               | ≥2 hr                   |
|   | -14                           | -10                                      |       |                     | )                   |                         | 2(0)e                     | 3(0)*)                  |
| 8. Hazardous Areas                          |                               | e Deficiency                             |       | Single Deficiency   |                     |                         | No Deficiencies           |                         |
| 1   | In Zone                       | Outside Z                                | one   | In Zone             |                     | In A                    | djacent Zone              |                         |
|   | -11                           | -5                                       |       |                     | 6                   |                         | -2                        | (0)                     |
| 9, Smoke Control                            | No Control                    | Smoke Ba<br>Serves Z                     |       |                     | Mech. Ass<br>by     | sisted Syst<br>Zone     | ems                       |                         |
|   | ~5(0)°                        | (0)                                      |       | 3                   |                     |                         |                           |                         |
| 10, Emergency                               | <2 Roules                     |  |       |                     | Multip              | le Routes               |                           |                         |
| Movement<br>Routes                          | *                             | Deficier                                 | nt    |                     | orizontal<br>tit(s) |                         | Horizontal<br>Exit(s)     | Direct Exit(s)          |
|   | -8                            | (-2)                                     |       | 0                   |                     |                         | 1                         | 5                       |
| 11. Manual Fire Alarm                       | No Mar                        | ual Fire Alarm                           |       |                     | Manua               | l Fire Alar             | m                         |                         |
|   |                               |  |       | W/O F.I             | D. Conn.            | V                       | V/F,D, Conn               |                         |
|   |                               | -4                                       |       |                     | 1                   |                         | (2)                       |                         |
| 12 Smoke Detection and Alarm                | None                          | Corridor C                               | only  | Rooms Only          |                     |                         | orldor and<br>oit. Spaces | Total Spaces<br>In Zone |
|   | 0(3) <sup>g</sup>             | 2(3)                                     | )     | 3(3) <sup>g</sup>   |                     |                         | 4                         | 5                       |
| 13, Automatic<br>Sprinklers                 | None                          | Corridor a<br>Habit, Spa                 |       |                     | itire<br>Iding      |                         |                           |                         |
|   | 0                             | 0 8                                      |       | (1                  | (0)                 |                         | 1                         |                         |

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

For SI units: 1 ft = 0.3048 m

b Use (0) where parameter 10 ls -8.

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

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

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

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

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

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> In Table 7 on page 4 of this sheet.

| TABLE 5. INDIVIDUAL SAFETY EVALUATIONS |                            |                               |                                |                                     |  |  |  |
|--|----------------------------|-------------------------------|--------------------------------|-------------------------------------|--|--|--|
| Safety Parameters                      | Containment<br>Safety (Sı) | Extinguishment<br>Safety (S2) | People Movement<br>Safety (S₃) | General<br>Safety (S <sub>4</sub> ) |  |  |  |
| 1. Construction                        | -9                         | -9                            |                                | -9                                  |  |  |  |
| 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                     |                            |                               | ı                              | 1                                   |  |  |  |
| 7. Vertical Openings                   | 0                          |                               | 0                              | 0                                   |  |  |  |
| 8. Hazardous Areas                     | 0                          | 0                             |                                | O                                   |  |  |  |
| 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                         | JD                            | 10 ÷2=5                        | 10                                  |  |  |  |
| Total Value                            | S1=  O                     | S2= 6                         | S3=  \                         | S4= 14                              |  |  |  |

| MANDATORY S                               | AFETY REQUIR |        | LE 6.<br>R USE IN HOSI | PITALS OR NU | JRSING HOME       | S)     |
|---|--------------|--------|------------------------|--------------|-------------------|--------|
| Containment Extinguishment People Mov     |              |        |                        |              |                   |        |
| Zone Location                             | New          | Exist. | New                    | Exist.       | New               | Exist. |
| 1 <sup>si</sup> story                     | 11           | 5      | 15(12)ª                | 4            | 8(5) <sup>a</sup> | 1      |
| 2 <sup>nd</sup> or 3rd story <sup>b</sup> | 15           | 9      | 17(14) <sup>a</sup>    | 6            | 10(7)ª            | 3      |
| 4 <sup>th</sup> story or higher           | - 18         | 9      | 19(16)*                | <b>6</b>     | 11(8)ª            | 3      |

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

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

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

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and So 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 EQ | UIVALENCY EVALUATION  | Yes | No |
|--|-------|--|-----------|---|-----|----|
| Containment<br>Safety (S <sub>1</sub> )    | minus | Mandatory<br>Containment (S <sub>-</sub> ) | ≥ 0       | $\begin{bmatrix} S_1 & S_8 & C \\ IO & q \end{bmatrix} = \begin{bmatrix} I \end{bmatrix}$   | 1   |    |
| Extingulshment<br>Safety (S <sub>2</sub> ) | mlnus | Mandatory<br>Extinguishment (S₃)           | ≥ 0       | $\begin{bmatrix} S_2 & S_b \\ b & - b \end{bmatrix} = \begin{bmatrix} E \\ O \end{bmatrix}$ | 1   |    |
| People Movement<br>Safety (S₃)             | minus | Mandatory People<br>Movement (S₀)          | ≥ 0       | $\begin{array}{c c} S_3 & S_c & P \\ \hline 1 & 3 & = 8 \end{array}$                        | 1   |    |
| General<br>Safety (S <sub>4</sub> )        | minus | Occupancy<br>Risk (R)                      | ≥ 0       | S <sub>4</sub> R G   G   F <sub>5</sub>   =   Q   | 1   |    |

|    | mplete one copy of this worksheet for each facility.<br>r each consideration, select and mark the appropriate column.   | Met | Not<br>Met | Not<br>Applic. |
|----|---|-----|------------|----------------|
| A. | Building utilities conform to the requirements of Section 9.1.  | 1   |            | 177            |
| B. | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | 1   |            |                |
| C. | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | 1   |            |                |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | 1   |            |                |
| E. | There are no flue-fed incinerators.   | 1   |            |                |
| F. | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.  | 1   |            |                |
| G. | Smoking regulations have been adopted and Implemented in accordance with 18.7.4 and 19.7.4.   | _ \ |            |                |
| H. | Draperles, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.   | 1   |            |                |
| l. | Fire extingulshers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.   | V   |            |                |
| J. | Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.   | √,  |            |                |
| K. | Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.   | V   |            |                |
| L. | Standpipes are provided in all new high rise buildings as required by 18.4.2.   |     |            | V              |

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is o938-0242. 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, Atin: PRA Reports Clearence Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

VE 6 OF 6 ZONES

## FIRE/SMOKE ZONE\* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

| FIRE/SMOKE ZONE" EVALUAT                  | 2000 LIFE SAFETY CODE                              |
|---|--|
| FACILITY BENEDICTINE HEALTH CENTER OF MIN | HEAPOLIS OJ-MAN BUILDING                           |
| ZONE(S) EVALUATED FIFTH FLOOR             |  |
| PROVIDER/VENDOR NO. 245266                | DATE OF SURVEY 11/06/2015                          |
| COMPLETE THIS MODICULET FOR EACH 7        | ONE WHERE CONDITIONS ARE THE SAME IN SEVERAL ZONES |

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. OCCUPANC                    | Y RISK PARAMI   | ETER FA                          | CTOR                                 | S                         |                     |  |
|---------------------------|------------------------------|--------------------------------|-----------------|----------------------------------|--------------------------------------|---------------------------|---------------------|--|
| Risk Parameters           |                              | Risk Factors Values            |                 |                                  |                                      |                           |                     |  |
| 1. Patient                | Mobility Status              | Mobile                         | Limited M       | Limited Mobility                 |                                      | ot Mobile                 | Not Movable         |  |
| Mobility (M)              | Risk Factor                  | 1.0                            | 1.6             | 1.6                              |                                      | 3.2                       | 4.5                 |  |
| 2. Patlent<br>Density (D) | No. of Patlents              | 1–5                            | 6–10            | 6–10                             |                                      | 11–30                     | >30                 |  |
| Density (D)               | Rlsk Factor                  | 1.0                            | 1.2             | 1.2                              |                                      | 1.5                       | 2.0                 |  |
| 3. Zone                   | Floor                        | 1 <sup>st</sup>                | 2nd or 3rd      | 4 <sup>և</sup> to 6 <sup>և</sup> |                                      | 7 <sup>th</sup> and Above | Basements           |  |
| Location (L)              | Risk Factor                  | 1.1                            | 1.2             | 1.4                              |                                      | 1.6                       | 1.6                 |  |
| 4. Ratio of Patients to   | <u>Patlents</u><br>Attendant | <u>1–2</u><br>1                | <u>3-5</u><br>1 | 3-5 6-1<br>1 1                   |                                      | <u>&gt;10</u><br>1        | One or More<br>None |  |
| Atlendants (T)            | Risk Factor                  | 1.0                            | 1.1             |                                  | 2 1,5                                |                           | 4.0                 |  |
| 5. Patient                | Age                          | Under 65 Years and Over 1 year |                 |                                  | 65 Years and Over 1 Year and Younger |                           |                     |  |
| Average<br>Age <i>(A)</i> | Risk Factor                  | 1.0                            |                 |                                  | 1.2                                  |                           |                     |  |

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

A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.

