

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

ID: Y4Z6
Facility ID: 00195

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 24E152		3. NAME AND ADDRESS OF FACILITY (L3) ELLIOT CARE HOME INC (L4) 1500 ELLIOT AVENUE SOUTH (L5) MINNEAPOLIS, MN (L6) 55404			4. TYPE OF ACTION: <u>7</u> (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint	
2.STATE VENDOR OR MEDICAID NO. (L2) 926219900		5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)			7. PROVIDER/SUPPLIER CATEGORY <u>10</u> (L7) 01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA	
6. DATE OF SURVEY 01/03/2017 (L34)		8. ACCREDITATION STATUS: <u> </u> (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other			FISCAL YEAR ENDING DATE: (L35) 12/31	
11. LTC PERIOD OF CERTIFICATION From (a): To (b):		10.THE FACILITY IS CERTIFIED AS: X A. In Compliance With Program Requirements Compliance Based On: <u> </u> 1. Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: A,3,4,8 (L12)			And/Or Approved Waivers Of The Following Requirements: <u> </u> 2. Technical Personnel <u> </u> 6. Scope of Services Limit <u>X</u> 3. 24 Hour RN <u> </u> 7. Medical Director <u>X</u> 4. 7-Day RN (Rural SNF) <u> </u> 8. Patient Room Size <u> </u> 5. Life Safety Code <u> </u> 9. Beds/Room	
12.Total Facility Beds 15 (L18)		13.Total Certified Beds 15 (L17)			14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF ICF IID 15 (L37) (L38) (L39) (L42) (L43)	
15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)		16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): See Attached Remarks				

17. SURVEYOR SIGNATURE <u>William Abderhalden, DSFM</u> (L19)	Date : 01/04/2017	18. STATE SURVEY AGENCY APPROVAL <u>Mark Meath, Enforcement Specialist</u> (L20)	Date: 04/12/2017
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PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <u>X</u> 1. Facility is Eligible to Participate <u> </u> 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : <u> </u>	
22. ORIGINAL DATE OF PARTICIPATION 04/01/1976 (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		24. LTC AGREEMENT ENDING DATE (L25)	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)		26. TERMINATION ACTION: (L30) <u>VOLUNTARY</u> <u>00</u> <u>INVOLUNTARY</u> 01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement 03-Risk of Involuntary Termination <u>OTHER</u> 04-Other Reason for Withdrawal 07-Provider Status Change 00-Active	
28. TERMINATION DATE: (L28)		29. INTERMEDIARY/CARRIER NO. (L31)		30. REMARKS	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE 12/30/2016 (L33)		DETERMINATION APPROVAL	

C&T REMARKS - CMS 1539 FORM

STATE AGENCY REMARKS

CCN: 24 E152

On January 3, 2017 the Minnesota Department of Public Safety completed a Post Certification Revisit (PCR) to verify compliance with life safety code deficiencies cited at the time of the October 27, 2016 survey. The facility requested a Fire Safety Evaluation Score (FSES) be conducted for the life safety code deficiencies to determine compliance. Based on the life safety code PCR, we have determined the facility achieved a passing score for the life safety code deficiencies. The health deficiencies cited at:

F 353 - Sufficient 24 Hr Nursing Staff Per Car Plans

F 354 - Waiver RN 8 Hrs 7Days/wk., Full Time DON

F 458 - Bedrooms Measure at least 80sq Ft/resident

Have previously been approved for annual waivers.

Effective October 27, 2016, the facility is certified for 15 nursing facility beds.



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

CMS Certification Number (CCN): 24E152

April 12, 2017

Mr. Mark Jefferis, Administrator
Elliot Care Home Inc
1500 Elliot Avenue South
Minneapolis, Minnesota 55404

Dear Mr. Jefferis:

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 the Minnesota Department of Human Services that your facility is recertified in the Medicaid program.

Effective October 27, 2016 the above facility is certified for:

15 Nursing Facility II Beds

Your facility's Medicare approved area consists of all 15 nursing facility beds.

Your request for waiver of F353, F354 AND F458 has been approved based on the submitted documentation.

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

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

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

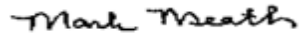
Elliot Care Home Inc

April 12, 2017

Page 2

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

Sincerely,

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

Mark Meath, Enforcement Specialist

Program Assurance Unit

Licensing and Certification Program

Health Regulation Division

Email: mark.meath@state.mn.us

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

cc: Licensing and Certification File



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered
January 4, 2017

Mr. Mark Jefferis, Administrator
Elliot Care Home Inc
1500 Elliot Avenue South
Minneapolis, Minnesota 55404

RE: Project Number SE152026, FE152026

Dear Mr. Jefferis:

On November 29, 2016, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on October 27, 2016. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), whereby corrections were required.

On January 3, 2017, the Minnesota Department of Public Safety completed a Post Certification Revisit (PCR) to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on October 27, 2016. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of October 27, 2016. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on October 27, 2016, effective October 27, 2016 and therefore remedies outlined in our letter to you dated November 29, 2016, will not be imposed.

Your request for a continuing waiver involving the health deficiencies cited under F353, F354 and F458 at the time of the October 27, 2016 standard survey have been approved.

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

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

Sincerely,

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

Mark Meath, Enforcement Specialist -Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Email: mark.meath@state.mn.us
Telephone: (651) 201-4118 Fax: (651) 215-9697

An equal opportunity employer.

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 24E152	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 1/3/2017	Y3
NAME OF FACILITY ELLIOT CARE HOME INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 ELLIOT AVENUE SOUTH MINNEAPOLIS, MN 55404		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____ Reg. # NFPA 101 LSC K0012	Correction Completed 11/08/2016	ID Prefix _____ Reg. # NFPA 101 LSC K0033	Correction Completed 11/08/2016	ID Prefix _____ Reg. # NFPA 101 LSC K0040	Correction Completed 11/08/2016
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) TL/mm	DATE 01/04/2017	SIGNATURE OF SURVEYOR 37009	DATE 01/03/2017
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/27/2016	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: Y4Z6

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY


Facility ID: 00195

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 24E152		3. NAME AND ADDRESS OF FACILITY (L3) ELLIOT CARE HOME INC			4. TYPE OF ACTION: <u>2</u> (L8)	
2. STATE VENDOR OR MEDICAID NO. (L2) 926219900		(L4) 1500 ELLIOT AVENUE SOUTH			1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 8. Full Survey After Complaint 9. Other	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		7. PROVIDER/SUPPLIER CATEGORY <u>10</u> (L7)			FISCAL YEAR ENDING DATE: (L35) 12/31	
6. DATE OF SURVEY 10/27/2016 (L34)		01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE				
8. ACCREDITATION STATUS: <u> </u> (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other		10. THE FACILITY IS CERTIFIED AS: A. In Compliance With Program Requirements Compliance Based On: <u> </u> 1. Acceptable POC X B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: B, 3, 4, 8 (L12)			And/Or Approved Waivers Of The Following Requirements: <u> </u> 2. Technical Personnel X 3. 24 Hour RN X 4. 7-Day RN (Rural SNF) <u> </u> 5. Life Safety Code <u> </u> 6. Scope of Services Limit <u> </u> 7. Medical Director X 8. Patient Room Size <u> </u> 9. Beds/Room	
11. LTC PERIOD OF CERTIFICATION From (a): To (b):		12. Total Facility Beds 15 (L18) 13. Total Certified Beds 15 (L17)				
14. LTC CERTIFIED BED BREAKDOWN					15. FACILITY MEETS	
18 SNF 18/19 SNF 19 SNF ICF IID (L37) (L38) (L39) (L42) (L43)					1861 (e) (1) or 1861 (j) (1): (L15)	

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

17. SURVEYOR SIGNATURE Thomas O'Brien, HFE NEII (L19)	Date: 12/29/2016	18. STATE SURVEY AGENCY APPROVAL Mark Meath, Enforcement Specialist (L20)	Date: 12/29/2016
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PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY X 1. Facility is Eligible to Participate <u> </u> 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : <u> </u>	
22. ORIGINAL DATE OF PARTICIPATION 04/01/1976 (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		24. LTC AGREEMENT ENDING DATE (L25)	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)		26. TERMINATION ACTION: (L30) VOLUNTARY <u>00</u> INVOLUNTARY 01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement 03-Risk of Involuntary Termination OTHER 04-Other Reason for Withdrawal 07-Provider Status Change 00-Active	
28. TERMINATION DATE: (L28)		29. INTERMEDIARY/CARRIER NO. (L31)		30. REMARKS DETERMINATION APPROVAL 	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE 12/30/16 (L33)			

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

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2. STATE VENDOR OR MEDICAID NO. (L2) 926219900		(L4) 1500 ELLIOT AVENUE SOUTH				1. Initial	
		(L5) MINNEAPOLIS, MN (L6) 55404				2. Recertification	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		7. PROVIDER/SUPPLIER CATEGORY <u>10</u> (L7)				3. Termination	
		01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA				4. CHOW	
6. DATE OF SURVEY 10/27/2016 (L34)		02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF				5. Validation	
8. ACCREDITATION STATUS: <u> </u> (L10)		03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC				7. On-Site Visit	
0 Unaccredited 1 TJC		04 SNF 08 OPT/SP 12 RHC 16 HOSPICE				8. Full Survey After Complaint	
2 AOA 3 Other						FISCAL YEAR ENDING DATE: (L35)	
						12/31	
11. LTC PERIOD OF CERTIFICATION From (a): To (b):		10. THE FACILITY IS CERTIFIED AS:					
		A. In Compliance With <u> </u> And/Or Approved Waivers Of The Following Requirements:					
		Program Requirements <u> </u> 2. Technical Personnel <u> </u> 6. Scope of Services Limit					
		Compliance Based On: <u>X</u> 3. 24 Hour RN <u> </u> 7. Medical Director					
		<u> </u> 1. Acceptable POC <u>X</u> 4. 7-Day RN (Rural SNF) <u>X</u> 8. Patient Room Size					
12. Total Facility Beds 15 (L18)		<u> </u> 5. Life Safety Code <u> </u> 9. Beds/Room					
13. Total Certified Beds 15 (L17)		X B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: B, 3, 4, 8 (L12)					
14. LTC CERTIFIED BED BREAKDOWN					15. FACILITY MEETS		
18 SNF 18/19 SNF 19 SNF ICF IID					1861 (e) (1) or 1861 (j) (1): (L15)		
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16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):							
See Attached Remarks							
17. SURVEYOR SIGNATURE				18. STATE SURVEY AGENCY APPROVAL			
Date:				Date:			
<u>Lisa Hakanson, HFE NEII</u> 12/29/2016 (L19)				<u>Mark Meath, Enforcement Specialist</u> 12/30/2016 (L20)			

