



#### Physical Environment Survey Findings for Assisted Living License

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#### How to Ask a Question

- Participants are muted.
- To ask a question Click on the chat bubble to open the chat, select Everyone, and ask a question. Please note that questions sent to panelists directly will not be answered as individual chat boxes are not checked.
- We will answer as many questions as we can at the end of the presentation.
- Please be respectful.



#### Contact

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Assisted Living Licensure (www.health.state.mn.us/assistedliving)

Engineering Services (www.health.state.mn.us/facilities/regulation/engineering/)

#### **Learning Objectives**

- Become familiar with the top survey findings for assisted living facilities and assisted living facilities with dementia care.
- Learn ways to avoid the most common citations cited by the engineering evaluators.
- Learn about the details of what we look for when it comes to egress windows.
- What are the repercussions of locking egress doors in an ALF or ALFDC.

#### New Law Passed - Assisted Living

- 144G passed in 2019 legislative session
- This presentation goes through physical environment portion of law
  - Not all-inclusive of law paraphrased and summarized to provide more clarity
- Minn. Stat. 144G

(www.revisor.mn.gov/statutes/cite/144G)



#### **Most Common Cited Deficiencies**

# Most common cited engineering deficiencies:

- Smoke Alarms (tag 0780)
- Physical Environment in Good State of Repair (tag 0800)
- Evacuation Drills (tag 0810)
- Dementia Care HVA (tag 2040)

#### Fire Protection and Physical Environment 144G.45, Subd. 2 (1)

Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and for dwellings or sleeping units, as defined in the State Fire Code:

- provide smoke alarms in each room used for sleeping purposes;
- provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;
- provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;
- where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and
- ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;

#### Smoke Alarms – Tag 0780

- Smoke alarms missing, tampered with or not interconnected when needed to be
- Law requires smoke alarms NOT smoke detectors



## **Physical Environment**

- The physical environment is kept in a continuous state of good repair and operation
- The facility should be maintained as it was originally designed and constructed.



## Physical Environment in Good State of Repair Tag 0800

- Water damage, mold, peeling paint, mushrooms
- Sticky exit doors
- Window issues
  - No crank doesn't open to 90 degrees (could be immediate)
- Disassembled door closers
- Latches not latching (trash chutes, fire/smoke-rated doors)

## Fire Protection and Physical Environment 144G.45, Subd. 2 (b)

Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:

- location and number of resident sleeping rooms;
- employee actions to be taken in the event of a fire or similar emergency;
- fire protection procedures necessary for residents; and
- procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.
- Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.
- Fire safety and evacuation plans shall be readily available at all times within the facility.
- Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.
- Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.

#### **Evacuation Drills - Tag 0810**

- More than RACE or PASS Need more of a script
- Call 911? Shut door if fire in room? Tell fire department where to meet?
- Missing exit floor plans/diagrams
- Missing evacuation policy/procedure for staff
- Fire drills not occurring or not documented
- No training for residents who are capable of assisting in their own evacuation

#### Fire Protection and Physical Environment 144G.45 Subd. 2 (g)

Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected.



## Physical Environment – Tag 0820

- Locked doors in ALF
- Locked doors in ALFDC that does not operate in accordance with standard codes (described later)
- Furnace or A/C not working
- Egress windows not properly sized (will describe later)



#### Additional Dementia Care Requirements 144G.81 Subd. 1

An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section <u>144G.45</u> and the following additional requirements:

(1) a hazard vulnerability assessment or **safety risk assessment** must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm;

#### Dementia Care HVA - Tag 2040

- Not the HVA for Emergency Management
- HVA's (safety risk assessment) must identify **and** mitigate the risks.
  - Have NOT identified all risks on (i.e., fireplace, ovens) and around the facility (i.e., busy roads, nearby lake)
  - Missing risk mitigations (policy)

- If doors are locked, this will generally be considered to not having the correct licensure and will likely be tagged by Nursing, possibly as an immediate correction under MN Statute 144G.10 Subd.2(b)
- Mn Statute 144G.10 Subd.2(b) states that any assisted living with a secured unit for the care of dementia residents must have a ALFDC license
- If the facility is locking and does not have certain minimum protocols, Engineering would consider this an obstruction of egress or an unmaintained egress and would tag it as a distinct hazard under a 0820 tag

#### **Locking Doors - ALFDC**

- Doors are allowed to be locked with an ALFDC license
- Locked egress doors should have the following minimum protocols in place, otherwise a tag for an obstruction of egress or unmaintained egress (0820) may be issued:
  - An approved fire alarm system throughout the building
  - Locks fail open upon failure or loss of power
  - Locks release upon water flow or activation of fire alarm system



## **Egress Windows**

- Secondary egress are required by MSFC
  - For residents AND first responders
- State Fire Marshal indicated to MDH that minimum window sizes are important
- *Minimum* clear opening size
  - 20" x 20"
  - Minimum 648 square inches total clear opening



#### Egress Windows - Tag 0820

# Distinct Hazard - no one in the room Distinct Hazard (Immediate Correction) - someone *is* in the room

- Minimum 20" wide & 20" high
- At least 648 square inches
- Sill height over 48" (52" with secure step/platform)



## Questions???

# Questions

#### For specific physical environment statute questions contact:

- Bob Dehler: 651-201-3710 or <u>robert.dehler@state.mn.us</u>
- Michael Mireau: 651-587-7790 or <u>michael.mireau@state.mn.us</u>

#### For all other assisted living related questions:

- <u>Assisted Living Frequently Asked Questions</u> (www.health.state.mn.us/facilities/regulation/assistedliving/faq)
- health.assistedliving@state.mn.us



# Thank you!

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