B. Compute F by multiplying the risk factor values as indicated in Table 2.

| TABLE 2. OCCUPANCY RISK FACTOR CALCULATION |            |             |            |            |            |          |
|--|------------|-------------|------------|------------|------------|----------|
| OCCUPANCY RISK                             | M<br>3,2 X | D<br>[.5] X | L<br>[4] X | T<br>I.I x | <u>A</u> = | F<br>8.9 |

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

A. If building is classified as "NEW" use Table 3A. If building is classified as "Existing" use Table 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)   | TABLE 3B. (EXISTING BUILDINGS)          |
|---|---|
| F R   | F R                                     |
| 1.0 X =   | $0.6 \times 8.9 = 53 = 6$               |
| FIRE/SMOKE ZONE is a space separated from all other spaces by floor | s. horizontal exits, or smoke barriers. |

| SURVEYOR SIGNATURE ROBERT A WARREST FIRE SAFERY RESOURCES, LLC | TITLE PRESIDENT       | DATE 11/09/2015 |
|--|-----------------------|-----------------|
| FIRE AUTHORITY SIGNATURE                                       | FILE SAPETY SUPERUSOR | DATE 1/10/2015  |
| Form CMS-2786T (02/2013)                                       | 10000                 | Page            |

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.

|   |                               |                                | TABL        |                                   |                     |                  |                            |                         |  |
|---|-------------------------------|--------------------------------|-------------|-----------------------------------|---------------------|------------------|----------------------------|-------------------------|--|
| Safety Parameters                           |                               |                                | Saf         | ety Param                         | neters Va           | lues             |                            |                         |  |
| 1. Construction                             | * Ту                          | Combustible pes III, IV, and V |             | NonCombustible<br>Types I and II  |                     |                  |                            |                         |  |
| Floor or Zone                               | 000                           | 111                            | 200         | 211 + 2HH                         |                     | 000 111          |                            | 222, 332, 43            |  |
| 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                                | 7                   | <b>(9)</b>       | -7                         | 4                       |  |
| 2. Interior Finish<br>(Corridors and Exits) | Class C<br>~5(0) <sup>f</sup> | Class I                        | 3           | Clas                              | ss A                |                  |                            | ,                       |  |
| 3. Interior Finish                          | Class C                       | Class I                        | 3           | Clas                              | ss A                |                  |                            |                         |  |
| (Rooms)                                     | -3(1) <sup>r</sup>            | 1(3)                           | -           | (3                                |                     | 1                | *                          |                         |  |
| 4. Corridor                                 | None or Incomplet             | e <1/2 hou                     | ır          | ≥1/2 to <                         | 1 hour              | 1                | ≥1 hour                    |                         |  |
| Partitions/Walls                            | -10(0) <sup>a</sup>           | 0                              |             | 1(0                               |                     |                  | (20)*                      |                         |  |
| 5. Doors to Corridor                        | No Door                       | <20 min F                      | <20 min FPR |                                   | n FPR               |                  | mIn FPR and<br>Auto Clos.  |                         |  |
|   | -10                           | 0                              |             | (1)V                              | D) <sup>d</sup>     |                  | 2(0) <sup>d</sup>          |                         |  |
| 6. Zone Dimensions                          |                               | Dead End                       |             |                                   |                     | No Dea           | d Ends >30 ft and 2        | Zone Length is          |  |
|   | >100 ft                       | >50 ft to 100 ft               | 30 1        | t to 50 ft                        | >150                |                  | 100 ft to 150 ft           | <100 ft                 |  |
|   | -6(0) <sup>b</sup>            | (-4(0)b                        |             | -2(0) <sup>b</sup>                | -2(0                | )°               | 0                          | 1                       |  |
| 7. Vertical Openings                        | Open 4 or More                | Open 2 d                       | r 3         |                                   | Enc                 | losed with       | h Indicated Fire Rea       |                         |  |
|   | Floors Floors                 |                                |             | <1 hr                             |                     | ≥1               | hr to <2 hr                | ≥2 hr                   |  |
|   | -14                           | -10                            |             | C                                 | )                   |                  | 2(0)°                      | 3(0)9                   |  |
| 8. Hazardous Areas                          | Double                        | Deficiency                     |             |                                   | Single [            | Deficiency       |                            | No Deficiencies         |  |
|   | In Zone                       | Outside Z                      | one         | in Zone                           |                     | In Adjacent Zone |                            |                         |  |
|   | -11                           | -5                             |             | -                                 | 6                   |                  | -2                         | (0)                     |  |
| 9, Smoke Control                            | No Control                    | Smoke Ba<br>Serves Z           |             | Mech. Assisted Systems<br>by Zone |                     | ems              | Ē                          |                         |  |
|   | -5(0)°)                       | 0                              |             | 3                                 |                     |                  |                            |                         |  |
| 10, Emergency                               | <2 Routes                     |                                |             |                                   | Multipl             | e Routes         |                            |                         |  |
| Movement<br>Routes                          |                               | Deficie                        | nt          | 1                                 | orizontal<br>tit(s) |                  | Horizontal<br>Exit(s)      | Dîrect Exit(s)          |  |
|   | -8                            | (-2)                           |             |                                   | 0                   |                  | 1                          | 5                       |  |
| 11. Manual Fire Alarm                       | No Man                        | ual Fire Alarm                 |             |                                   | Manual              | l Fire Alar      | m                          |                         |  |
|   |                               |                                |             | W/O F.                            | D. Conn.            | V                | V/F.D. Conn                |                         |  |
|   |                               | -4                             |             |                                   | 1                   |                  | 2                          |                         |  |
| 12. Smoke Detection and Alarm               | None                          | Comidor C                      | Only        | Room                              | ns Only             |                  | orridor and<br>bit. Spaces | Total Spaces<br>In Zone |  |
|   | 0(3) <sup>g</sup>             | 2(3)0                          |             | 3(                                | (3) <sup>9</sup>    |                  | 4                          | 5                       |  |
| 13, Automatic<br>Sprinklers                 | None                          | Corridor a                     |             |                                   | ntire<br>Iding      |                  |                            |                         |  |
|   | 0                             | 8                              |             | (1                                | 10)                 | 1                |                            |                         |  |

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

Use (U) where parameter 4 is -

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b Use (0) where parameter 10 is -8.

<sup>&</sup>lt;sup>e</sup> Use (0) on floor with fewer than 31 patients (existing buildings only)

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

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

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

<sup>&</sup>lt;sup>9</sup> Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers,

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

- A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the People Movement Safety column is recorded in Table 5 as ½ 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<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> to blocks labeled S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>, S<sub>6</sub> in Table 7 on page 4 of this sheet.

| TABLE 5. INDIVIDUAL SAFETY EVALUATIONS |   |  |                                |                        |  |  |  |  |  |
|--|---|--|--------------------------------|------------------------|--|--|--|--|--|
| Safety Parameters                      | Containment<br>Safety (S <sub>1</sub> ) | Extinguishment<br>Safety (S²)            | People Movement<br>Safety (S₃) | General<br>Safety (S₄) |  |  |  |  |  |
| 1. Construction                        | -9                                      | -q                                       |                                | -9                     |  |  |  |  |  |
| Interior Finish     (Corr. and Exit)   | 3                                       |  | 3                              | 3                      |  |  |  |  |  |
| 3. Interior Finish (Rooms)             | 3                                       |  |                                | 3                      |  |  |  |  |  |
| 4. Corridor Partitions/Walls           | 2                                       | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |                                | 2                      |  |  |  |  |  |
| 5. Doors to Corridor                   | 1                                       |  | 1                              | 1                      |  |  |  |  |  |
| 6. Zone Dimensions                     |   |  | -4                             | -4                     |  |  |  |  |  |
| 7. Vertical Openings                   | 0                                       |  | 0                              | O                      |  |  |  |  |  |
| 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=  O                                  | S2= (0                                   | S3= 6                          | S4=9                   |  |  |  |  |  |

| MANDATORY S                              | AFETY REQUIR        |        | LE 6.<br>R USE IN HOSI              | PITALS OR NU | RSING HOME                           | S)     |
|--|---------------------|--------|-------------------------------------|--------------|--------------------------------------|--------|
|  | Containment<br>(S₃) |        | Extinguishment<br>(S <sub>b</sub> ) |              | People Movement<br>(S <sub>0</sub> ) |        |
| Zone Location                            | New                 | Exist. | New                                 | Exist.       | New                                  | Exist. |
| 1 <sup>si</sup> story                    | 11                  | 5      | 15(12) <sup>a</sup>                 | 4            | 8(5) <sup>a</sup>                    | 1      |
| 2 <sup>™</sup> or 3rd story <sup>b</sup> | 15                  | 9      | 17(14) <sup>a</sup>                 | 6            | 10(7) <sup>a</sup>                   | 3      |
| 4 <sup>տ</sup> 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 2<sup>nd</sup> story zone location in a sprinklered EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values *set* shall be permitted to be used: Sa=7, Sb=10, and Sc=7