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

19. DETERMINATION OF ELIGIBILITY		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572)	
<u>X</u> 1. Facility is Eligible to Participate				2. Ownership/Control Interest Disclosure Stmt (HCFA-1513)	
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		24. LTC AGREEMENT ENDING DATE (L25)		<u>VOLUNTARY</u> <u>00</u> <u>INVOLUNTARY</u>	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS		01-Merger, Closure 05-Fail to Meet Health/Safety	
		A. Suspension of Admissions: (L44)		02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement	
		B. Rescind Suspension Date: (L45)		03-Risk of Involuntary Termination <u>OTHER</u>	
				04-Other Reason for Withdrawal 07-Provider Status Change	
				00-Active	
28. TERMINATION DATE: (L28)		29. INTERMEDIARY/CARRIER NO. (L31)		30. REMARKS	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)			
				DETERMINATION APPROVAL	

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

CCN: 24 E152

On October 27, 2016 Departments of Health and Public Safety completed a recertification survey to verify the facility maintained compliance with Federal participation requirements. Based on our survey health deficiencies were cited and a request for a waiver was submitted by the facility and based on the submitted documentation the following deficiencies were approved for annual waivers:

F 353 - Sufficient 24 Hr Nursing Staff Per Car Plans

F 354 - Waiver RN 8 Hrs 7Days/wk., Full Time DON

F 458 - Bedrooms Measure at least 80sq ft/resident

Based on the Life Safety Code (LSC) survey, the following Life Safety Code Standard deficiencies were cited:

K0012, K0033 and K0040. The facility had requested an FSES be conducted for each LSC deficiency noted to determine compliance with the requirements. Verification of compliance for by FSES to follow.

Refer to the CMS 2567 for both health and life safety code along with the facility's plan of correction, Health waiver request and LSC FSES request.



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered
November 29, 2016

Mr. Mark Jefferis, Administrator
Elliot Care Home Inc
1500 Elliot Avenue South
Minneapolis, Minnesota 55404

RE: Project Number SE152026

Dear Mr. Jefferis:

On October 27, 2016, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

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

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

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

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

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

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

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

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

DEPARTMENT CONTACT

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

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

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

OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by December 6, 2016, the Department of Health will impose the following remedy:

- State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by December 6, 2016 the following remedy will be imposed:

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;

- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

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

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

Original deficiencies not corrected

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

Original deficiencies not corrected and new deficiencies found during the revisit

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

Original deficiencies corrected but new deficiencies found during the revisit

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

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

If substantial compliance with the regulations is not verified by January 27, 2017 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was

Elliot Care Home Inc

November 29, 2016

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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 27, 2017 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

INFORMAL DISPUTE RESOLUTION

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

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

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

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

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

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

Mr. Tom Linhoff, Fire Safety Supervisor
Health Care Fire Inspections
Minnesota Department of Public Safety
State Fire Marshal Division

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

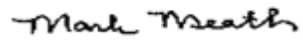
Elliot Care Home Inc

November 29, 2016

Page 6

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

Sincerely,

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

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

Email: mark.meath@state.mn.us

Telephone: (651) 201-4118

Fax: (651) 215-9697

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

PRINTED: 12/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24E152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2016
NAME OF PROVIDER OR SUPPLIER ELLIOT CARE HOME INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 ELLIOT AVENUE SOUTH MINNEAPOLIS, MN 55404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable POC an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 353 SS=C	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.	F 353		12/6/16	

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

TITLE

(X6) DATE

Electronically Signed

12/06/2016

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24E152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2016
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F 353	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to provide licensed nursing coverage for each shift of personnel. This had the potential to affect all 15 residents residing in the facility. Findings include: A licensed nurse was not scheduled on each shift. Each resident residing in the facility had a form signed by the physician indicating the resident was not in need of 24-hour licensed nursing care. When interviewed during the survey, none of the 15 residents expressed any concerns regarding health services provided at the facility. On 10/27/16, at 10:25 a.m. the program director (PD) was interviewed as the director of nursing was unavailable. The PD verified the facility did not have the required nursing coverage, and said they had previously requested a federal waiver. All resident's charts were reviewed on 10/27/16, at 10:00 a.m. None of the residents required medical care that would have required a licensed nurse on each shift, and the PD was also a licensed practical nurse who was routinely present at the facility. In addition, the director of nursing was available on call when not in the facility.	F 353	F353 483.30 (a) Sufficient 24 HR Nursing Staff Per Care Plans Waiver Requested December 6, 2016 Each resident's primary physician has signed a statement stating that in his/her opinion, it is not necessary to require 24 hours of licensed nursing care, but minimal supervision for ADL's due to each resident's ambulatory status and capability of self preservation. Also, the program director, DON, administrator, and owner are all available by cell phones with pagers. This waiver request seeks to included the use of a Trained Medication Aide (TMA) on the 11:00 PM to 7:00 AM shift, the 3:00 PM top 11:00 PM shift and the 7:00 AM to 3:00 PM shift only when necessary.		
F 354 SS=C	483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours	F 354		12/6/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24E152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2016
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F 354	Continued From page 2 a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to ensure a registered nurse (RN) was working in the facility eight hours a day, seven days a week. This had the potential to affect all 15 residents residing in the facility. Findings include: A review of the staffing schedule revealed the facility did not meet the requirements for RN coverage for eight hours daily. Each of the resident's medical record contained a consent form indicating the resident was not in need of 24-hour nursing care. None of the residents expressed concerns during the survey regarding their health needs not being met while residing in the facility. On 10/27/16, at 10:25 a.m. the program director (PD) was interviewed as the director of nursing was unavailable. The PD verified the facility did not have the required RN coverage, and said they had previously requested a federal waiver.	F 354	F354 483.30 (b) Waiver-RN 8 Hrs 7 Days/Wk, Full-Time DON Waiver requested. December 6, 2016 At the present time, with the residents currently residing at Elliot, the lack of an RN on the premises 8 hours per day will not jeopardize the care of the residents. All of the residents' primary care physicians have indicated that the residents are capable of self-preservation with the DON monitoring their care 8 hours per week and in conjunction with some scheduled RN's.		
F 458	483.70(d)(1)(ii) BEDROOMS MEASURE AT	F 458		12/6/16	

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

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F 458 SS=B	<p>Continued From page 3 LEAST 80 SQ FT/RESIDENT</p> <p>Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to provide 80 square feet of living space for each resident in three multiple occupancy bedrooms (Rooms 101,102 and 202). This had the potential to affect 9 of 9 residents (R1, R2, R3, R9, R12, R11, R14, R5, R13) residing in those rooms.</p> <p>Findings include:</p> <p>On 10/26/16, at 1:45 p.m. during the initial facility tour, resident rooms were observed. Rooms 101,102, and 202 each accommodated three residents. The total square footage in room 101 measured 227.7 square feet which provided each resident with 75.8 square feet of living space. Room 102 measured 216 square feet, providing each resident with 72 square feet of living space, and Room 202 measured 196 square feet, providing each resident with 65 square feet of living space.</p> <p>The nine residents were interviewed during the survey, and offered no concerns regarding their living space.</p> <p>The program director was interviewed on 10/27/16, at 9:10 a.m. and verified rooms 101, 102 and 202 did not meet the required square footage, and in previous years the facility had</p>	F 458	<p>F 458 483.70 (d)(1)(ii) Bedrooms measure at least 80 sq ft / resident</p> <p>Waiver requested December 6, 2016</p> <p>Residents involved in the indicated rooms have been interviewed by the owner. Each resident expressed no dissatisfaction with their own personal space in their rooms.</p> <p>Granting this waiver will not adversely affect the health and safety of the residents.</p>		

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F 458	Continued From page 4 obtained a federal waiver.	F 458			

Elliot Care Home, Inc.
Mark Jefferis, Administrator
1500 Elliot Ave. S.
Minneapolis, MN 55404

December 6, 2016

Gayle Lantto, Unit Supervisor
Metro D Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1645 Energy Park Drive
St. Paul, MN 55108-2790

Dear Gayle,

The Elliot Care Home had a standard survey completed by the Minnesota Department of Health and Public Safety on 10-27-2016 and received deficiencies related to the following federal regulations for which we request waivers. Following each tag and regulation number our reasons for requesting waivers are explained.

F353 483.30 (a)(1) & (2) Nursing Services

Each resident's primary physician has signed a statement stating that in his/her opinion, it is not necessary to require 24 hours of licensed nursing care, but minimal supervision for ADL's due to each resident's ambulatory status and capability of self preservation. Also, the program director, DON, administrator, owner are all available by cell phone with pagers.

This waiver request seeks to include the use of a Trained Medication Aide (TMA) on the 11:00 PM to 7:00 AM shift, the 3:00 PM to 11:00 PM shift and the 7:00 to 3:00 PM shift only when necessary.

F354 483.30 (b)(1)-(3) Nursing Services

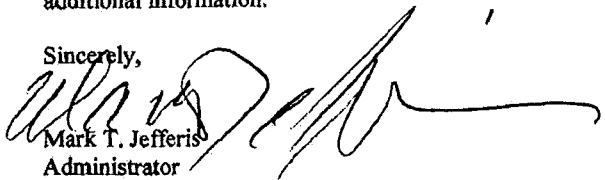
At the present time, with the residents currently residing at Elliot, the lack of an RN on the premises 8 hours per day will not jeopardize the care of the residents. All of the residents' primary care physicians have indicated that the residents are capable of self preservation with the DON monitoring their care 8 hours per week. The owner monitors the DON's hours per pay period to assure hours are no less than 8 per week. Additionally, the facility has attempted to hire an RN full time. We request a waiver.

F 458 483.70 (d)(1)(ii) Physical Environment

Residents involved in the indicated rooms have been interviewed by the owner. Each resident expressed no dissatisfaction with their own personal space in their rooms. Granting this waiver will not adversely affect the health and safety of the residents.

Please do not hesitate to contact me and/or Kim Louricas, Owner and Program Director if you should need additional information.

