Facility Name

CCN#	Survey Dates
Administrator	Length of Service
Maintenance A	Length of Service
Maintenance B	Length of Service

SNF/NF Capacity		
SNF/NF Census:	Bed Holds	Total SNF/NF Census

Other Occupancies –*Not Applicable* ☐

Do LTC residents go to the other occupancy for any reason? ☐Yes ☐ No

☐*Care plan meetings*☐ *resident funds* ☐*chapel* ☐*beauty shop* ☐*activities* ☐*dining* ☐*PT/OT/Dialysis*

2ⁿᵈ Occupancy: Hospital   Two-hour separation: ☐Yes ☐ No

Occupancy Capacity: Census: Bed Hold: Total Census:

Type: Stories: Basement: ☐Yes ☐ No   Sprinkler 13

3ʳᵈ Occupancy: Hospital   Two-hour separation: ☐Yes ☐ No

Occupancy Capacity: Census: Bed Hold: Total Census:

Type: Stories: Basement: Sprinkler 13

Describe special features of the facility's physical plant (7/5/16=New)						
	Year Built/Plan	Construction Type	Number of Stores	Basement	Ceiling Corridor	Ceiling Sleeping
Main					Tile	Monolithic
2					Tile	Tile
3					Tile	Tile
4					Tile	Tile

UL design number/fire rating of ceiling tile assembly (new construction):

Check ceiling: tented/listed fixtures & completely ducted (supply/return) and dampers

Was there ever a change of occupancy? ☐Yes ☐ No   (IL/ALF/RCF/Business to SNF):

Do you have any special care units? ☐Yes ☐ No (*Memory/Hospice/Bariatric/Ventilators/Dialysis):*

Do you have a waiver/variance/exception of any codes? ☐Yes ☐ No   If Yes?

Does building have Fire Retardant Treated Wood (FRTW)? ☐Yes ☐ No

Have you ever had a fire? ☐ Yes ☐ No   If Yes?

Portable heaters/electric portable fireplace? ☐Yes ☐No   *(Need spec sheets)* ☐*Electric* ☐*gas* ☐*solid fuel*

In a sleeping zone? ☐Yes ☐No

Do you accept Bariatric residents? ☐Yes ☐No   Max Weight   How Many

Do you accept **Ventilator** residents? ☐ Yes ☐ No   How Many 0

Nurse Shift ☐ 8hr ☐ 12hr

CAN Shift ☐ 8hr ☐ 12hr

Other Staff ☐ 8hr ☐ 12hr

Fire Sprinkler System: ☐ No issues   ☐ Needs Further Investigation   ☐ N/A

Is the facility sprinklered? ☐ Yes ☐ No   ☐ Wet ☐ Dry ☐ Both ☐ Antifreeze Loop

Do you have a fire pump? ☐ Yes ☐ No   *Churn Test Diesel (30m/mo)/Electric (10m/mo)*

Do you have any sprinkler valves outside? ☐ Yes ☐ No

Fire alarm system: ☐ No issues   ☐ Needs Further Investigation   ☐ N/A

Smoke Detection is in the:

☐ *Corridors* ☐ *FACP* ☐ *Areas open to corridors* ☐ *Resident rooms* ☐ *Tied to FA*

☐ *Tied to nurse call system* ☐ *Single station* ☐ *None* ☐ *Other:*

Are there any enclosed courtyards? ☐ Yes ☐ No   Does the facility have horns/strobes? ☐ Yes ☐ No

Fire alarm signal transmission goes to: Do elevators have FF recall? ☐ Yes ☐ No

Do you have fusible link fire dampers? ☐ Yes ☐ No   Locations: ☐ Corridor ☐ kitchen ☐ Other:

ITM every four years (LTC) ☐ Yes ☐ No   ITM every six years (hospital) ☐ Yes ☐ No

Renovations: ☐ No issues   ☐ Needs Further Investigation   ☐ N/A

Were alterations/renovations/systems replaced since last year's inspection? ☐ Yes ☐ No If yes:

☐ FA ☐ smokes ☐ sprinkler ☐ boilers ☐ elevators ☐ backflow ☐ HVAC ☐ generators

☐ lighting ☐ electrical ☐ range hood ☐ walk-in's ☐ exits removed ☐ walls removed/added ☐ Other:

Was the SA/FM notified prior to the changes/were plans approved? ☐ Yes ☐ No

Zone/wing renovations: % of zone: Expense:

Systems renovated/replaced: % of system: Expense:

Fire Drills: ☐ No issues   ☐ Needs Further Investigation   ☐ N/A

Do you teach Race/Pass? ☐ Yes ☐ No   Do all staff have training on range hood and K? ☐ Yes ☐ No

Do you activate the fire alarm with your fire drills? ☐ Yes ☐ No

How do you conduct night shift drills? ☐ Yes ☐ No

Oxygen: ☐ No issues ☐ Needs Further Investigation ☐ N/A

How many residents are on oxygen?   Do you have piped in medical gas? ☐ Yes ☐ No

Liquid oxygen? ☐ Yes ☐ No   Largest container size in resident room? (120L MAX) :

Are any residents responsible for filling their own oxygen? ☐ Yes ☐ No

Is trans-filling done in: resident room, outside, or specific room? ☐ Yes ☐ No

Room has concrete or ceramic tile/electrical > 5 feet/signs/ventilated/big enough to work with door closed

Housekeeping: ☐ No issues ☐ Needs Further Investigation ☐ N/A

Explain how you clean kitchen/housekeeping rags/mop heads?