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

- A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located circle the appropriate value in each of the three columns in Table 6.
- B. Transfer the three circled values from Table 6 to the blocks marked Sa, Sb, and So 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 EQL | JIVALENCY EVALUATION   | Yes | No |
|---|-------|---|------------|--|-----|----|
| Containment<br>Safety (S <sub>1</sub> ) | minus | Mandatory<br>Containment (S.)                 | ≥ 0        | $\begin{bmatrix} S_1 & S_4 & C \\ IO & -Q & = 1 \end{bmatrix}$   | 1   |    |
| Extinguishment<br>Safety (S₂)           | minus | Mandatory<br>Extinguishment (S <sub>b</sub> ) | ≥ 0        | $ \begin{array}{c c} S_2 & S_b \\ \hline S & C & C \end{array} $   | J   |    |
| People Movement<br>Safety (S₃)          | minus | Mandatory People<br>Movement (S₀)             | ≥ 0        | $\begin{bmatrix} S_3 \\ b \end{bmatrix} - \begin{bmatrix} S_c \\ \overline{J} \end{bmatrix} = \begin{bmatrix} P \\ \overline{J} \end{bmatrix}$ | 1   |    |
| General<br>Safety (S <sub>4</sub> )     | minus | Occupancy<br>Risk (R)                         | ≥ 0        | $\begin{bmatrix} S_4 & R & G \\ Q & - L & = 3 \end{bmatrix}$   | 1   |    |

|    | mplete one copy of this worksheet for each facility.<br>r each consideration, select and mark the appropriate column.   | Met      | Not<br>Met | Not<br>Applic. |
|----|---|----------|------------|----------------|
| A. | Building utilities conform to the requirements of Section 9.1.  | 1        |            |                |
| B. | In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.  | 1        |            |                |
| C. | Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6. | J        |            |                |
| D. | Fuel-burning space heaters and portable electrical space heaters are not used.  | J,       |            |                |
| E. | There are no flue-fed incinerators.   | 1        |            |                |
| F. | An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.  | 1        |            |                |
| 0. | Smeking-regulations-have-been-adopted-and-implemented in accordance with 18.7.4 and 19.7.4.   | _/==     | or disease |                |
| Н. | Draperies, upholstered furniture, mattresses, furnishings, and decoration combustibility is limited in accordance with 18.7.5 and 19.7.5.   | J        |            |                |
| Į, | Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.   | <b>√</b> |            | Par Will       |
| J, | Exit signs are provided in accordance with the requirements of 18.2,10.1 and 19.2.10.   | Į.       |            |                |
| K. | Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.   | 1        |            |                |
| L. | Standpipes are provided in all new high rise buildings as required by 18.4.2.   |          |            | √              |

## CONCLUSIONS

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 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 <u>only a suggestion</u> and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

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 <a href="http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm">http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm</a>. 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

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 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:

(X3) DATE SURVEY COMPLETED

00960

B. WING \_

10/15/2015

| NAME OF F                | NAME OF PROVIDER OR SUPPLIER   |  | STREET ADDRESS, CITY, STATE, ZIP CODE |  |                          |  |  |  |
|--------------------------|--|--|---------------------------------------|--|--------------------------|--|--|--|
| BENEDIO                  | CTINE HEALTH CENTER OF MINNEAP   |  | 17TH STRE<br>OLIS, MN 5               |  |                          |  |  |  |
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY<br>REGULATORY OR LSC IDENTIFYING INFORMA   | FULL   | ID<br>PREFIX<br>TAG                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |  |  |  |
| 2 000                    | Initial Comments   |  | 2 000                                 |  |                          |  |  |  |
|                          | *****ATTENTION*****  |  |                                       |  |                          |  |  |  |
|                          | NH LICENSING CORRECTION ORD  | ER   |                                       |  |                          |  |  |  |
|                          | In accordance with Minnesota Statute, so 144A.10, this correction order has been pursuant to a survey. If, upon reinspect found that the deficiency or deficiencies herein are not corrected, a fine for each not corrected shall be assessed in accowith a schedule of fines promulgated by the Minnesota Department of Health.  Determination of whether a violation has corrected requires compliance with all requirements of the rule provided at the number and MN Rule number indicated When a rule contains several items, faile comply with any of the items will be conslack of compliance. Lack of compliance re-inspection with any item of multi-part result in the assessment of a fine even it that was violated during the initial inspectorrected.  | issued ion, it is cited violation rdance rule of tag below. ure to sidered a upon rule will f the item ction was |                                       |  |                          |  |  |  |
|                          | You may request a hearing on any asset that may result from non-compliance with orders provided that a written request is the Department within 15 days of receip notice of assessment for non-compliance.   | th these<br>made to<br>t of a  |                                       |  |                          |  |  |  |
|                          | INITIAL COMMENTS: The facility has agreed to participate in telectronic receipt of State licensure order consistent with the Minnesota Department Health Informational Bulletin 14-01, available the health information and information of the health informati | ers<br>ent of<br>ilable at<br>rofinfo/inf  |                                       |  |                          |  |  |  |

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

TITLE

(X6) DATE

**Electronically Signed** 

11/11/15

Minnesota Department of Health

|  |  | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                     | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:  |      |                          |
|--|--|---|---------------------|---|------|--------------------------|
|  |  | 00960   | B. WING             |   | 10/1 | 5/2015                   |
| NAME OF PRO  | OVIDER OR SUPPLIER   |   |                     | STATE, ZIP CODE   |      |                          |
| BENEDICT   | INE HEALTH CENTI   | FR OF MINNEAP   | 17TH STRE           |   |      |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROPERTION OF T | D BE | (X5)<br>COMPLETE<br>DATE |
| e<br>n<br>tr<br>T<br>p<br>d                                      | electronically. Althonecessary for State he word "corrected Then indicate in the process, under the late your orders wil   | th orders being submitted bugh no plan of correction is Statutes/Rules, please enter in the box available for text. electronic State licensure heading completion date, the I be corrected prior to tting to the Minnesota  | 2 000               |   |      |                          |
| me c a c b a re a th p th re E E E E E E E E E E E E E E E E E E | Subpart 1. Development develop a compact resident within completion of the coassessment as defined as tending physician, responsibility for the appropriate staff in the resident's needs or acticable, with the he resident's legal grepresentative.  This MN Requirements as MN Requirements.  Sased on interview acility failed to develop an for behaviors for eviewed for unnecession and many control of the service | Subp. 1 Comprehensive opment  lopment. A nursing home aprehensive plan of care for a seven days after the omprehensive resident and in part 4658.0400. The area of care must be developed by team that includes the aregistered nurse with a resident, and other disciplines as determined by and, to the extent aparticipation of the resident, guardian or chosen  ent is not met as evidenced and document review, the elop a comprehensive care for 1 of 5 residents (R68) essary medication use. | 2 555               |   |      | 11/24/15                 |

Minnesota Department of Health

STATE FORM 6899 HBPG11 If continuation sheet 2 of 28

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   |   |   |  | SURVEY<br>LETED |                          |
|--|---|---|---|--|-----------------|--------------------------|
|  |   | 00960   | B. WING                                       |  | 10/1            | 5/2015                   |
|  | PROVIDER OR SUPPLIER CTINE HEALTH CENT  | ER OF MINNEAP 618 EAS   | DDRESS, CITY, S<br>T 17TH STRE<br>POLIS, MN 5 |  |                 |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                           | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | ILD BE          | (X5)<br>COMPLETE<br>DATE |
| 2 555  | (antipsychotic medical Depakote (mood stable daily for dementia vanon-pharmacologic identified on the residiagnoses including R68's treatment adindicated the frequestion behaviors was bein "clenches," shook have "ayayaya" loudly, picheeks and eyes restaff, repeated, "whand wandered in her Progress notes revenon-pharmacologic attempted when R60 offered snacks/fluid on ear phones to list by window, applying for pain.  R68's care plan datidentified problem a isolating in room. Santicipate and mee appropriate, make apsychologist and massignation in the Tato staff that included non-pharmacologic in the Tato staff that include non-pharmacologic in the Tato | cation) 0.5 mg daily and abilizer medication) 125 mg with psychosis, however, al interventions were not sident's care plan. R68's had g dementia with Lewy Bodies.  ministration record (TAR) ency for the following g monitored daily; resident her fists and vocalized cked, rubbed her nose, chin, epeatedly, kicked and stuck hat do I do," and was restless er wheelchair.  ealed the following al interventions were 88 was exhibiting behaviors, ls/ nap, assisted with putting sten to music, sitting resident gravender oil and assessing and staff were directed to the all of resident's needs, if referral to in-house onitor for cognition, mood and ges. Also notify physician and ere noted, however, the care of the behaviors being AR, nor was direction provided dindividualized | 2 555   |  |                 |                          |