Sincerely,


Mark T. Jefferis
Administrator

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


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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24E152	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2016
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NAME OF PROVIDER OR SUPPLIER ELLIOT CARE HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 ELLIOT AVENUE SOUTH MINNEAPOLIS, MN 55404
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY</p> <p>THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF COMPLIANCE.</p> <p>UPON RECEIPT OF AN ACCEPTABLE POC, AN ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.</p> <p>A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division on October 27, 2016. At the time of this survey, Elliot Care Home was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 19 Existing Health Care.</p> <p>PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES (K-TAGS) TO:</p> <p>Healthcare Fire Inspections State Fire Marshal Division 445 Minnesota St., Suite 145 St. Paul, MN 55101-5145, OR</p> <p>By email to:</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/06/2016
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 Marian.Whitney@state.mn.us and Angela.Kappenman@state.mn.us THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION: 1. A description of what has been, or will be, done to correct the deficiency. 2. The actual, or proposed, completion date. 3. The name and/or title of the person responsible for correction and monitoring to prevent a reoccurrence of the deficiency. Elliot Care Home is a 3-story building with a full basement. The building was constructed in 1906 and was determined to be of Type V(111) construction. The building is fully fire sprinkler protected. The facility has a complete fire alarm system with smoke detection in the corridors and spaces open to the corridor, that is monitored for automatic fire department notification. The facility has a licensed capacity of 15 beds and had a census of 15 at the time of the survey.	K 000		
K 012 SS=F	The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and interview, this building does not meet the requirements for construction type and height. This deficient practice could affect all 15 residents.	K 012	F012 NFPA 101 Life Safety Code Standard On November 8, 2016 Elliot Care Home	11/8/16

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K 012	Continued From page 2 Findings include: On a facility tour between the hours of 0930 and 1330 on October 27, 2016, observation revealed that this 1906, 3-story, fully fire sprinklered building of Type V(111) construction does not meet the minimum construction requirements of the code for type and height. This deficient practice was verified by the Maintenance Director at the time of the inspection. Note: This deficiency need not be corrected if an FSES can establish that the facility has an overall level of fire safety equivalent to that required by the Life Safety Code.	K 012	had the FSES provided by Life Safety Resources, LLC with a resulting passing score. Completion date: November 8, 2016		
K 033 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit enclosures (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 7.1.3.2, 8.2.5.2, 8.2.5.4, 19.3.1.1 This STANDARD is not met as evidenced by: Based on observation, the stairway enclosure of this facility does not meet the required one (1) hour fire resistive construction. This deficient practice could affect all 15 residents. Findings include: On a facility tour between the hours of 0930 and 1330 on October 27, 2016, observation revealed that the wall of the 2 stair enclosures are constructed of plaster on wood lath on wood studs, which does not meet minimum the	K 033	K033 NFPA 101 Life Safety Code Standard On November 8, 2016 Elliot Care Home had the FSES provided by Life Safety Resources, LLC with a resulting passing score. Completion date: November 8, 2016	11/8/16	

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K 033	Continued From page 3 requirements for this type of facility. This deficient practice was verified by Maintenance Director at the time of the inspection. Note: This deficiency need not be corrected if an FSES can establish that the facility has an overall level of fire safety equivalent to that required by the Life Safety Code.	K 033		
K 040 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access doors and exit doors used by health care occupants are of the swinging type and are at least 32 inches in clear width. 19.2.3.5 This STANDARD is not met as evidenced by: Based on observation, the resident room doors on the 2nd floor do not meet the 32-inch clear width requirement. This deficient practice could affect all 15 residents. Findings include: On a facility tour between the hours of 0930 and 1330 on October 27, 2016, observation revealed that the doors to all five (5) resident rooms on the 2nd floor were found to be only 31 inches in clear width. This does not meet the 32-inch requirement for existing exit access doors. This deficient practice was verified by Maintenance Director at the time of the inspection. Note: This deficiency need not be corrected if an FSES can establish that the fire has an overall level of fire safety equivalent to that required by	K 040	K040 NFPA 101 Life Safety Code Standard On November 8, 2016 Elliot Care Home had the FSES provided by Life Safety Resources, LLC with a resulting passing score. Completion date: November 8, 2016	11/8/16

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K 040	Continued From page 4 the Life Safety Code.	K 040		

REPORT OF CONSULTANT FSES FINDINGS

**Elliot Care Home, Inc.
1500 Elliot Avenue South
Minneapolis, MN 55404**

Provider No. 24E152

Date of Survey: January 11, 2016

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

January 12, 2016

Ms. Kimberly Louricas
Elliot Care Home, Inc.
1500 Elliot Avenue South
Minneapolis, Minnesota 55404

RE: FSES at Elliot Care Home

Dear Ms. Louricas:

Enclosed please find the survey information relating to the fire safety evaluation of Elliot Care Home, 1500 Elliot Avenue South in Minneapolis conducted on 01/11/2016. 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 the following three (3) deficiencies cited during a fire/life safety recertification survey conducted on 12/01/2015:


- K012 – Construction type and height,
- K033 – Exit stairway enclosure construction, and
- K040 – Exit access door width.

The following factors served as the basis for this evaluation:

- The building, constructed in 1906, was considered an existing building.
- Elliot Care Home is three stories in height and has a full basement. For purposes of this FSES, each of the four levels was treated as a separate zone.
- For purposes of this FSES, it was assumed that the basement and 3rd Floor do not involve resident housing, treatment or customary access.

Based on the conditions found during the 01/11/2016 on-site visit to the facility, all four parameters in Table 7 of the worksheets, ZONE FIRE SAFETY EQUIVALENCY EVALUATION, were found to have a score of zero or greater. *Fire Safety Resources* finds, therefore, that Elliot Care Home has achieved a passing FSES score. Should you have any questions or need additional information, please don't hesitate to get back to me.

Wishing you a safe day!



Robert L. Imholte
President
Fire Safety Resources, LLC

Enclosures
RLI/rli

FIRE SAFETY EVALUATION

Name of Facility: Elliot Care Home, Inc.
Address: 1500 Elliot Avenue South, Minneapolis, MN 55404
Phone: 612-339-2291
Licensed capacity: 15
Census at time of survey: 14

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

What follows are the results of a fire safety evaluation of the above-named facility that was conducted during an on-site visit to the facility between 0855 hours and 1025 hours on 01/11/2016. 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, Elliot Care Home has achieved a passing score on the FSES.

In addition to the on-site visit on 01/11/2016, the findings outlined herein are based on information provided by Ms. Kimberly Louricas, Owner, and Mr. Randy Hed, Head Maintenance, and a review of the Statement of Deficiencies from a fire/life safety recertification survey conducted on 12/01/2015.

Initial Comments:

The building housing Elliot Care Home was constructed in 1906 and is considered an existing building for federal certification purposes. The facility was, therefore, treated as such for assigning values on the FSES worksheets.

While the major portion of the building was found to be of Type III(211) construction, because of the noncombustible exterior walls and protected wood frame interior structural members, the front porch and "refrigerator room" were found to have exterior walls of protected wood frame construction. As a result, for purposes of this FSES, Elliot Care Home was considered to be of Type V(111) construction.

A plywood nonbearing partition wall was found between the laundry area and the conference room in the basement. Pursuant to NFPA 220(99), Sec. 1-1, interior nonbearing partitions are not related to the types of building construction, but rather are regulated by other codes. Because Table 601 of the 2015 MN State Building Code requires no fire resistance rating for interior nonbearing walls and partitions in buildings of Type VA (i.e. protected wood frame) construction, this wall was not considered a factor in the determination of building construction type.

Elliot Care Home is three stories in height and has a full basement. For purposes of this FSES, each of the four levels was treated as a separate zone. With the exception of Table 8, which applies to all four zones, this narrative will address each of the four zones separately.

The facility's residents are not allowed in the basement or on 3rd Floor. For purposes of this FSES, therefore, it was assumed that these levels do not involve resident housing, treatment or customary access and they were scored accordingly in performing the FSES calculations.

The building is protected by a supervised, dry-pipe automatic fire sprinkler system consisting of quick-response sprinklers. Based on documentation review, the system is being inspected, tested and maintained in accordance with NFPA 25.

The facility has a manual fire alarm system, which is monitored for automatic fire department notification. There are system-connected automatic smoke detectors on all four levels of the building. Based on documentation review, the fire alarm system and smoke detectors are being inspected, tested and maintained in accordance with NFPA 72.

The following narrative is intended to serve as an explanation of how the scores entered on Tables 1, 4 and 8 of the FSES worksheets (see Forms CMS-2786T enclosed) were arrived at. The score assigned to each item is noted in brackets ([]). It must be noted that numbers on the worksheets were rounded to the nearest tenth of a point and that measurements of one-half inch or greater 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).

All Levels – 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 four zones evaluated.

All items in Table 8 were checked 'Met' with the exception of Items B and L, which were checked 'Not Applicable'. Because Elliot Care Home is an existing facility (Item B) and does not meet the definition of a high rise (Item L), these two items do not apply in this case. The remaining items were checked '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.
- No incinerator or space heaters were found.
- The facility's evacuation plan and fire drill records were reviewed and appeared to be in order.
- The facility's smoking regulations were reviewed and appeared to be in order. The facility restricts smoking to the front porch.
- Draperies, curtains, upholstered furniture, mattresses and decorations appeared to be in accordance with NFPA 101(00), Sec. 19.7.5.
- Portable fire extinguishers, EXIT signage and emergency lighting appeared to be provided in accordance with applicable requirements.

Zone 1 – Basement Level:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

The facility's residents are not allowed in the basement. For purposes of this FSES, therefore, it was assumed that this level did not involve resident housing, treatment or customary access. The basement was found to house a staff office, the facility heating plant, storage, a laundry area, and a staff conference room and rest room. As a result, in accordance with instruction given in NFPA 101A(01), Sec. 4.3.2(4)a, only Item 3, Zone Location (L), of Table 1 was addressed and the value of factor *F* in Table 2, OCCUPANCY RISK FACTOR CALCULATION, was assigned a factor of 1.6 (i.e. the value assigned to basements in factor *L* of Table 1).