Housekeeping non-flammable chemicals – need SDS Book

Do you use a spray coating for a fire-resistance rating? ☐ Yes ☐ No

☐ Carpeted walls ☐ paneling ☐ décor ☐ curtains ☐ Other:

What product?

What is the policy/procedure for reapplication?

Smoking: ☐ No issues ☐ Needs Further Investigation ☐ N/A

Do you allow staff smoking? ☐ Yes ☐ No   Residents? ☐ Yes ☐ No

Do you allow vaping? ☐ Yes ☐ No   Where is recharging? ☐ Yes ☐ No

Areas smoking/vaping allowed? Courtyard - In designed area and times

Do you have any residents on isolation? ☐ Yes ☐ No   RM #

Door Locks: ☐ No issues ☐ Needs Further Investigation ☐ N/A

Do you have locking devices on ANY door (exits/smoke or fire barriers/cross-corridor)

☐ *Delayed Egress & Number of seconds: 15 sec*

☐ *Wander-guard/bracelets* ☐ *Lock + Alarm* ☐ *Alarm Only* ☐ *Gates* ☐ *Other:*

Do locks change functions at different times of day/night/weekend? ☐ Yes ☐ No Explain:

Who has keys/codes?

How do visitors know how to get out? ☐ Yes ☐ No

Do staff have access to all areas of the facility 24/7? ☐ Yes ☐ No

Types of **Power Strips** in Use:

☐ *In rooms with line operated medical equipment/patient care-related electrical equipment*
☐ *Special-purpose Relocatable Power Taps (SPRPT) listed as UL 1363A or UL 60601-1*
☐ *Non-patient-care-related electrical equipment*
☐ *Relocatable Power Taps (RPT) listed as UL 1363*
☐ *(8 outlets/general care bed, 14/critical care bed, operating rooms 36)*

Emergency Power: ☐ No issues   ☐ Needs Further Investigation   ☐ N/A

What is the source of emergency power? ☐ Generator: Outside   ☐ Battery BackUP

Do you have any battery pack emergency lights? ☐ Yes ☐ No

Fuel source? NG   Are you in an earthquake zone? ☐ Yes ☐ No   Quantity of fuel onsite?

Lowest amount before refueling/how long will that power the facility?

(101=90 minutes, 72=4 hours, 110=96 hours = earthquake)

What does the generator power? ☐ *Everything*

☐ *every other light* ☐ *outside lights* ☐ *red outlet* ☐ *phone* ☐ *fire alarm* ☐ *call lights* ☐ *HVAC* ☐ *kitchen equipment*

If facility accepts those on life support/ventilator – do they have 3 branches? ☐ Yes ☐ No

Generator installed yr:

Remote Manual Stop location:

Annunciator panel location:

What % of load monthly if Diesel?   <30% = annual load bank test ☐ Yes ☐ No

How long do you run the generator during the monthly load test?

Does that include cool-down time: How long for the transfer?

How many transfer switches: How often are they tested?

Do all exits have a sidewalk? ☐ Yes ☐ No   Emergency lighting to the parking lot? ☐ Yes ☐ No

<u>HVAC:</u> Any units located in attic that are fuel fired? ☐ Yes ☐ No

Comments:

	Jan	Feb	March	April	May	June
Day	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐
Evening	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐
Night	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐
	July	August	September	October	November	December
Day	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐
Evening	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐
Night	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐	S☐ T☐

Shift Schedule

S=Scenarios

T= Transmission

Documentation Review

NA	Met	Not Met	
☐	☐	☐	**Document Request**

Current Life Safety Plan
Facility map w/resident numbers
Capacity and Census data
Key personnel business cards
Waivers/Variances/Exceptions/FSES/Additional safety measures

NA	Met	Not Met	
☐	☐	☐	**Specification Review**

Wall/Carpet coverings/Door gaskets/Curtains/Furniture & mattresses/Fire Caulk
Fireplaces/Roof coverings/Ceiling tile UL design/Fire Retardant Treated Wood

NA	Met	Not Met	
☐	☐	☐	**Fire Drills (See Above)**
☐	☐	☐	**Central Station Receiving log (nuisance review)**
☐	☐	☐	**Fire Extinguishers**