6899

Minnesota Department of Health STATE FORM

Minnesota Department of Health

|                          | NOT OF DEFICIENCIES NOF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE   |  |   |   |  |         |                          |
|--------------------------|--|--|---|---|--|---------|--------------------------|
|                          |  | 00960  |   | B. WING                                   |  | 10/1    | 15/2015                  |
|                          | PROVIDER OR SUPPLIER   | ER OF MINNEAP  | 618 EAST  | DRESS, CITY, S<br>17TH STRE<br>OLIS, MN 5 |  |         |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY<br>SC IDENTIFYING INFORMA  | FULL  | ID<br>PREFIX<br>TAG                       | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE APP<br>DEFICIENCY) | OULD BE | (X5)<br>COMPLETE<br>DATE |
| 2 555<br>2 860           | Residents who utilize behavioral sympton interventions identifiensure non-pharmatried prior to and the with utilizing medical Audits could be combrought to the quality TIME PERIOD FOR (21) days.                                       | ige 3 THOD OF CORRECT ze medications to mains could have individual fied on their care plant acological approaches en if necessary in condition. Staff could be the inducted and the result ity committee for reviews CORRECTION: Two Subp. 2 F. Adequat   | nage ualized ns to s are njunction rained. Its ew.  | 2 555                                     |  |         | 11/24/15                 |
| 2 860                    | Proper Nursing Car  Subp. 2. Criteria for proper care. The criteria and proper care and attringernails and toe trimmed.  This MN Requirements:  Based on observation review, the facility for provided for 1 of 1 in the criterian care. | re; Hands-Feet or determining adequentieria for determining er care include: rention to hands and finails must be kept cleaned in the conference of the conf | ate and feet. ean and denced cument are was yed for | 2 860                                     |  |         | 11/24/15                 |
|                          | R14 reported in an p.m. that his toenai needed trimming. I Wednesdays, and I   | interview on 10/12/15<br>Is were getting long a<br>He stated his bath da<br>ne had not had his too<br>14 stated "my nails ar   | ind<br>ys were<br>enails cut                        |   |  |         |                          |

Minnesota Department of Health

STATE FORM 6899 HBPG11 If continuation sheet 4 of 28

Minnesota Department of Health

| STATEMEN                 | NT OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | ` '                 | (X2) MULTIPLE CONSTRUCTION (X3) DATE COMM  |       |                          |
|--------------------------|---|---|---------------------|--|-------|--------------------------|
|                          |   | 00960   | B. WING             |  | 10/1  | 5/2015                   |
| NAME OF                  | PROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, S      | STATE, ZIP CODE  |       |                          |
| BENEDI                   | CTINE HEALTH CENT   | FR OF MINNEAP   | 17TH STRE           |  |       |                          |
|                          |   | MINNEAP   | OLIS, MN 5          |  | 201   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | .D BE | (X5)<br>COMPLETE<br>DATE |
| 2 860                    | Continued From pa   | ge 4  | 2 860               |  |       |                          |
|                          | and thick so I usual podiatrist.  | lly go downstairs" to the   |                     |  |       |                          |
|                          | required increased self-care deficit with immobility. R14's noworksheet indicated showered Wednesd staff to report any relicensed nurse.  | ted 12/15, indicted R14 care needs and had a n dressing/grooming related to ursing assistant (NA) d the resident was to be day evenings, and directed eddened or open areas to the  |                     |  |       |                          |
|                          | (RN)-E verified R14 should have been to would have expected care on bath days, care was needed for the facility did not unails had been trimperformed as need "Obviously his nails" | 5 a.m. a registered nurse I's toenails were long and rimmed. RN-E explained she ed the NAs to perform nail or to let a nurse know if nail or any resident. RN-E stated tilize a form to indicate when med, but it should have been ed on bath days. RN-E stated, were not cut yesterday" 14's scheduled bath day. |                     |  |       |                          |
|                          | bathing/showering   | nurse (LPN)-B explained the process on 10/15/15 9:51 a.m. urses were responsible for e, not the NAs.  |                     |  |       |                          |
|                          | care was to be com<br>was only responsib<br>who had diabetes,   | .m. RN-A explained that nail apleted by the NAs, and she le for cutting resident's nails lf NAs were unable to trim a they were to inform the nurse.  |                     |  |       |                          |
|                          | assisted R14 with of included cleaning the dressing and groon   | 0/15/15, at 10:18 a.m. he had eares that morning, which had ne resident, as well as ning. NA-A stated he noticed a long when he assisted the  |                     |  |       |                          |

Minnesota Department of Health

STATE FORM 6899 HBPG11 If continuation sheet 5 of 28

Minnesota Department of Health

|                          | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   |      | (X3) DATE SURVEY<br>COMPLETED |  |
|--------------------------|--|--|--|---|------|-------------------------------|--|
|                          |  | 00960  | B. WING                                  |   | 10/1 | 5/2015                        |  |
|                          | PROVIDER OR SUPPLIER   | FR OF MINNEAP  | DRESS, CITY, STREPOLIS, MN 5             |   |      |                               |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>( MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTIC<br>(EACH CORRECTIVE ACTION SHOULI<br>CROSS-REFERENCED TO THE APPROF<br>DEFICIENCY) | D BE | (X5)<br>COMPLETE<br>DATE      |  |
| 2 860                    | bath days nail care and he informed the nail care for a resid were seen by the percare was not documered.  R14's Shower Day 7/8/15 through 9/30 revealed the reside not include information provided. R14's last 10/30/14, indicated all 10 digits were merceded to the level with good relief of sin 10 weeks."  The facility's 12/02 Trimming policy direas necessary to the did not also include trimming.  SUGGESTED MET The facility could example and provided needed. The cares Random audits couresults brought to the review. | cks. NA-A explained that on was provided for residents, e nurses when he performed ent. Also, some residents odiatrist. NA-A verified nail nented in a resident's medical Skin Exam sheets dated 1/15 for every Wednesday, nt's skins was intact, but did tion showing nail care was ton-Site Podiatry note dated, "offending nail margins of echanically and electrically el of normal underlying nail bed symptomsTo be seen again FingernailsCleaning and ected staff to provide nail care e residents, however, the policy a procedure for toenail  THOD OF CORRECTION: ducate staff to regularly or appearance of finger and e care routinely and as could be documented. In the equality committee for |  |   |      |                               |  |
| 21015                    | MN Rule 4658.0610<br>Requirements- Sar   | O Subp. 7 Dietary Staff<br>nitary conditi  | 21015                                    |   |      | 11/24/15                      |  |

Minnesota Department of Health

STATE FORM 6899 HBPG11 If continuation sheet 6 of 28

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

|                          | NT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                         |  |       | SURVEY<br>LETED          |
|--------------------------|--|--|-------------------------|--|-------|--------------------------|
|                          |  |  |                         |  |       |                          |
|                          |  | 00960  | B. WING                 |  | 10/1  | 5/2015                   |
| NAME OF                  | PROVIDER OR SUPPLIER   |  |                         | STATE, ZIP CODE  |       |                          |
| BENEDI                   | CTINE HEALTH CENT  | ER OF MINNEAP  | 17TH STRE<br>OLIS, MN 5 |  |       |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | _D BE | (X5)<br>COMPLETE<br>DATE |
| 21015                    | Continued From pa  | ge 6   | 21015                   |  |       |                          |
|                          | procedures and cor   | conditions. Sanitary<br>nditions must be maintained in<br>e dietary department at all  |                         |  |       |                          |
|                          | by: Based on observati review, the facility f machines were ma condition having the  | ent is not met as evidenced fon, interview and document ailed to ensure water and ice intained in a clean sanitary e potential to affect residents and/or water from those   |                         | -  |       |                          |
|                          | Findings include:  |  |                         |  |       |                          |
|                          |  | kitchen and units was<br>2/15 at 12:00 a.m. with the<br>IM).   |                         |  |       |                          |
|                          | and 4th floors all had build-up on the grat water spouts. The I the substance, but substance was. The machines on the 1s also coated with duby the DM. The DM housekeeping staff | machines on the 1st, 2nd, 3rd, ad brown, orange and white the below and in the ice and DM confirmed the presence of was unsure what the erair filter on the ice and water st, 2nd, 3rd and 4th floors were st, which was also confirmed the explained maintenance and was responsible for cleaning the ice and water machines. |                         |  |       |                          |
|                          | services director (E<br>housekeeping staff<br>cleaning the exterio<br>However, the ice m   | D p.m. the environmental (SD) explained the was responsible for regularly or of the ice machines. achines were not cleaned he checked as part of   |                         |  |       |                          |

Minnesota Department of Health

STATE FORM 6899 HBPG11 If continuation sheet 7 of 28

Minnesota Department of Health

| STATEMENT OF DEFIC<br>AND PLAN OF CORREC   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | ` '                         | E CONSTRUCTION   | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|--|--|--|-----------------------------|--|-------------------|--------------------------|
|  |  | 00960  | B. WING                     |  | 10/1              | 5/2015                   |
| NAME OF PROVIDER (   | OR SUPPLIER  | STREET A   | DDRESS, CITY,               | STATE, ZIP CODE  |                   |                          |
| BENEDICTINE HE   | ALTH CENT  | ER OF MINNEΔP  | ST 17TH STRE<br>POLIS, MN 5 |  |                   |                          |
| PREFIX (EAC  | H DEFICIENC  | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG         | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY) | D BE              | (X5)<br>COMPLETE<br>DATE |
| preventi<br>explaine<br>twice mo<br>the ESD<br>clean the<br>months.<br>also bee<br>The 11/1<br>Icemake<br>DCM-27<br>user as<br>and san<br>cleaning<br>condition<br>Wash w<br>dirty." | d the filters on thly. A control on 10/13/- e interior of In addition on profession profession (IS/13, Hostor/Dispense OBAH-OS follows: "The itized at least and saniting and saniting ith warm warm warm warm warm warm warm warm   | ance checks. The ESD is should have been cleaned intract had just been signed by 15, for a cleaning company to it the ice machines every six in, new spouts and grates had onally installed on 10/13/15.  Initiation and grates had instruction manual directed the appliance must be cleaned ast twice a year. More frequent in some 2 weeks Air Filter Inspect. Inspect. | е                           |  |                   |                          |
| The faci<br>education<br>equipment<br>Audits on<br>and the<br>for revei<br>TIME PE<br>(14) day   | lity could respond to ensure the control of the con | eview policies and provide state food preparation and storage of clean and sanitary condition and cted to ensure compliance ught to the quality committee  |                             |  |                   |                          |
| Storage Subp. 5 perishat washabl sanitary will prote   | of Perishal  Storage ble food mu e, corrosio conditions ect against  | of perishable food. All st be stored off the floor on n-resistant shelving under and at temperatures which   | 21100                       |  |                   | 11/24/15                 |