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -2]:
The building was assigned a Type V(111) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that the wood wainscot on the wall of the stairway from the basement was treated with Flame Control No. 166 Fire Retardant Intumescent Varnish and Flame Control No. 167 Fire Retardant Varnish Overcoat for No. 166 to achieve a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: +3]:
Documentation was provided certifying that the plywood partition wall between the laundry area and the conference room was treated with Flame Control No. 166 Fire Retardant Intumescent Varnish and Flame Control No. 167 Fire Retardant Varnish Overcoat for No. 166 to achieve a Class A (25 or less) flame spread rating. It was confirmed that the suspended acoustical tile ceiling installed in the staff office carries a Class A (25 or less) flame spread rating.
4. Corridor Partitions/Walls [Score: +2]:
For the purposes of this FSES, the basement level was treated as a single hazardous area consisting of multiple rooms. The wall separating the basement from the exitway was reported to be constructed of 5/8-inch-thick gypsum wallboard on both sides of wood studs, which provides a fire resistance of at least one (1) hour.
5. Doors to Corridor [Score: +2]:
For purposes of this FSES, the door at the bottom of the stairway leading from the basement was treated as a corridor door. The door, mounted in a wood frame, was found to carry a 1-hour fire rating and was equipped with a self-closer.
6. Zone Dimensions [Score: 0]:
This score was assigned per instruction in Footnote *b* to this Table. The building measures approximately 47 feet in length on this level and Parameter 10 was assigned a score of -8.
7. Vertical Openings [Score: 0]:
A 1-hour fire-rated self-closing door in a wood frame was found at the bottom of the basement stairs. Because of the wood frame, enclosure protection of less than 1 hour is provided.
8. Hazardous Areas [Score: 0]:
Again, for the purposes of this FSES, the basement level was treated as a single hazardous area consisting of multiple rooms. This level is fire sprinkler protected throughout 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 and the fact that residents are not allowed on this level.
10. Emergency Movement Routes [Score: -8]:
There is only one way out of the basement, which does not meet the requirements of NFPA 101(00), Sec. 19.2.4.1. The path of travel is up a stairway that is enclosed with construction having less than 1-hour fire resistance as described in Parameter 7, Vertical Openings, above.
11. Manual Fire Alarm [Score: +2]:
There is a manual fire alarm pull station along the path of travel from the basement. The fire alarm system is monitored by SimplexGrinnell Central Monitoring.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in NFPA 101A(01), Sec. 4.6.13.4.3 and Footnote *g* to this Table. The zone is protected with quick-response sprinklers. There is a system-connected smoke detector near the building's fire alarm control panel. Per the instruction in NFPA 101A(01), Sec. 4.6.12.1, however, this parameter was required to be scored as "None".

13. Automatic Sprinklers [Score: +10]:

The entire structure is protected by a supervised, dry-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 2 – First Floor:

TABLE 1. OCCUPANY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 1.0]: A review of the facility's admission policy and current Form CMS-672 and interview with the owner confirmed that the facility will only admit residents who are fully and independently ambulatory.
2. Patient Density (*D*) [Value assigned = 1.5]: There is bed capacity for up to six (6) residents in this zone. The zone also contains the facility dining room and a day room, however, which are available for use by all 15 residents.
3. Zone Location (*L*) [Value assigned = 1.1]: This zone is less than one-half floor height above grade.
4. Ratio of Patients to Attendants (*T*) [Value assigned = 4.0]: It was reported that there is one (1) staff person on duty on the night shift. Because this staff person leaves the floor to make rounds of the building every 2 hours, this Parameter was scored as "One or More over None".
5. Patient Average Age (*A*) [Value assigned = 1.0]: Based on documentation review, only one of the facility's residents is over 65 years of age (i.e. age 66). Of the facility's other current residents, one (1) is age 45, eight (8) are in their fifties and four (4) are in their sixties, resulting in a patient average age of 58. This parameter was, therefore, scored as "Under 65 years and Over 1 Year". The oldest resident is housed in this zone.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: 0]:
The building was assigned a Type V(111) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Documentation was provided certifying that the wood finish found on the wall between the nurse station and adjacent resident room closet and the wood wainscot found on the walls of the dining room and nurse station/main entry area was treated with Flame Control No. 166 Fire Retardant Intumescent Varnish and Flame Control No. 167 Fire Retardant Varnish Overcoat for No. 166 to achieve a Class A (25 or less) flame spread rating.
3. Interior Finish (Rooms) [Score: -3]:
It was reported that wood finish found on the ceiling of the "refrigerator room" was also treated to achieve a Class A (25 or less) flame spread rating. A wood finish was also found on the ceiling of the front porch. No documentation was provided proving that this finish had a flame spread rating of better than Class C.
4. Corridor Partitions/Walls [Score: 0]:
A fixed tempered glass vision panel was found in the wall above the door to Resident Room 101. In addition, a wood wall was found between the nurse station and the closet serving this resident room. Plain glass vision panels were found in the wall of the "refrigerator room" and above the north door from the kitchen. Although these conditions meet Exception No. 1 to NFPA 101(00), Sec. 19.3.6.2.1, the vision panels and wood wall provide a fire resistance of less than ½-hour.

5. Doors to Corridor [Score: 0]:

While the resident room doors were found to be of solid wood core construction, the doors into the day room were found to be of plain glass in wood frames. Although the doors resist the passage of smoke as allowed by Exception No. 2 to NFPA 101(00), Sec. 19.3.6.3.1, they carry a fire protection rating of less than 20 minutes.

6. Zone Dimensions [Score: 0]:

This score was assigned per instruction in Footnote *b* to this Table. The building measures approximately 57 feet in length on this level and Parameter 10 was assigned a score of -8. There is only one complying means of egress out of this level, which creates a dead-end condition.

7. Vertical Openings [Score: 0]:

The self-closing door at the bottom of the stairs into the basement was found to carry a 1-hour fire rating, but was installed in a wood frame. The self-closing door into the rear (west) stair enclosure was found to carry a 20-minute fire protection rating, but was also installed in a wood frame. The doors provide enclosure protection of less than 1 hour.

8. Hazardous Areas [Score: 0]:

No hazardous area deficiencies were found.

9. Smoke Control [Score: 0]:

This score was assigned per Footnote *c* to this Table (fewer than 31 residents).

10. Emergency Movement Routes [Score: -8]:

This score was assigned for the following reasons:

- Access to the second way out of 1st Floor passes through the kitchen, which does not meet the requirements of NFPA 101(00), Sec. 7.5.1.7.
- From the kitchen, occupants must pass through a door that opens into the rear (west) stairway enclosure from the upper 2 floors. The door to the exterior from this enclosure is only 28 inches in clear width.

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

Manual fire alarm pull stations were found at the front and back doors. The fire alarm system is monitored by SimplexGrinnell Central Monitoring.

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

This score was assigned per instruction in NFPA 101A(01), Sec. 4.6.13.4.3 and Footnote *g* to this Table. The zone is protected with quick-response sprinklers. There is a system-connected smoke detector at the top of the main stairway to second floor. Per the instruction in NFPA 101A(01), Sec. 4.6.12.1, however, this parameter was required to be scored as "None".

13. Automatic Sprinklers [Score: +10]:

The entire structure is protected by a supervised, dry-pipe automatic sprinkler system consisting of quick-response sprinklers.

Zone 3 – Second Floor:

TABLE 1. OCCUPANY RISK PARAMETER FACTORS

1. Resident Mobility (*M*) [Value assigned = 1.0]: A review of the facility's admission policy and current Form CMS-672 and interview with the owner confirmed that the facility will only admit residents who are fully and independently ambulatory.
2. Patient Density (*D*) [Value assigned = 1.2]: There is bed capacity for up to nine (9) residents in this zone.
3. Zone Location (*L*) [Value assigned = 1.2]: This zone is one floor height above First Floor.

4. Ratio of Patients to Attendants (*T*) [Value assigned = 4.0]: It was reported that there is only one (1) staff person on duty on the night shift and that this staff person is located on 1st Floor, but makes rounds of the building every 2 hours. Because the zone is not constantly attended, this Parameter was scored as “One or More over None”.
5. Patient Average Age (*A*) [Value assigned = 1.0]: Based on documentation review, only one of the facility’s residents is over 65 years of age (i.e. age 66). Of the facility’s other current residents, one (1) is age 45, eight (8) are in their fifties and four (4) are in their sixties, resulting in a patient average age of 58. This parameter was, therefore, scored as “Under 65 years and Over 1 Year”. The oldest resident is housed on 1st Floor.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -2]:
The building was assigned a Type V(111) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Corridor walls and ceilings were found to be plaster.
3. Interior Finish (Rooms) [Score: +3]:
Walls and ceilings in rooms were found to be plaster.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of plaster on wood lath on both sides of wood studs. Since it could not be confirmed that the corridor walls extend to the underside of the floor above, they were graded as “<1/2 hour” in accordance with NFPA 101A(01), Sec. 4.6.4.2.
5. Doors to Corridor [Score: 0]:
Corridor doors were found to be of wood panel and 1¾-inch-thick solid wood construction.
6. Zone Dimensions [Score: 0]:
This score was assigned per instruction in Footnote *b* to this Table. The building measures approximately 47 feet in length on this level and Parameter 10 was assigned a score of -8. There is an 11’ dead-end at the end of the corridor leading to the Library. Due to the lack of complying means of egress out of this level, a dead-end condition is created.
7. Vertical Openings [Score: 0]:
The self-closing door in a metal frame at the top of the main (east) stair to the 1st Floor was found to carry a 90-minute fire protection rating. The self-closing door into the rear (west) stair enclosure serving the top three floors was found to carry a 1-hour fire protection rating, but was installed in a wood frame. Because of the wood frame, enclosure protection of less than 1-hour fire resistance is provided for this vertical opening.
8. Hazardous Areas [Score: 0]:
No hazardous area deficiencies were found.
9. Smoke Control [Score: 0]:
This score was assigned per Footnote *c* to this Table (fewer than 31 residents).
10. Emergency Movement Routes [Score: -8]:
 - a. This score was assigned for the following reasons:
 - The door to the exterior at the bottom of the rear (west) stair enclosure is only 28 inches in clear width, which does not meet the requirements of NFPA 101(00), Sec. 19.2.3.5.
 - The door at the top of the main (east) stair to the First Floor swings over the stairs, which does not meet the requirements of NFPA 101(00), Sections 7.2.1.3 and 7.2.2.3.2.

- The corridor doors into the resident rooms on this level were found to measure only 31 inches in clear width. As a result, they could not be credited as an egress route [see NFPA 101A(01), Sec. 4.6.10.3.2].
 - The east (main) stair from second floor discharges onto the main floor, which does not meet the requirements of NFPA 101(00), Sections 19.2.7 and 7.7.
 - The door at the bottom of the rear (west) exit stairway was found to swing inward, leaving less than one-half of the required width of the landing at that point when opened, which does not meet the requirements of NFPA 101(00), Sec. 7.2.1.4.4. It was also found that there is a 6-inch grade change outside this door, which does not meet the requirements of NFPA 101(00), Sec. 7.2.1.3.
 - The rear (west) exit stairway is enclosed with construction having less than 1-hour fire resistance as described in Parameter 7, Vertical Openings, above.
- b. There is window access to a fire escape from Resident Room 202; however, fire escapes are not an acceptable means of egress from health care facilities [see NFPA 101(00), Sec. 19.2.2.1].
11. Manual Fire Alarm [Score: +2]:
There is one manual fire alarm pull station along the path of travel from this level, which appears to meet the intent of Exception No. 1 to NFPA 101(00), Sec. 19.3.4.2. The fire alarm system is monitored by SimplexGrinnell Central Monitoring.
12. Smoke Detection and Alarm [Score: +3]:
This score was assigned per instruction in NFPA 101A(01), Sec. 4.6.13.4.3 and Footnote *g* to this Table. The zone is protected with quick-response sprinklers. There is a system-connected smoke detector in the corridor. This was scored as "Corridor Only" smoke detection.
13. Automatic Sprinklers [Score: +10]:
The entire structure is protected by a supervised, dry-pipe automatic sprinkler system consisting of quick-response sprinklers.
-

Zone 4 – Third Floor:

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS

The facility's residents are not allowed on the 3rd Floor, which was found to house business occupancy uses (limited storage, offices, a conference room and some crawl spaces). For purposes of this FSES, therefore, it was assumed that this level did not involve resident housing, treatment or customary access. As a result, in accordance with instruction given in NFPA 101A(01), Sec. 4.3.2(4)a, only Item 3, Zone Location (*L*), of Table 1 was addressed and the value of factor *F* in Table 2, OCCUPANCY RISK FACTOR CALCULATION, was assigned a factor of 1.2 (i.e. the value assigned to 3rd Floor in factor *L* of Table 1). Because there is no 2-hour fire separation between the third floor and the rest of the building, this zone was surveyed as a health care occupancy.

TABLE 4. SAFETY PARAMETERS and SAFETY PARAMETER VALUES

1. Construction [Score: -7]:
The building was assigned a Type V(111) construction type.
2. Interior Finish (Corridors and Exits) [Score: +3]:
Corridor walls and ceilings were found to be plaster.

3. Interior Finish (Rooms) [Score: +3]:
Walls and ceilings in rooms were found to be plaster.
4. Corridor Partitions/Walls [Score: 0]:
Corridor walls are constructed of plaster on wood lath on both sides of wood studs. A plain glass vision panel was found in the wall on the north side of the corridor. Corridor walls, therefore, were graded as "$\frac{1}{2}$ hour" in accordance with NFPA 101A(01), Sec. 4.6.4.2.
5. Doors to Corridor [Score: 0]:
Corridor doors were found to be of wood panel construction, which carries a fire protection rating of less than 20 minutes.
6. Zone Dimensions [Score: 0]:
This score was assigned per instruction in Footnote *b* to this Table. The building measures approximately 47 feet in length on this level and Parameter 10 was assigned a score of -8. Due to lack of complying means of egress from this level, a dead-end condition is created.
7. Vertical Openings [Score: 0]:
A 1 $\frac{3}{4}$ -inch-thick solid wood self-closing door in a wood frame was found on the stair landing between the second and third floors. The self-closing door on 2nd Floor that enters into the stair enclosure serving the top three floors was found to carry a 1-hour fire protection rating, but was installed in a wood frame. This provides protection of less than 1-hour fire resistance for this vertical opening.
8. Hazardous Areas [Score: 0]:
No hazardous area deficiencies were found.
9. Smoke Control [Score: 0]:
This score was assigned per Footnote *c* to this Table and the fact that residents are not allowed on this level.
10. Emergency Movement Routes [Score: -8]:
The following deficient conditions were found relating to means of egress:
 - a. The door to the exterior at the bottom of the rear (west) stair enclosure serving the top three floors was found to:
 - Be only 28 inches in clear width, which does not meet the requirements of NFPA 101(00), Sec. 19.2.3.5,
 - Have a headroom height of only 6 ft, which does not meet the requirements of NFPA 101(00), Sec. 7.1.5,
 - Have a 6-inch grade change outside the door, which does not meet the requirements of NFPA 101(00), Sec. 7.2.1.3.
 - Swing inward, leaving less than one-half of the required width of the landing at that point when opened, which does not meet the requirements of NFPA 101(00), Sec. 7.2.1.4.4.
 - b. The rear (west) stair enclosure was found to be enclosed with construction having less than 1-hour fire resistance as described in Parameter 7, Vertical Openings, above.
 - c. It was found that there is a door providing access to a 29-inch clear width fire escape from the Main Conference Room. Fire escapes are not an acceptable means of egress from health care occupancies [see NFPA 101(00), Sections 19.2.2.1 and 19.2.2.2]. In addition, it was found that:
 - The steps leading to the door to the fire escape were 7 $\frac{1}{2}$ " and 3 $\frac{1}{2}$ ", which does not meet the requirements of NFPA 101(00), Sec. 7.2.2.2.
 - There is an approximately 7-inch grade change outside the door to the fire escape, which does not meet the requirements of NFPA 101(00), Sec. 7.2.1.3.

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

A manual fire alarm pull station was found in the corridor. The fire alarm system is monitored by SimplexGrinnell Central Monitoring.

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

This score was assigned per instruction in NFPA 101A(01), Sec. 4.6.13.4.3 and Footnote *g* to this Table. The zone is protected with quick-response sprinklers. There are system-connected smoke detectors in the corridor and in the Main Conference Room. This was scored as "Corridor Only" smoke detection.

13. Automatic Sprinklers [Score: +10]:

The entire structure is protected by a supervised, dry-pipe automatic sprinkler system consisting of quick-response sprinklers.

* * * * *

It must be noted that the scores and values assigned to the parameters in the tables on the FSES worksheets were based on conditions found between 0855 hours and 1025 hours on 01/11/2016. Any changes in those conditions after that date could affect these scores and values, either positively or negatively. Again, based on this evaluation, Elliot Care Home **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*.

APPROVED

By Tom Linhoff at 10:54 am, Jan 29, 2016

ZONE 1 OF 4 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>ELLIOT CARE HOME, INC.</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>BASEMENT</u>	
PROVIDER/VENDOR NO. <u>24E152</u>	DATE OF SURVEY <u>01/11/2016</u>

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

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

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

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

OCCUPANCY RISK	<input type="text" value="1.6"/>	x	<input type="text" value="1.0"/>	x	<input type="text" value="1.1"/>	x	<input type="text" value="1.2"/>	x	<input type="text" value="1.5"/>	=	<input type="text" value="1.6"/>
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Step 3: Compute Adjusted Building Status (R) - Use Table 2.

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

$1.0 \times \text{F} = \text{R}$

$0.6 \times \text{F} = \text{R}$

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

SURVEYOR SIGNATURE <u>Robert V. Vintilla</u>	TITLE <u>PRESIDENT</u>	DATE <u>01/12/2016</u>
FIRE AUTHORITY SIGNATURE <u>Thomas Linhoff</u>	TITLE <u>Fire Safety Supervisor</u>	DATE <u>01-29-2016</u>

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

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

Safety Parameters	Safety Parameters Values						
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II		
	Floor or Zone	000	111	200	211 + 2HH	000	111 222, 332 433
	First	-2	0	-2	0	0	2 2
	Second	-7	(2)	-4	-2	-2	2 4
	Third	-9	-7	-9	-7	-7	2 4
4th and Above	-13	-7	-13	-7	-9	-7 4	
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A			
	-5(0) ^f	0(3) ^f		(3)			
3. Interior Finish (Rooms)	Class C	Class B		Class A			
	-3(1) ^f	1(3) ^f		(3)			
4. Corridor Partitions/Walls	None or Incomplete	< 1/2 hour		≥ 1/2 to < 1 hour		≥ 1 hour	
	-10(0) ^a	0		1(0) ^a		(2)(0) ^a	
5. Doors to Corridor	No Door	< 20 min FPR		≥ 20 min FPR		≥ 20 min FPR and Auto Clos.	
	-10	0		1(0) ^d		(2)(0) ^d	
6. Zone Dimensions	Dead End				No Dead Ends > 30 ft and Zone Length Is		
	> 100 ft	> 50 ft to 100 ft	30 ft to 50 ft		> 150 ft	100 ft to 150 ft	< 100 ft
	-6(0) ^c	-4(0) ^b	-2(0) ^b		-2(0) ^c	0	1
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.		
	-14		-10		< 1 hr	≥ 1 hr to < 2 hr	≥ 2 hr
	(0)		(0)		2(0) ^a 3(0) ^a		
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies	
	In Zone		Outside Zone		In Zone	In Adjacent Zone	
	-11		-5		-6	-2 (0)	
9. Smoke Control	No Control		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone		
	-5(0) ^e		0		3		
	< 2 Routes		Multiple Routes				
10. Emergency Movement Routes	(8)		Deficient		W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)
	-2		0		1	5	
	-4		1		(2)		
11. Manual Fire Alarm	No Manual Fire Alarm				Manual Fire Alarm		
	-4				W/O F.D. Conn.	W/F.D. Conn	
	1				(2)		
12. Smoke Detection and Alarm	None		Corridor Only		Rooms Only		Corridor and Habit. Spaces
	0(3) ^e		2(3) ^a		3(3) ^a		4 5
13. Automatic Sprinklers	None		Corridor and Habit. Space		Entire Building		
	0		8		(10)		
<p>NOTE: ^a Use (0) where parameter 5 is -10. ^b Use (0) where parameter 10 is -8. ^c Use (0) on floor with fewer than 31 patients (existing buildings only). ^d Use (0) where parameter 4 is -10. ^e Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200"). ^f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0. ^g Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.</p> <p>For SI units: 1 ft = 0.3048 m</p>							

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

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

Safety Parameters	Containment Safety (S_1)	Extinguishment Safety (S_2)	People Movement Safety (S_3)	General Safety (S_4)
1. Construction	-2	-2		-2
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	2			2
5. Doors to Corridor	2		2	2
6. Zone Dimensions			0	0
7. Vertical Openings	0		0	0
8. Hazardous Areas	0	0		0
9. Smoke Control			0	0
10. Emergency Movement Routes			-8	-8
11. Manual Fire Alarm		2		2
12. Smoke Detection and Alarm		3	3	3
13. Automatic Sprinklers	10	10	$10 \div 2 = 5$	10
Total Value	$S_1 = 18$	$S_2 = 13$	$S_3 = 5$	$S_4 = 15$

Zone Location	Containment (S_a)		Extinguishment (S_b)		People Movement (S_c)	
	New	Exist.	New	Exist.	New	Exist.
1 st story	11	5	15(12) ^a	4	8(5) ^a	1
2 nd or 3 rd story ^b	15	9	17(14) ^a	6	10(7) ^a	3
4 th story or higher	18	9	19(16) ^a	6	11(8) ^a	3