Minnesota Department of Health

STATE FORM 6899 HBPG11 If continuation sheet 8 of 28

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPL<br>A. BUILDING:   | E CONSTRUCTION                             | (X3) DATE<br>COMP  | SURVEY<br>LETED |                          |
|--|--|--|--|--|-----------------|--------------------------|
|  |  | 00960  | B. WING                                    |  | 10/1            | 5/2015                   |
|  | PROVIDER OR SUPPLIER CTINE HEALTH CENT   | FR OF MINNEAP 618 EAST   | DRESS, CITY, S<br>17TH STRE<br>POLIS, MN 5 |  |                 |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                        | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE           | (X5)<br>COMPLETE<br>DATE |
| 21100  | by: Based on observation review, the facility for refrigerators and from maintained at proper potential to impact a may have consume sources. In addition of expired nutritional resident (R22) who expired.  Findings include:  A tour of the main known completed on 10/12 dietary manager (Dietary manager (Dietary manager)  The 2nd floor therm 45 degrees Fahren sheet for recording an October log she refrigerator/freezer, recorded on the log freezer lacked a the juice, cream, apple The DM reported stand been in the past recorded. The DM staff was responsible temperatures, since medication rooms, contained three sugname dated 9/18, 9 each carton had an instructions were in product could be standard properties. | on, interview and document ailed to ensure unit ezers temperatures were er temperatures. This had the all residents in the facility who ed food and fluids from those in, the facility failed to dispose al supplements for 1 of 1 se nutritional supplement had sitchen and units was 2/15 at 12:00 a.m. with the M).  Inometer in the refrigerator read heit (F). A September log temperatures was on top of et that was posted on the No temperatures had been in The 1st floor refrigerator and ermometer, and contained sauce and residents' food, the did not know what the explained that the nursing ale for recording the explained that the dates |  |  |                 |                          |

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PRINTED: 11/12/2015 FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ B. WING 00960 10/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET BENEDICTINE HEALTH CENTER OF MINNEAP MINNEAPOLIS, MN 55404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 21100 Continued From page 9 21100 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. 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." 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." SUGGESTED METHOD OF CORRECTION: The facility could review policies and provide staff

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(14) days.

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.

TIME PERIOD FOR CORRECTION: Fourteen

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  |  | ` '                 | E CONSTRUCTION   | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|--|--|--|---------------------|--|-------------------|--------------------------|
|  |  | 00960  | B. WING             |  | 10/1              | 5/2015                   |
| NAME OF  | PROVIDER OR SUPPLIER   | STREET ADI   | DRESS, CITY, S      | STATE, ZIP CODE  |                   |                          |
| BENEDI   | CTINE HEALTH CENT  | ER OF MINNEAP  | 17TH STRE           |  |                   |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE              | (X5)<br>COMPLETE<br>DATE |
| 21435  | Continued From pa  | ge 10  | 21435               |  |                   |                          |
| 21435  | MN Rule 4658.090<br>Recreation Program   | 0 Subp. 1 Activity and<br>n; General   | 21435               |  |                   | 11/24/15                 |
|  | home must provide recreation program based on each indistrengths, and need meet the physical, well-being of each comprehensive rescomprehensive pla 4658.0400 and 46 provided opportunity  | al requirements. A nursing an organized activity and . The program must be vidual resident's interests, ds, and must be designed to mental, and psychological resident, as determined by the ident assessment and n of care required in parts 58.0405. Residents must be ites to participate in the opment of the activity and .                       |                     |  |                   |                          |
|  | 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. |  |                     | -  |                   |                          |
|  | on her back in bed. or with eye contact communication. A reciling and photos television in the rooplayer/radio which morning at 9:49 a.r dayroom. Although R52 was not watch R52 was in bed and  | on 10/12/15, at 5:14 p.m. lying She did not respond verbally when the surveyor attempted mobile was hanging from the were on the wall. There was a sm as well as a CD were both off. The following in the resident was in the in the television was turned on, ing the program. At 1:36 p.m. d made eye contact with the o.m. the resident's eyes were |                     |  |                   |                          |