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

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No	
Containment Safety (S ₁)	minus	Mandatory Containment (S _a)	≥ 0	$S_1 - S_a = C$ 18 - 9 = 9	✓	
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (S _b)	≥ 0	$S_2 - S_b = E$ 13 - 6 = 7	✓	
People Movement Safety (S ₃)	minus	Mandatory People Movement (S _c)	≥ 0	$S_3 - S_c = P$ 5 - 3 = 2	✓	
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 15 - 1 = 14	✓	

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

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

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

APPROVED

By Tom Linhoff at 10:50 am, Jan 29, 2016

ZONE 2 OF 4 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>ELLIOT CARE HOME, INC.</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>FIRST FLOOR</u>	
PROVIDER/VENDOR NO. <u>24E152</u>	DATE OF SURVEY <u>01/11/2016</u>

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

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

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

Risk Parameters	Risk Factors Values					
1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
	Risk Factor	<u>1.0</u>	1.6	3.2	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	1.2	<u>1.5</u>	2.0	
3. Zone Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	<u>1.1</u>	1.2	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	$\frac{1-2}{1}$	$\frac{3-5}{1}$	$\frac{6-10}{1}$	$\frac{\geq 10}{1}$	One or More None
	Risk Factor	1.0	1.1	1.2	1.5	<u>4.0</u>
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year		65 Years and Over 1 Year and Younger		
	Risk Factor	<u>1.0</u>		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.

OCCUPANCY RISK	<u>1.0</u>	X	<u>1.5</u>	X	<u>1.1</u>	X	<u>4.0</u>	X	<u>1.0</u>	=	<u>6.6</u>
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Step 3: Compute Adjusted Building Status (R) - Use Table 2.

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

$1.0 \times$	<u>6.6</u>	=	<u>6.6</u>
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$0.6 \times$	<u>6.6</u>	=	<u>4</u>
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* FIRE/SMOKE ZONE is a space separated from all other spaces by floors, horizontal exlts, or smoke barriers.

SURVEYOR SIGNATURE <u>Robert V. Vintala</u>	TITLE <u>PRESIDENT</u>	DATE <u>01/12/2016</u>
FIRE AUTHORITY SIGNATURE <u>Thomas Linhoff</u>	TITLE Fire Safety Supervisor	DATE 01-29-2016

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

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

Safety Parameters	Safety Parameters Values						
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II		
	Floor or Zone	000	111	200	211 + 2HH	000	111, 222, 332, 433
	First	-2	0	-2	0	0	2
	Second	-7	-2	-4	-2	-2	2
	Third	-9	-7	-9	-7	-7	2
4th and Above	-13	-7	-13	-7	-9	-7	4
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A			
	-5(0) ^f	0(3) ^f		3			
3. Interior Finish (Rooms)	Class C	Class B		Class A			
	-3(1) ^f	1(3) ^f		3			
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour	
	-10(0) ^g	0		1(0) ^g		2(0) ^g	
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.	
	-10	0		1(0) ^d		2(0) ^d	
6. Zone Dimensions	Dead End				No Dead Ends >30 ft and Zone Length Is		
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft		>150 ft	100 ft to 150 ft	<100 ft
	-6(0) ^b	-4(0) ^b	-2(0) ^b		-2(0) ^b	0	1
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.		
	-14		-10		<1 hr	≥1 hr to <2 hr	≥2 hr
					0		2(0) ^e
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies	
	In Zone		Outside Zone		In Zone	In Adjacent Zone	
	-11		-5		-6	-2	
9. Smoke Control	No Control		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone		
	-5(0) ^c		0		3		
					3		
10. Emergency Movement Routes	<2 Routes		Multiple Routes				
	-8		Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)		Direct Exit(s)
			-2	0	1		5
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm			
	-4			W/O F.D. Conn.		W/F.D. Conn	
				1		2	
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only		Corridor and Habit. Spaces	
	0(3) ^c	2(3) ^c		3(3) ^c		4	
13. Automatic Sprinklers	None		Corridor and Habit. Space		Entire Building		
	0		8		10		

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

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

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

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

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

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

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

For SI units. 1 ft = 0.3048 m

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

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

Safety Parameters	Containment Safety (S_1)	Extinguishment Safety (S_2)	People Movement Safety (S_3)	General Safety (S_4)
1. Construction	0	0		0
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	-3			-3
4. Corridor Partitions/Walls	0			0
5. Doors to Corridor	0		0	0
6. Zone Dimensions			0	0
7. Vertical Openings	0		0	0
8. Hazardous Areas	0	0		0
9. Smoke Control			0	0
10. Emergency Movement Routes			-8	-8
11. Manual Fire Alarm		2		2
12. Smoke Detection and Alarm		3	3	3
13. Automatic Sprinklers	10	10	$10 \div 2 = 5$	10
Total Value	$S_1 = 10$	$S_2 = 15$	$S_3 = 3$	$S_4 = 7$

Zone Location	Containment (S_a)		Extinguishment (S_b)		People Movement (S_c)	
	New	Exist.	New	Exist.	New	Exist.
1 st story	11	(5)	15(12) ^a	(4)	8(5) ^a	(1)
2 nd or 3 rd story ^b	15	9	17(14) ^a	6	10(7) ^a	3
4 th story or higher	18	9	19(16) ^a	6	11(8) ^a	3

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

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S ₁)	minus	Mandatory Containment (S _a)	≥ 0	$S_1 - S_a = C$ 10 - 5 = 5	✓
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (S _b)	≥ 0	$S_2 - S_b = E$ 15 - 4 = 11	✓
People Movement Safety (S ₃)	minus	Mandatory People Movement (S _c)	≥ 0	$S_3 - S_c = P$ 3 - 1 = 2	✓
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 7 - 4 = 3	✓

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

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

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

APPROVED

By Tom Linhoff at 10:58 am, Jan 29, 2016

ZONE 3 OF 4 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>ELLIOT CARE HOME, INC.</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>SECOND FLOOR</u>	
PROVIDER/VENDOR NO. <u>24E152</u>	DATE OF SURVEY <u>01/11/2016</u>

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

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

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

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

OCCUPANCY RISK	<u>1.0</u>	X	<u>1.2</u>	X	<u>1.2</u>	X	<u>4.0</u>	X	<u>1.0</u>	=	<u>5.8</u>
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Step 3: Compute Adjusted Building Status (R) - Use Table 2.

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

$1.0 \times \square = \square$

$0.6 \times \square = \square = 4$

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

SURVEYOR SIGNATURE <u>Robert Linhoff</u>	TITLE <u>PRESIDENT</u>	DATE <u>01/12/2016</u>
FIRE AUTHORITY SIGNATURE <u>Thomas Linhoff</u>	TITLE <u>Fire Safety Supervisor</u>	DATE <u>01-29-2016</u>

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

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

Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	-2	-4	-2	-2	2	4
	Third	-9	-7	-9	-7	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		3				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		3				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	0		1(0) ^a		2(0) ^d		
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0		1(0) ^d		2(0) ^d		
6. Zone Dimensions	Dead End				No Dead Ends >30 ft and Zone Length Is			
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft		>150 ft	100 ft to 150 ft	<100 ft	
	-6(0) ^b	-4(0) ^b	-2(0) ^b		-2(0) ^c	0	1	
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.			
	-14		-10		<1 hr	≥1 hr to <2 hr		≥2 hr
					0		2(0) ^e	
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies		
	In Zone		Outside Zone	In Zone		In Adjacent Zone	0	
	-11		-5	-6		-2		
9. Smoke Control	No Control		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone			
	-5(0) ^c		0		3			
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
	-8		Deficient		W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)	
			-2		0	1	5	
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm				
	-4			W/O F.D. Conn.		W/F.D. Conn		
				1		2		
12. Smoke Detection and Alarm	None		Corridor Only		Rooms Only		Corridor and Habit. Spaces	Total Spaces In Zone
	0(3) ^e		2(3) ^e		3(3) ^e		4	5
13. Automatic Sprinklers	None		Corridor and Habit. Space		Entire Building			
	0		8		10			
<p>NOTE: ^a Use (0) where parameter 5 is -10. ^b Use (0) where parameter 10 is -8. ^c Use (0) on floor with fewer than 31 patients (existing buildings only) ^d Use (0) where parameter 4 is -10.</p>					<p>^e Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200") ^f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers. Parameter 4 is greater than or equal to 1, and Parameter 13 is 0. ^g Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.</p>			
For SI units: 1 ft = 0.3048 m								

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

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

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS				
Safety Parameters	Containment Safety (S_1)	Extinguishment Safety (S_2)	People Movement Safety (S_3)	General Safety (S_4)
1. Construction	-2	-2		-2
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	0			0
5. Doors to Corridor	0		0	0
6. Zone Dimensions			0	0
7. Vertical Openings	0		0	0
8. Hazardous Areas	0	0		0
9. Smoke Control			0	0
10. Emergency Movement Routes			-8	-8
11. Manual Fire Alarm		2		2
12. Smoke Detection and Alarm		3	3	3
13. Automatic Sprinklers	10	10	$10 \div 2 = 5$	10
Total Value	$S_1 = 14$	$S_2 = 13$	$S_3 = 3$	$S_4 = 11$

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

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

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No	
Containment Safety (S ₁)	minus	Mandatory Containment (S _a)	≥ 0	$S_1 - S_a = C$ 14 - 9 = 5	✓	
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (S _b)	≥ 0	$S_2 - S_b = E$ 13 - 6 = 7	✓	
People Movement Safety (S ₃)	minus	Mandatory People Movement (S _c)	≥ 0	$S_3 - S_c = P$ 3 - 3 = 0	✓	
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 11 - 4 = 7	✓	

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

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

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

APPROVED

By Tom Linhoff at 11:01 am, Jan 29, 2016

ZONE 4 OF 4 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>ELLIOT CARE HOME, INC.</u>	BUILDING <u>01 - MAIN BUILDING</u>
ZONE(S) EVALUATED <u>THIRD FLOOR</u>	
PROVIDER/VENDOR NO. <u>24E152</u>	DATE OF SURVEY <u>01/11/2016</u>

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

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

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

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

OCCUPANCY RISK	M	D	L	T	A	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	X	X	X	X	=
						1.2

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

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

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

F	R
0.6 X <input type="checkbox"/>	= <input type="checkbox"/> = 1

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

SURVEYOR SIGNATURE <u>Robert W. Smith</u>	TITLE <u>PRESIDENT</u>	DATE <u>01/12/2016</u>
FIRE AUTHORITY SIGNATURE <u>Thomas Linhoff</u>	TITLE Fire Safety Supervisor	DATE 10-29-2016

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

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

Safety Parameters	Safety Parameters Values									
1. Construction Floor or Zone	Combustible Types III, IV, and V				NonCombustible Types I and II					
	000	111	200	211 + 2HH	000	111	222, 332, 433			
	First	0	-2	0	0	2	2			
	Second	-7	-2	-4	-2	-2	4			
	Third	-9	(-7)	-9	-7	-7	4			
4th and Above	-13	-7	-13	-7	-9	-7	4			
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A						
	-5(0) ^f	0(3) ^f		(3)						
3. Interior Finish (Rooms)	Class C	Class B		Class A						
	-3(1) ^f	1(3) ^f		(3)						
4. Corridor Partitions/Walls	None or Incomplete	< 1/2 hour		≥ 1/2 to < 1 hour		≥ 1 hour				
	-10(0) ^g	(0)		1(0) ^g		2(0) ^g				
5. Doors to Corridor	No Door	< 20 min FPR		≥ 20 min FPR		≥ 20 min FPR and Auto Clos.				
	-10	(0)		1(0) ^d		2(0) ^d				
6. Zone Dimensions	Dead End				No Dead Ends > 30 ft and Zone Length Is					
	> 100 ft	> 50 ft to 100 ft	30 ft to 50 ft		> 150 ft	100 ft to 150 ft	< 100 ft			
	-6(0) ^e	-4(0) ^b	-2(0) ^b		-2(0) ^c	0	1			
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.					
	-14		-10		< 1 hr		≥ 1 hr to < 2 hr	≥ 2 hr		
					(0)		2(0) ^e		3(0) ^e	
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies				
	In Zone		Outside Zone		In Zone		In Adjacent Zone			
	-11		-5		-6		-2		(0)	
9. Smoke Control	No Control		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone					
	-5(0) ^f		0		3					
10. Emergency Movement Routes	< 2 Routes		Multiple Routes							
	(-8)		Deficient		W/O Horizontal Exit(s)		Horizontal Exit(s)		Direct Exit(s)	
			-2		0		1		5	
11. Manual Fire Alarm	No Manual Fire Alarm				Manual Fire Alarm					
	-4				W/O F.D. Conn.		W/F.D. Conn			
					1		(2)			
12. Smoke Detection and Alarm	None		Corridor Only		Rooms Only		Corridor and Habit. Spaces		Total Spaces In Zone	
	0(3) ^h		2(3) ^h		3(3) ^h		4		5	
13. Automatic Sprinklers	None		Corridor and Habit. Space		Entire Building					
	0		8		(10)					

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

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

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

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

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

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

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

For SI units: 1 ft = 0.3048 m

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

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

Safety Parameters	Containment Safety (S_1)	Extinguishment Safety (S_2)	People Movement Safety (S_3)	General Safety (S_4)
1. Construction	-7	-7		-7
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	0			0
5. Doors to Corridor	0		0	0
6. Zone Dimensions			0	0
7. Vertical Openings	0		0	0
8. Hazardous Areas	0	0		0
9. Smoke Control			0	0
10. Emergency Movement Routes			-8	-8
11. Manual Fire Alarm		2		2
12. Smoke Detection and Alarm		3	3	3
13. Automatic Sprinklers	10	10	$10 \div 2 = 5$	10
Total Value	$S_1 = 9$	$S_2 = 8$	$S_3 = 3$	$S_4 = 6$

Zone Location	Containment (S_a)		Extinguishment (S_b)		People Movement (S_c)	
	New	Exist.	New	Exist.	New	Exist.
1 st story	11	5	15(12) ^a	4	8(5) ^a	1
2 nd or 3 rd story ^b	15	9	17(14) ^a	6	10(7) ^a	3
4 th story or higher	18	9	19(16) ^a	6	11(8) ^a	3

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

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S ₁)	minus	Mandatory Containment (S ₁)	≥ 0	$S_1 - S_a = C$ 9 - 9 = 0	✓
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (S ₂)	≥ 0	$S_2 - S_b = E$ 8 - 6 = 2	✓
People Movement Safety (S ₃)	minus	Mandatory People Movement (S ₃)	≥ 0	$S_3 - S_c = P$ 3 - 3 = 0	✓
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 6 - 1 = 5	✓

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, /500 Security Boulevard, Baltimore, Maryland 21244-1850.

ZONE 1 OF 4 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>ELLIOT CARE HOME, INC.</u>	BUILDING <u>01- MAIN BUILDING</u>
ZONE(S) EVALUATED <u>BASEMENT</u>	
PROVIDER/VENDOR NO. <u>24E15Z</u>	DATE OF SURVEY <u>11/08/2016</u>

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

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
	Risk Factor	1.0	1.6	3.2	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	1.2	1.5	2.0	
3. Zone Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	1.1	1.2	1.4	1.6	<u>1.6</u>
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	1.1	1.2	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year		65 Years and Over 1 Year and Younger		
	Risk Factor	1.0		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	D	L	T	A	F
	<input type="text"/>	X <input type="text"/>	X <input type="text"/>	X <input type="text"/>	X <input type="text"/>	= <input type="text" value="1.6"/>

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

TABLE 3B. (EXISTING BUILDINGS)	
F	R
0.6 X <input type="text" value="1.6"/>	= <input type="text" value="1"/>

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

SURVEYOR SIGNATURE <u>Robert J. Vankat</u> FIRE SAFETY RESOURCES, LLC	TITLE <u>PRESIDENT</u>	DATE <u>12/05/2016</u>
FIRE AUTHORITY SIGNATURE <u>Thomas Linhoff</u> 12424	TITLE <u>Fire Safety Supervisor</u>	DATE <u>12-16-2016</u>

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

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

TABLE 4.								
Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	(-2)	-4	-2	-2	2	4
	Third	-9	-7	-9	-7	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		(3)				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		(3)				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour		
	-10(0) ^g	0		1(0) ^g		(2)(0) ^a		
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0		1(0) ^d		(2)(0) ^d		
6. Zone Dimensions	Dead End			No Dead Ends >30 ft and Zone Length Is				
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>150 ft	100 ft to 150 ft	<100 ft		
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0) ^e	0	1		
7. Vertical Openings	Open 4 or More Floors	Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.				
				<1 hr		≥1 hr to <2 hr		≥2 hr
	-14	-10		(0)		2(0) ^e		3(0) ^e
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies		
	In Zone	Outside Zone		In Zone	In Adjacent Zone			
	-11	-5		-6	-2		(0)	
9. Smoke Control	No Control	Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone				
				3				
	-5(0) ^c	0						
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
			Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)		Direct Exit(s)	
	(8)		-2	0	1		5	
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm				
				W/O F.D. Conn.	W/F.D. Conn			
	-4			1	(2)			
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only	Corridor and Habit. Spaces		Total Spaces In Zone	
	0(3) ^g	2(3) ^g		3(3) ^g	4		5	
13. Automatic Sprinklers	None	Corridor and Habit. Space		Entire Building				
	0	8		(10)				

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

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

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

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

For SI units: 1 ft = 0.3048 m

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

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

TABLE 5. INDIVIDUAL SAFETY EVALUATIONS				
Safety Parameters	Containment Safety (S_1)	Extinguishment Safety (S_2)	People Movement Safety (S_3)	General Safety (S_4)
1. Construction	-2	-2		-2
2. Interior Finish (Corr. and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	2			2
5. Doors to Corridor	2		2	2
6. Zone Dimensions			0	0
7. Vertical Openings	0		0	0
8. Hazardous Areas	0	0		0
9. Smoke Control			0	0
10. Emergency Movement Routes			-8	-8
11. Manual Fire Alarm		2		2
12. Smoke Detection and Alarm		3	3	3
13. Automatic Sprinklers	10	10	$10 \div 2 = 5$	10
Total Value	$S_1 = 18$	$S_2 = 13$	$S_3 = 5$	$S_4 = 15$

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

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

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ 18 - 9 = 9	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ 13 - 6 = 7	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 5 - 3 = 2	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 15 - 1 = 14	✓

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

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

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

ZONE 2 OF 4 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>ELLIOT CARE HOME, INC</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>FIRST FLOOR</u>	
PROVIDER/VENDOR NO. <u>24E152</u>	DATE OF SURVEY <u>11/08/2016</u>

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

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
	1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable
Risk Factor		<u>1.0</u>	1.6	3.2	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	1.2	<u>1.5</u>	2.0	
3. Zone Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	<u>1.1</u>	1.2	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	1.1	1.2	1.5	<u>4.0</u>
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year		65 Years and Over 1 Year and Younger		
	Risk Factor	<u>1.0</u>		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						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>1.0</u>	<u>1.5</u>	<u>1.1</u>	<u>4.0</u>	<u>1.0</u>	= <u>6.6</u>

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

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

TABLE 3B. (EXISTING BUILDINGS)		
F	R	
0.6 x	<u>6.6</u>	= <u>4</u>

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

SURVEYOR SIGNATURE <u>Robert J. Umholtz</u>	TITLE <u>PRESIDENT</u>	DATE <u>12/05/2016</u>
FIRE AUTHORITY SIGNATURE <u>Thomas Linhoff 12424</u>	TITLE <u>Fire Safety Supervisor</u>	DATE <u>12-16-2016</u>

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

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

Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	-2	-4	-2	-2	2	4
	Third	-9	-7	-9	-7	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		3				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		3				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	0		1(0) ^a		2(0) ^a		
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	0		1(0) ^d		2(0) ^d		
6. Zone Dimensions	Dead End			No Dead Ends >30 ft and Zone Length Is				
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>150 ft	100 ft to 150 ft	<100 ft		
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0) ^c	0	1		
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.			
	-14		-10		<1 hr	≥1 hr to <2 hr	≥2 hr	
	0		0		0	2(0) ^e	3(0) ^e	
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies		
	In Zone		Outside Zone		In Zone	In Adjacent Zone		
	-11		-5		-6	-2		
9. Smoke Control	No Control		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone			
	-5(0) ^c		0		3			
	0		0		3			
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
	-8		Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)		
	-8		-2	0	1	5		
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm				
	-4			W/O F.D. Conn.		W/F.D. Conn		
	-4			1		2		
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only		Corridor and Habit. Spaces	Total Spaces In Zone	
	0(3) ^g	2(3) ^g		3(3) ^g		4	5	
13. Automatic Sprinklers	None	Corridor and Habit. Space		Entire Building				
	0	8		10				