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| 00960 B. WING 10/15/2015  | 1                        |
|---|--------------------------|
|   | /15/2015                 |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  |                          |
| BENEDICTINE HEALTH CENTER OF MINNEAP  618 EAST 17TH STREET  MINNEAPOLIS, MN 55404   |                          |
| PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP  | (X5)<br>COMPLETE<br>DATE |
| Continued From page 11  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.  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 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 not 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.  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.  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 |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   |  | ` '           | E CONSTRUCTION  | (X3) DATE<br>COMP | SURVEY<br>LETED  |
|---|---|--|---------------|---|-------------------|------------------|
|   |   | 00960  | B. WING       |   | 10/1              | 5/2015           |
| NAME OF I   | PROVIDER OR SUPPLIER  |  |               | STATE, ZIP CODE   | 1071              | 0,2010           |
| BENEDIO   | CTINE HEALTH CENT   | FR OF MINNEAP  | 17TH STRE     |   |                   |                  |
| (X4) ID   | SUMMARY STA   | TEMENT OF DEFICIENCIES   | OLIS, MN 5    | PROVIDER'S PLAN OF CORRECTION   | ON                | (X5)             |
| PREFIX<br>TAG   | (EACH DEFICIENCY  | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE              | COMPLETE<br>DATE |
| 21435   | Continued From pa   | ge 12  | 21435         |   |                   |                  |
|   | touch and hand ma<br>given." The resider<br>and adaptive needs  A social services no<br>"Resident is in a pe<br>unable to complete<br>displays no behavior<br>for all decision make | offer sensory in her room, ssage for comfort measures nt's personal history, interests, s was completed on 8/24/09.  Ote dated 10/13/15, indicated resistent vegetative state, BIMS [cognition test], and ors. Resident has co-guardians ingResident has all |               |   |                   |                  |
|   | interactions. Reside resident's co-guard  | s met through staff and family<br>ent's greatest support is<br>ians/mother and sister.<br>to display mood indicators."   |               |   |                   |                  |
|   | R52's activities incl   | records revealed each month<br>uded news/coffee, church, and<br>eal activities are noted in  |               |   |                   |                  |
|   | party/social) 4) 6/15, 9 activities 3) 7/15, 12 activities 5) 8/15, 15 activities   | s (wellness, birthday  |               |   |                   |                  |
|   |   | not include any details of the or 1:1 visit, or R16's response vided.  |               |   |                   |                  |
|   | in a persistent vege<br>resident was deper<br>activities, the goal r<br>in groups as often a<br>stimulation such as   | d 4/10/13, indicated R52 was stative state. Although the ident on staff to provide ead, "Will include the resident as possible for sensory music, massage, etc." The what type of response was   |               |   |                   |                  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE<br>A. BUILDING:  | E CONSTRUCTION                                 | (X3) DATE<br>COMP  | SURVEY |                          |
|--|--|--|--|--|--------|--------------------------|
|  |  | 00960  | B. WING  |  | 10/1   | 15/2015                  |
|  | PROVIDER OR SUPPLIER   | FR OF MINNEAP 618 EAST   | DDRESS, CITY, S<br>T 17TH STRE<br>POLIS, MN 55 |  |        |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                            | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | JLD BE | (X5)<br>COMPLETE<br>DATE |
| 21435  | expected from the reprovided. Approach resident attended vactivities, escort to stimulation (i.e. musaromatherapy, etc.)  On 10/14/15, at 2:2 wellness director (Texplained R52 atterservices on the ween ews/coffee 2-3 timestelevision on when checked on the rescomfortable and profollowing day at 11: staff provided culturinists were "probabled" when surveyor entersides and continued activities were not continued activities were not continued activities were not continued activities. NA-Dexplout on the unit during restless. NA-D explout on the unit during returned to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to Later that day R7 were not continued to his room be assisted back to the continued to his room be assisted by the continued to his room be assisted by the continued to his room be assisted by the continued | resident when activity was les directed staff to ensure arious stimulating sensory groups, visit for sensory sic, reading, hand massage, lesson, was interviewed and resident attended church ekend, attended morning les a week, music and she was in her room. Staff ident to ensure she was evided touch as needed. The 40 a.m. the TWD reported ral language visits but those by not documented."  In 10/12/15, at 3:03. p.m. lying less a visit of the ceiling, less a the ceiling, less aring up at the ceiling, less are done in the same position and less are position and less are provided by NA-D. R7 hrashing around his bed, ward his chest and hitting his frustration. When cares were led and no longer was ained R7 liked music and was no activities until he would be not to be tube fed and would |  |  |        |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |   | , · ·                   |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|--|---|-------------------------|--|-------------------------------|--------------------------|
|  |   | A. BUILDING:            | A. BUILDING:   |                               |                          |
|  | 00960   | B. WING                 |  | 10/1                          | 5/2015                   |
| NAME OF PROVIDER OR SUPPLIER   | STREET ADI  | ORESS, CITY, S          | STATE, ZIP CODE  |                               |                          |
| BENEDICTINE HEALTH CENTE   | ER OF MINNEAP   | 17TH STRE<br>OLIS, MN 5 |  |                               |                          |
| PREFIX (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY)  | D BE                          | (X5)<br>COMPLETE<br>DATE |
| in bed looking towar the room. The televi at 10:18 a.m. R7 wa LPN-D explained the breakfast and take he where he could hear residents and visitor R7 was taken outside, and he on television in his room and an exesix residents in atter was brought back to community area becenoughone to two was brought to his restated, "There is not R7's quarterly Minimidentified the resided impairment and was cares. The Activities not trigger for furthe R7's care plan dated memory impairment with dependence on cares. The care plan indicated R7 appear and activity in his embe assisted to sensimusic, reading, outdexpected response Approaches include | In 10/14/15, at 9:33 a.m. lying rids the window from across sion was off. Later that day as in the same position, and at staff would get R7 up after nim to the community area rand see other staff, is in the area. LPN-D stated the for fresh air when it was enjoyed watching baseball room. At 1:30 p.m. R7 was in ercise activity took place with ridance. LPN-D explained R7 in his room from the cause he "had been up long hours." When asked why he room during the activity LPN-S ar reason whywe just did it."  Thum Data Set, dated 9/14/15, at a shaving severe cognitive is totally dependent on staff for a Care Area Assessment did a rassessment.  If 12/17/12, indicated a rand inability to communicate, a staff to provide all needs and an dated 6/13/15, for activities red to enjoy watching people avironment. The goal was to story stimulation groups i.e. doors," but did not reelect an | 21435                   | BELLIOITY STATES OF THE PROPERTY OF THE PROPER |                               |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |  | (X2) MULTIPLI<br>A. BUILDING:              | E CONSTRUCTION   | (X3) DATE<br>COMP | SURVEY<br>PLETED         |
|--|--|--|--|-------------------|--------------------------|
|  | 00960  | B. WING                                    |  | 10/1              | 5/2015                   |
| NAME OF PROVIDER OR SUPPLIER  BENEDICTINE HEALTH CENTER OF   | MINNEΔP 618 EAST   | DRESS, CITY, S<br>17TH STRE<br>POLIS, MN 5 |  |                   |                          |
| (X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST E REGULATORY OR LSC IDEN  | BE PRECEDED BY FULL  | ID<br>PREFIX<br>TAG                        | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE             | (X5)<br>COMPLETE<br>DATE |
| During an interview on 10, the TWD explained she graphe is in his room or in the 1:1 contact, stimulation is When asked if saying "hi" stimulation, TWD replied said staff did 1:1 visits on Tuesday and Thursdays a track the number of 1:1 visexplained that the number R7 indicated the number R8 indicated care plan he was to be taken the stimulation groups i.e. mure outdoors.  1) For 7/15, R7 attended report board games once, chair is outing once  2) For 8/15, R7 attended report wellness once, church six walks/outdoor activities or preferred activities were of the month, R7 attended of preferred activities (if chur reading/music).  3) For 9/15, R7 attended of 1:1 visits once. Preferred 39 times, however only attendance the TWD report of the TWD repor | reet R7 every day when hallway, "I like to make on his care plan." to R7 was considered 'Yes." The TWD also Saturday, Sunday, and she was able to sits provided. The TWD runder the activity for of times he received the month.  activity sheet and the was review from for the following: Per R7's ten to sensory sic, reading and the ews/coffee twice, times and the ews/coffee twice, times and the expectation of the following the times during and the expectation of the exp | 21435                                      |  |                   |                          |

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  |  |                          | E CONSTRUCTION   | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|---|--|--|--------------------------|--|-------------------|--------------------------|
|   |  |  | A. BUILDING:             |  |                   |                          |
|   |  | 00960  | B. WING                  |  | 10/1              | 5/2015                   |
| NAME OF   | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, S           | STATE, ZIP CODE  |                   |                          |
| BENEDI  | CTINE HEALTH CENT  | ER OF MINNEAD  | 17TH STRE<br>POLIS, MN 5 |  |                   |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUI<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | _D BE             | (X5)<br>COMPLETE<br>DATE |
| 21435   | documentation was she completed the Observation for each produce R7's composervation form.  R7'S resident progrindicated "Resident activity engagement interact from staff, captivities, escort his social groups and engage him as tole.  R16 was observed afternoon and ever was not seen out or recreational therapy was further observed 10/13/15, and was afternoon observat.  R16 was observed p.m. lying on her siand the television with resident's eyes personalized items and a few magazin magazines. The rowith medical equipmattress and pump side rails on each sibed, a large oxyger IV pole and two roll supplies. | s provided. The TWD stated Activity Assessment ch resident, but was unable to pleted Activity Assessment ress notes date 9/14/15, at continues to be stable in at. He appears to enjoy social we anticipates his needs in time to musicals, spiritual, and events and will continue to the rated."  several times during the sing of 10/12/15. The resident of bed, nor were any yestaff seen in her room. She and multiple times again on in bed during all morning and it in bed on 10/13/15, at 2:36 de. She was wearing glasses was on with low volume, and were closed. The only in the room were two pictures, es including religious om was otherwise largely filled ment including a powered air out the end of the bed, steel side of the head end of the in tank, ventilator, wheelchair, ling steel tables with medical | 21435                    |  |                   |                          |
|   | with similar results.<br>different positions i   | then made of on 10/14/15, Though she was seen in In the bed, the only activities and as providing any stimulation  |                          |  |                   |                          |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   |   |                         | E CONSTRUCTION  | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|--|---|---|-------------------------|---|-------------------|--------------------------|
|  |   | 00960   | B. WING 10/             |   | 10/1              | 5/2015                   |
| NAME OF  | PROVIDER OR SUPPLIER  | STREET ADI  | DRESS, CITY, S          | STATE, ZIP CODE   |                   |                          |
| BENEDI   | CTINE HEALTH CENT   | FR OF MINNFAP   | 17TH STRE<br>OLIS, MN 5 |   |                   |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROPERTION OF T | D BE              | (X5)<br>COMPLETE<br>DATE |
| 21435  | Continued From pa   | ge 17   | 21435                   |   |                   |                          |
|  |   | es, including having the head<br>being assisted to eat a meal,<br>cal care.   |                         |   |                   |                          |
|  |   | DS revealed the resident was d and was totally dependent on   |                         |   |                   |                          |
|  | NA-E explained R1<br>but sometimes liked<br>resident's schedule<br>hours, and then lie<br>R16 was to be "up"        | on 10/14/15, at 8:41 a.m. 6 could not communicate well, d to hold hands. She said the was to be up one to two down for two hours, adding twice this shiftShe will get up brining. When she's up she sits                            |                         |   |                   |                          |
|  | her back in with the<br>raised, sleeping. Wout of bed yet that r<br>nurse (LPN)-E, rep<br>the chair yet." At 2::    | the resident was observed on<br>head and foot of the bed<br>/hen asked if R16 had been<br>morning, a licensed practical<br>lied, "She hasn't been up in<br>25 p.m. R16 was up in the<br>evision was on and her eyes                 |                         |   |                   |                          |
|  | (WC)-A was intervied p.m. and stated, "We every person in the   | artment wellness coach<br>ewed on 10/14/15, at 1:53<br>/e try to make contact with<br>facility daily. With the folks<br>ndent we will go in and greet<br>ning."   |                         |   |                   |                          |
|  | recreation staff last<br>do they do with [R1<br>stimulation, convers<br>included making su<br>giving attention, tou | 9 p.m. the TWD indicated<br>saw R16 on 10/9/15. "What<br>6] is 1:1 visits, socialization,<br>sation." Recreation staff duties<br>re residents were comfortable,<br>ich, conversation, music on TV<br>ovies were available daily for |                         |   |                   |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPL<br>A. BUILDING:   | E CONSTRUCTION              | (X3) DATE<br>COMP  | SURVEY<br>LETED |                          |
|--|--|--|-----------------------------|--|-----------------|--------------------------|
|  |  | 00960  | B. WING                     | ·····  | 10/1            | 5/2015                   |
|  | PROVIDER OR SUPPLIER   | FR OF MINNEAP 618 EAST   | DRESS, CITY, S<br>17TH STRE |  |                 |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG         | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | _D BE           | (X5)<br>COMPLETE<br>DATE |
| 21435  | all residents in-hous "Because of her fra much. We might rethe room."  A progress note by R16 needed social "We will visit and progress note by R16 needed social "We will visit and progress read to homaterials/radio." The care plan also dated dated 10/15/15, ind  The current NA work R16's nails, but did social interaction with the conditions with the conditions with the conditions with the conditions with the condition of the c | se. About R16 she said, gility we don't move her too ad to herbring a book into  TWD dated 9/1/15, revealed interaction and stimulation. rovide sensory stimulation, i.e. er, provide in room the note was consistent with the d 9/1/15. A pastoral care note icated an introductory visit.  Tksheet directed the NAs to cut not direct them to provide any hile providing cares.  Assessment indicated R16's ooking, concert and religious books, spiritual/ religious TV, its. Under Needs as 1:1 visits, pacer, passive. Here noted, as well as "bed records revealed for 8/15, 1:1 lks/outdoor activities once, 9/15, 1:1 visits twice and ovies/TV "O" There were lible including sensory ge, and reading, but no entries |                             |  |                 |                          |
|  | The facility's 3/07.   | Therapeutic Recreation policy  |                             |  |                 |                          |