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

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

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

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

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

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

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

For SI units: 1 ft = 0.3048 m

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

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

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

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

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

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ 10 - 5 = 5	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$S_2 - S_b = E$ 15 - 4 = 11	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 3 - 1 = 2	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 7 - 4 = 3	✓

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

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

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

ZONE 3 OF 4 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>ELLIOT CARE HOME, INC.</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>SECOND FLOOR</u>	
PROVIDER/VENDOR NO. <u>24E152</u>	DATE OF SURVEY <u>11/08/2016</u>

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

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
	Risk Factor	<u>1.0</u>	1.6	3.2	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	<u>1.2</u>	1.5	2.0	
3. Zone Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	1.1	<u>1.2</u>	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>≥10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	1.1	1.2	1.5	<u>4.0</u>
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year		65 Years and Over 1 Year and Younger		
	Risk Factor	<u>1.0</u>		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						
	M	D	L	T	A	F
OCCUPANCY RISK	<u>1.0</u>	<u>1.2</u>	<u>1.2</u>	<u>4.0</u>	<u>1.0</u>	= <u>5.8</u>

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

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

TABLE 3B. (EXISTING BUILDINGS)	
F	R
0.6 x <u>5.8</u>	= <u>3.5</u> = <u>4</u>

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

SURVEYOR SIGNATURE <u>Robert V. Imhoff</u>	TITLE <u>FIRE SAFETY RESOURCES, LLC</u>	DATE <u>12/09/2016</u>
FIRE AUTHORITY SIGNATURE <u>Thomas Linhoff</u>	TITLE <u>12424</u> <u>Fire Safety Supervisor</u>	DATE <u>12-16-2016</u>

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

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

Safety Parameters	Safety Parameters Values							
1. Construction	Combustible Types III, IV, and V				NonCombustible Types I and II			
	Floor or Zone	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	(-2)	-4	-2	-2	2	4
	Third	-9	-7	-9	-7	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4	
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		(3)				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		(3)				
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour		
	-10(0) ^a	(0)		1(0) ^a		2(0) ^a		
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.		
	-10	(0)		1(0) ^d		2(0) ^d		
6. Zone Dimensions	Dead End			No Dead Ends >30 ft and Zone Length Is				
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>150 ft	100 ft to 150 ft	<100 ft		
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0) ^c	0	1		
7. Vertical Openings	Open 4 or More Floors	Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.				
				<1 hr	≥1 hr to <2 hr	≥2 hr		
	-14	-10		(0)	2(0) ^e	3(0) ^e		
8. Hazardous Areas	Double Deficiency		Single Deficiency		No Deficiencies			
	In Zone	Outside Zone		In Zone	In Adjacent Zone			
	-11	-5		-6	-2		(0)	
9. Smoke Control	No Control	Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone				
	-5(0) ^c	0		3				
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
			Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)		
	(8)		-2	0	1	5		
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm				
				W/O F.D. Conn.	W/F.D. Conn			
	-4			1	(2)			
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only	Corridor and Habit. Spaces	Total Spaces In Zone		
	0(3) ^g	2(3) ^g		3(3) ^g	4	5		
13. Automatic Sprinklers	None	Corridor and Habit. Space		Entire Building				
	0	8		(10)				

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

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

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

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

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

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

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

For SI units: 1 ft = 0.3048 m

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

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

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

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

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

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No
Containment Safety (S_1)	minus	Mandatory Containment (S_c)	≥ 0	$S_1 - S_a = C$ 14 - 9 = 5	✓
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_c)	≥ 0	$S_2 - S_b = E$ 13 - 6 = 7	✓
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$S_3 - S_c = P$ 3 - 3 = 0	✓
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$S_4 - R = G$ 11 - 4 = 7	✓

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

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

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

ZONE 4 OF 4 ZONES

FIRE/SMOKE ZONE* EVALUATION WORKSHEET FOR HEALTH CARE FACILITIES

2000 LIFE SAFETY CODE

FACILITY <u>ELLIOT CARE HOME, INC.</u>	BUILDING <u>01-MAIN BUILDING</u>
ZONE(S) EVALUATED <u>THIRD FLOOR</u>	
PROVIDER/VENDOR NO. <u>24E152</u>	DATE OF SURVEY <u>11/08/2016</u>

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

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

TABLE 1. OCCUPANCY RISK PARAMETER FACTORS						
Risk Parameters	Risk Factors Values					
1. Patient Mobility (M)	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
	Risk Factor	1.0	1.6	3.2	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	1.2	1.5	2.0	
3. Zone Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	1.1	<u>1.2</u>	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	<u>1-2</u> 1	<u>3-5</u> 1	<u>6-10</u> 1	<u>>10</u> 1	<u>One or More</u> None
	Risk Factor	1.0	1.1	1.2	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 year		65 Years and Over 1 Year and Younger		
	Risk Factor	1.0		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						
	M	D	L	T	A	F
OCCUPANCY RISK	<input type="text"/>	X <input type="text"/>	X <input type="text"/>	X <input type="text"/>	X <input type="text"/>	= <input type="text"/>
						= 1.2

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

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

TABLE 3B. (EXISTING BUILDINGS)	
F	R
0.6 X <input type="text"/>	= <input type="text"/> = 1

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

SURVEYOR SIGNATURE <u>Robert P. Umballe</u>	TITLE <u>PRESIDENT</u>	DATE <u>12/05/2016</u>
FIRE AUTHORITY SIGNATURE <u>Thomas Linhoff 12424</u>	TITLE <u>Fire Safety Supervisor</u>	DATE <u>12-16-2016</u>

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

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

Safety Parameters	Safety Parameters Values						
1. Construction Floor or Zone	Combustible Types III, IV, and V				NonCombustible Types I and II		
	000	111	200	211 + 2HH	000	111	222, 332, 433
	First	-2	0	-2	0	2	2
	Second	-7	-2	-4	-2	2	4
	Third	-9	-7	-9	-7	2	4
4th and Above	-13	-7	-13	-7	-9	-7	4
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A			
	-5(0) ^f	0(3) ^f		3			
3. Interior Finish (Rooms)	Class C	Class B		Class A			
	-3(1) ^f	1(3) ^f		3			
4. Corridor Partitions/Walls	None or Incomplete	<1/2 hour		≥1/2 to <1 hour		≥1 hour	
	-10(0) ^a	0		1(0) ^a		2(0) ^a	
5. Doors to Corridor	No Door	<20 min FPR		≥20 min FPR		≥20 min FPR and Auto Clos.	
	-10	0		1(0) ^d		2(0) ^d	
6. Zone Dimensions	Dead End			No Dead Ends >30 ft and Zone Length Is			
	>100 ft	>50 ft to 100 ft	30 ft to 50 ft	>150 ft	100 ft to 150 ft	<100 ft	
	-6(0) ^b	-4(0) ^b	-2(0) ^b	-2(0) ^c	0	1	
7. Vertical Openings	Open 4 or More Floors		Open 2 or 3 Floors		Enclosed with Indicated Fire Resist.		
	-14		-10		<1 hr	≥1 hr to <2 hr	≥2 hr
					0		2(0) ^e
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies	
	In Zone		Outside Zone	In Zone	In Adjacent Zone		
	-11		-5	-6	-2	0	
9. Smoke Control	No Control		Smoke Barrier Serves Zone		Mech. Assisted Systems by Zone		
	-5(0) ^c		0		3		
10. Emergency Movement Routes	<2 Routes		Multiple Routes				
	-8		Deficient	W/O Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)	
			-2	0	1	5	
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm			
	-4			W/O F.D. Conn.	W/F.D. Conn		
				1	2		
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only	Corridor and Habit. Spaces	Total Spaces In Zone	
	0(3) ^g	2(3) ^g		3(3) ^g	4	5	
13. Automatic Sprinklers	None		Corridor and Habit. Space		Entire Building		
	0		8		10		

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

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

For SI units: 1 ft = 0.3048 m

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

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

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

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

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

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

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

TABLE 7. ZONE FIRE SAFETY EQUIVALENCY EVALUATION				Yes	No	
Containment Safety (S_1)	minus	Mandatory Containment (S_a)	≥ 0	$\begin{matrix} S_1 & - & S_a & = & C \\ \boxed{9} & - & \boxed{9} & = & \boxed{0} \end{matrix}$	✓	
Extinguishment Safety (S_2)	minus	Mandatory Extinguishment (S_b)	≥ 0	$\begin{matrix} S_2 & - & S_b & = & E \\ \boxed{8} & - & \boxed{6} & = & \boxed{2} \end{matrix}$	✓	
People Movement Safety (S_3)	minus	Mandatory People Movement (S_c)	≥ 0	$\begin{matrix} S_3 & - & S_c & = & P \\ \boxed{3} & - & \boxed{3} & = & \boxed{0} \end{matrix}$	✓	
General Safety (S_4)	minus	Occupancy Risk (R)	≥ 0	$\begin{matrix} S_4 & - & R & = & G \\ \boxed{6} & - & \boxed{1} & = & \boxed{5} \end{matrix}$	✓	

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 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 ALL MINNESOTANS

Electronically delivered
December 29, 2016

Mr. Mark Jefferis, Administrator
Elliot Care Home Inc
1500 Elliot Avenue South
Minneapolis, Minnesota 55404

Re: Project Number SE152026

Dear Mr. Jefferis:

The above facility survey was completed on October 27, 2016 for the purpose of assessing compliance with Minnesota Department of Health Boarding Care Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. You will need to acknowledge receipt of this electronic notification.

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

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

Sincerely,

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

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

Email: mark.meath@state.mn.us
Telephone: (651) 201-4118
Fax: (651) 215-9697

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2016
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NAME OF PROVIDER OR SUPPLIER ELLIOT CARE HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 ELLIOT AVENUE SOUTH MINNEAPOLIS, MN 55404
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
3 000	<p>INITIAL COMMENTS</p> <p>*****ATTENTION*****</p> <p>BOARDING CARE HOME LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are</p>	3 000		

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

Electronically Signed

TITLE

(X6) DATE
12/06/16

Minnesota Department of Health

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3 000	<p>Continued From page 1</p> <p>delineated on the attached Minnesota Department of Health orders being submitted to you electronically. 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.</p> <p>On October 24 through 27, 2016, surveyors of this Department's staff, visited the above provider and the following correction orders are issued. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p> <p>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 Board and Care Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY.</p>	3 000		

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3 000	Continued From page 2 THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	3 000		