Minnesota Department of Health

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Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  |   |                            | (X3) DATE<br>COMF  | SURVEY<br>LETED |                          |
|--|--|---|----------------------------|--|-----------------|--------------------------|
|  |  |   | A. BUILDING.               | A. BUILDING.   |                 |                          |
|  |  | 00960   | B. WING                    |  | 10/1            | 5/2015                   |
| NAME OF F  | PROVIDER OR SUPPLIER   |   |                            | STATE, ZIP CODE  |                 |                          |
| BENEDIC  | CTINE HEALTH CENT  | ER OF MINNEAD   | T 17TH STRE<br>Polis, MN 5 |  |                 |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE            | (X5)<br>COMPLETE<br>DATE |
| 21435  | Continued From pa  | ige 19  | 21435                      |  |                 |                          |
|  | program of activitie needs, interests an   | an ongoing resident-centered<br>s designed to meet resident's<br>d assist in attaining/maintain<br>physical, mental, and<br>eing."  |                            |  |                 |                          |
|  | The facility could en preferences are no individualization. A bed bound, and oth be limited could be | THOD OF CORRECTION: Insure all residents activity Ited and plans for Iterativities for residents who are Iterative whose activities may Iterative provided routine stimulation Iterative provided routine activities. |                            |  |                 |                          |
|  | TIME PERIOD FOR (21) days.   | R CORRECTION: Twenty-one  |                            |  |                 |                          |
| 21620  | MN Rule 4658.134   | 5 Labeling of Drugs   | 21620                      |  |                 | 11/24/15                 |
|  | Drugs used in the r in accordance with   | nursing home must be labeled part 6800.6300.  |                            |  |                 |                          |
|  | by: Based on observative review, the facility formedications were not medication rooms,              | ent is not met as evidenced ion, interview and document ailed to ensure expired not stored for use in 2 of 3 potentially affecting 2 of 2 2) whose medications had  |                            | -  |                 |                          |
|  | Findings include:  |   |                            |  |                 |                          |
|  | medication was sto<br>10/14/15, at 10:36 an opened date of 8   | of latanoprost .005% eye drop<br>bred for use on the 400 unit on<br>a.m. The bottle, however, had<br>8/1/15, or 75 days prior. A<br>be directed the user to discard   |                            |  |                 |                          |

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Minnesota Department of Health

|                          |  |  |                         | (X3) DATE<br>COMP  | SURVEY<br>LETED |                          |
|--------------------------|--|--|-------------------------|--|-----------------|--------------------------|
|                          |  | 00960  | B. WING                 |  | 10/1            | 5/2015                   |
| NAME OF                  | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, S          | STATE, ZIP CODE  |                 |                          |
| BENEDI                   | CTINE HEALTH CENT  | ER OF MINNEAP  | 17TH STRE<br>OLIS, MN 5 |  |                 |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE            | (X5)<br>COMPLETE<br>DATE |
| 21620                    | Continued From pa  | ge 20  | 21620                   |  |                 |                          |
|                          | additional bottle of also for R54 was st second bottle was of  | days after opening. An atanoprost .005% eye drops ored in the refrigerator. The dated R54 with an opened red with the bottle open on                                   |                         |  |                 |                          |
|                          | 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. |  |                         |  |                 |                          |
|                          | R54's record indicated a physician order for latanoprost drops .005% one drop each eye at bedtime for glaucoma.  |  |                         |  |                 |                          |
|                          | p.m. R22's opened latanoprost .005%  | ation storage system was<br>0 floor on 10/14/15, at 1:30<br>I, undated bottle of<br>eye drop medication was<br>e refill date was 9/20/15.                              |                         |  |                 |                          |
|                          | at 1:30 p.m. R22's been dated when o   | (RN)-B explained on 10/14/15, eye medication should have pened. If the medication was e directed to then count the ened date.  |                         |  |                 |                          |
|                          |  | cord indicated a physician<br>st drops .005% one drop each<br>glaucoma.  |                         |  |                 |                          |
|                          | Facility policy indication or deteriorated med containers that are without secure clos   | 5, Medication Storage in the ated "outdated, contaminated dication and those in cracked, soiled, unlabeled or ures are immediately removed at of according to facility |                         |  |                 |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   | , ,  |                              |   | DATE SURVEY<br>COMPLETED |                          |
|--|---|--|------------------------------|---|--------------------------|--------------------------|
|  |   | 00960  | B. WING                      |   | 10/1                     | 5/2015                   |
| NAME OF I  | PROVIDER OR SUPPLIER  |  |                              | STATE, ZIP CODE   |                          |                          |
| BENEDIC  | CTINE HEALTH CENT   | FR OF MINNEAP  | ST 17TH STRE<br>Apolis, MN 5 | <del></del> -   |                          |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE                    | (X5)<br>COMPLETE<br>DATE |
| 21620  | Continued From pa   | ge 21  | 21620                        |   |                          |                          |
|  | •   | dication destruction and armacy if a current order   |                              |   |                          |                          |
|  | instructions, the eye<br>stored in unopened<br>between 36 and 46<br>Opened bottles may  | anoprost manufacturer's<br>e drop medication was to be<br>bottles in the refrigerator,<br>degrees F. "Do not freeze.<br>y be stored at room<br>77 degrees Fahrenheit, for u  |                              |   |                          |                          |
|  | administrator, direct consulting pharmact policies and proced medications. Nursing necessary to the immedications proper medications. The Date pharmacist, couregular basis to ensure the pharmacist of the pharmacist. | THOD OF CORRECTION: The tor of nursing (DON) and coist could review and revise lures for proper storage of the staff could be educated as apportance of labeling ly and discarding expired the pool or designee, along with all audit medications on a soure compliance. |                              |   |                          |                          |
| 21805  | Residents of HC Fa<br>Subd. 5. Courteouresidents have the courtesy and respectively.  | .651 Subd. 5 Patients & ac.Bill of Rights us treatment. Patients and right to be treated with ct for their individuality by rsons providing service in a   | 21805                        |   |                          | 11/24/15                 |
|  | by:   | ent is not met as evidenced and document review the  |                              | -   |                          |                          |

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| AND DIAN OF CODDECTION INDENTIFICATION NUMBER |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING:   |                          | (X3) DATE SURVEY<br>COMPLETED  |      |                          |
|---|---|---|--------------------------|--|------|--------------------------|
|   |   | 00960   | B. WING                  | ·····  | 10/1 | 5/2015                   |
| NAME OF I                                     | NAME OF PROVIDER OR SUPPLIER STREET AD  |   |                          | STATE, ZIP CODE  |      |                          |
| BENEDIO                                       | CTINE HEALTH CENT   | ER OF MINNEAD   | 17TH STRE<br>Polis, MN 5 |  |      |                          |
| (X4) ID<br>PREFIX<br>TAG                      | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUI<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE | (X5)<br>COMPLETE<br>DATE |
| 21805   | facility failed to havidentify resident prefor 1 of 3 residents  Findings include:  R77 was interviewed She reported that a was experiencing a sponge baths, but a she had been receive explained at home other day. R77 stathe facility she receive she was satisfied we current stay at the facility she receive she was satisfied we current stay at the facility she receive had been receive she was satisfied we current stay at the facility she receive had been received by a state of the facility she received had been received by a satisfied we current stay at the facility she received had been received had | e and implement a system to eference for bathing frequency (R77) reviewed for choices.  ed on 10/14/15, at 7:57 a.m. at time of her admission she a lot of pain and was receiving over the past couple weeks iving baths weekly. R77 she preferred to bath every ted on a previous admission to eived two baths a week which with, however, during her facility she was not asked her ing. She said she would have so weekly.  If a licensed practical nurse 15, at 3:03 p.m., the nurse said as set up for the unit, and all ames were highlighted on the a week. The schedule ived a bath once weekly which inimum Data Set (MDS) dated the resident as being and requiring extensive dimobility, transferring, and bathing. The care plan cted staff to provide extensive noe with bathing and | 21805                    |  |      |                          |
|   | developed the bath  | .m. the nurse explained he schedule for the unit. It was sidents were interviewed   |                          |  |      |                          |

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  |  | L COM                   |  | (X3) DATE | SURVEY<br>LETED          |
|---|--|--|-------------------------|--|-----------|--------------------------|
|   |  | A. BUILDING:   |                         | OOWII  | LLILD     |                          |
|   |  | 00960  | B. WING                 |  | 10/1      | 5/2015                   |
| NAME OF F   | PROVIDER OR SUPPLIER   | STREET ADI   | ORESS, CITY, S          | STATE, ZIP CODE  |           |                          |
| BENEDIO   | CTINE HEALTH CENT  | ER OF MINNEAP  | 17TH STRE<br>OLIS, MN 5 |  |           |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE      | (X5)<br>COMPLETE<br>DATE |
| 21805   | Continued From pa  | ge 23  | 21805                   |  |           |                          |
|   | regarding their pref<br>evening and the pre<br>not asked, however<br>preferred a bath. R<br>requested or neede   | erences related to day or eferred time. Residents were r, how frequently they N-C further stated if resident ed more than one bath a week, e able to accommodate the   |                         |  |           |                          |
|   | A related policy was provided.   | s requested but was not  |                         |  |           |                          |
|   | The facility could de resident preference bathing, and could ensure residents' c   | THOD OF CORRECTION: evelop a system to evaluate es for type and frequency of put it in place as policy to hoices are honored. Audits If and the results brought to the por review.   |                         |  |           |                          |
|   | TIME PERIOD FOR<br>(21) days.  | R CORRECTION: Twenty-one   |                         |  |           |                          |
| 21942   | MN St. Statute 144<br>Resident and Fami  | A.10 Subd. 8b Establish<br>ly Councils   | 21942                   |  |           | 11/24/15                 |
|   | boarding care home<br>advisory council an<br>fewer than three per<br>participating. If one<br>function, the nursin<br>home shall docume<br>council or councils<br>year. This subdivisi | council. Each nursing home or e shall establish a resident d a family council, unless ersons express an interest in or both councils do not g home or boarding care ent its attempts to establish the at least once each calendar on does not alter the rights of ites provided by section n 27. |                         |  |           |                          |

Minnesota Department of Health

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Minnesota Department of Health

| AND DIAN OF CODDECTION INDENTIFICATION NUMBER |  | ` '  | LE CONSTRUCTION (X3) DATE COMI |   | SURVEY<br>LETED                          |                          |  |
|---|--|--|--------------------------------|---|--|--------------------------|--|
|   |  | 00960  | B. WING                        |   | 10/1                                     | 5/2015                   |  |
| NAME OF                                       | PROVIDER OR SUPPLIER   | •  | DDRESS, CITY,                  | STATE, ZIP CODE   |  |                          |  |
| RENEDIA                                       | BENEDICTINE HEALTH CENTER OF MINNEAP 618 EAST 17TH STREET  |  |                                |   |  |                          |  |
| DENEDI  | JIME HEALIH CENT   | MINNEA   | POLIS, MN 5                    | 5404  |  |                          |  |
| (X4) ID<br>PREFIX<br>TAG                      | (EACH DEFICIENCY   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY)  | D BE                                     | (X5)<br>COMPLETE<br>DATE |  |
| 21942   | Continued From pa  | age 24   | 21942                          |   |  |                          |  |
|   | by: Based on interview facility failed to ensestablish a family of to affect all residen  Findings include:  During the entrance approximately 12:0 the facility did not homolia.  During an interview surveyor spoke with (FM)-1 and friend (explained they visit Both reported they establish/participate they ever seen any family council. FM-R214's care confer | ent is not met as evidenced and document review, the sure good faith attempts to council. This had the potential its in the facility.  The conference on 10/12/15, at 10 p.m. the administrator statemave an established family  The on 10/13/15, at 3:50 p.m. the h R214's family member (F)-1. Both FM-1 and F-1 (red the facility together often.) had never been asked to be in any family council, nor had a flyers related to establishing a stated he had attended rences, but had never heard of incouraged to attend a family | d<br>a                         | MN St. Statute 144A.10 Subd.8b Family Council Meeting scheduled November 11, 2015. This information publicized in multiple public areas Benedictine Health Center of Minral Administrator and Social Services responsible Date of compliance: November 24 | ition was<br>of<br>neapolis.<br>Director |                          |  |
|   | During an interview a licensed social we explained the facilit council group for the families came and participate. LSW-A policy where if famil LSW-A or the direct issues. LSW-A prochad been posted recouncil that was da verified she posted weeks prior to a far   | or on 10/14/15, at 3:15 p.m. with orker (LSW)-A it was ty had an established family have years due to the fact went, and did not want to a stated they had an open door ily had an issue they could sector of nursing to discuss any duced a copy of the flyer that egarding establishing a family ated 5/27/?? (no year). LSW-A at a flyer near the elevators two mily council meeting. LSW-A and never mailed out informatio   |                                |   |  |                          |  |

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

|                          |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | ` '                     | E CONSTRUCTION   | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|--------------------------|---|---|-------------------------|--|-------------------|--------------------------|
|                          |   |   | A. BUILDING:            |  |                   |                          |
|                          |   | 00960   | B. WING                 |  | 10/1              | 5/2015                   |
| NAME OF I                | PROVIDER OR SUPPLIER  | STREET ADI  | DRESS, CITY, S          | STATE, ZIP CODE  |                   |                          |
| BENEDIO                  | CTINE HEALTH CENT   | ER OF MINNEAP   | 17TH STRE<br>OLIS, MN 5 |  |                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE              | (X5)<br>COMPLETE<br>DATE |
| 21942                    | Continued From pa   | ge 25   | 21942                   |  |                   |                          |
|                          |   | forming a family council, nor tup to families attending care  |                         |  |                   |                          |
|                          | surveyor spoke with<br>(FM)-2. FM-2 state<br>family council in the<br>function of a family<br>never seen any flye   | on 10/15/15, at 9:38 a.m. the n R107's a family member ed he was also unaware of any e facility or even knew the council. FM-2 verified he had ers posted relating to a family te or time scheduled.  |                         |  |                   |                          |
|                          | A policy and proced requested, but was  | dure for family council was not provided.   |                         |  |                   |                          |
|                          | The facility could m residents and famil forming a family co the group and getting  | THOD OF CORRECTION: ore widely publicize to y the possibility and benefits of uncil group to make forming ng good participation more m a council could be ding the year).   |                         |  |                   |                          |
|                          | TIME PERIOD FOR (21) days.  | R CORRECTION: Twenty-one  |                         |  |                   |                          |
| 21990                    | MN St. Statute 626<br>Maltreatment of Vu  | .557 Subd. 4 Reporting -<br>Inerable Adults   | 21990                   |  |                   | 11/24/15                 |
|                          | immediately make entry point. Use of for the deaf or othe considered an oral point may not requi extent possible, the content to identify the caregiver, the nature | ig. A mandated reporter shall an oral report to the common a telecommunications device r similar device shall be report. The common entry re written reports. To the report must be of sufficient the vulnerable adult, the re and extent of the suspected evidence of previous |                         |  |                   |                          |

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Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |  |   |  |       | K3) DATE SURVEY<br>COMPLETED |  |
|--|--|---|--|-------|------------------------------|--|
|  | 00960  | B. WING                                   |  | 10/1  | 5/2015                       |  |
| BENEDICTINE HEALTH CENTER OF MINNEAD 618 EAST  |  | DRESS, CITY, S<br>17TH STRE<br>OLIS, MN 5 |  |       |                              |  |
| (X4) ID SUMMARY STATEMENT<br>PREFIX (EACH DEFICIENCY MUST I<br>TAG REGULATORY OR LSC IDEN  | BE PRECEDED BY FULL  | ID<br>PREFIX<br>TAG                       | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUI<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE | (X5)<br>COMPLETE<br>DATE     |  |
| maltreatment, the name a reporter, the time, date, a incident, and any other intreporter believes might be the suspected maltreatmer reporter may disclose not in section 13.02, and med section 144.335, to the excomply with this subdivision.  This MN Requirement is by: Based on interview and defacility failed to immediate abuse to the designated sof 4 residents (R61) revier prohibition.  Findings include:  R61 reported to a surveyor p.m. that a trained medical called her a "bitch" three to the surveyor informed a surveyor informed surv | and location of the formation that the endergration and a public data, as defined dical records under a public data, as defined dical records under a comment review, the endergration of the endergration of the endergration of the endergration of the endergration and endergration and endergration and endergration and endergration and endergration of the endergration of alleged endergration of alleged endergration of alleged endergrations, and the endergration endergration endergrations of the endergration endergration endergrations endergration ende | 21990                                     |  |       |                              |  |

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PRINTED: 11/12/2015 FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ B. WING 00960 10/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET BENEDICTINE HEALTH CENTER OF MINNEAP MINNEAPOLIS, MN 55404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 21990 Continued From page 27 21990 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. 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." 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

6899

Minnesota Department of Health STATE FORM

(14) days.

on all new employees. Random audits could be completed and the results brought to the quality

TIME PERIOD FOR CORRECTION: Fourteen

committee for review.