Contractor:
Monthly:
Annual:
6-yr ITM:

NA	Met	Not Met	
☐	☐	☐	**Fire Alarm (2 years)**

Contractor:
Annual:
Semi-Annual:
Tech Credentials:
Sensitivity

NA	Met	Not Met	
☐	☐	☐	**Single-Station Smoke (4 yrs)**

Annual:
Semi-Annual:

NA	Met	Not Met	
☐	☐	☐	**Sprinkler System**

Contractor:
Annual:
Quarterly:
Monthly (wet):
Weekly (dry):
3yr full trip w/times (dry):
3yr air leak w/pressure (dry):
5yr obstruction:
5yr gauges (test or recalibration):2020
Hydrants:none

NA	Met	Not Met	
☐	☐	☐	**Fire pumps (2 years)**

Annual:
Electric (10m/mo):
Diesel (30m/mo):

NA	Met	Not Met	
☐	☐	☐	**Generator**

Policies: Generator malfunction/Refueling/Life support/Gas interruption:
Contractor:
Annual w/transfer times:
Annual fuel test:
Monthly load:
Weekly visual:
36 month 4-hour load:

☐	☐	☐	**Doors (2 years)**
			Fire/Smoke/Corridor:
☐	☐	☐	**Emergency lights and Exit Signs (2 years)**
			Annual 90 min:
			Monthly 30 sec:
☐	☐	☐	**Elevator (2 years)**
			Annual:
			FF Recall monthly:
☐	☐	☐	**Staff Training**
			Med Gas/Vac/WAGD
☐	☐	☐	**Range Hood (2 years)**
			Annual cleaning:
			Semi-Annual service:
☐	☐	☐	**Fusible Link Fire Dampers**
			4-year service:
			Replaced links:
☐	☐	☐	**Policy Review**
			EPP/Fire Watch/Fire Plan/Fire Training/Tabletop:
			Smoking:
			Housekeeping Laundry and SDS:
			Clinical needs for locking devices:
☐	☐	☐	**Power Strips (non-resident areas UL1363; patient care UL 1363A or UL 60601-1)**
			Annual:
☐	☐	☐	**Main and Circuit Breaker (2 years)**
			Annual:
☐	☐	☐	**Resident Receptacle (2 years)**
			Annual:

Emergency Preparedness Checklist

☐	☐	001	Establishment of the Emergency Program (EP)	☐	☐	0026	Roles under a Waiver Declared by Secretary
☐	☐	004	Develop and Maintain EP Program	☐	☐	0029	Development of Communication Plan
☐	☐	006	Maintain and Annual EP Updates	☐	☐	0030	Names and Contact Information
☐	☐	007	EP Program Patient Population	☐	☐	0031	Emergency Officials Contact Information
☐	☐	009	Process for EP Collaboration	☐	☐	0032	Primary/Alternate Means for Communication
☐	☐	0013	Development of EP Policies and Procedure	☐	☐	0033	Methods for Sharing Information
☐	☐	0015	Subsistence needs for Staff and Residents/Patient	☐	☐	0034	Sharing Information on Occupancy/Needs
☐	☐	0018	Procedures for Tracking of Staff and Patients	☐	☐	0035	LTC Family Notifications
☐	☐	0020	Policies and Procedures including Evacuation	☐	☐	0036	Emergency Prep Training and Testing
☐	☐	0022	Policies and Procedures for Sheltering	☐	☐	0037	Emergency Prep Training Program
☐	☐	0023 Docs.	Policies and Procedures for Medical	☐	☐	0039	Emergency Prep Testing Requirements
☐	☐	0024	Policies and Procedures for Volunteers	☐	☐	0041	LTC Emergency Power
☐	☐	0025	Arrangement with other Facilities	☐	☐	0042	Integrated Health Systems

Emergency Preparedness Explanatory

001   **Establishment of the Emergency Program (EP)**

Interview the facility leadership and ask him/her/them to describe the facility's emergency preparedness program.

Ask to see the facility's written policy and documentation on the emergency preparedness program.

004   **Develop and Maintain EP Program**

Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted.

Ask to see the written documentation of the facility's risk assessments and associated strategies.

006   **Maintain and Annual EP Updates**

Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review.

007   **EP Program Patient Population**

Interview leadership and ask them to describe the following:

The facility's patient populations that would be at risk during an emergency event;

Strategies the facility has put in place to address the needs of at-risk or vulnerable patient populations;

Services the facility would be able to provide during an emergency;

How the facility plans to continue operations during an emergency;

Delegations of authority and succession plans.

Verify that all of the above are included in the written emergency plan.

009   **Process for EP Collaboration**

Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.

Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

0013   **Development of EP Policies and Procedures**

Review the written policies and procedures which address the facility's emergency plan and verify the following:

Policies and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.

0015   **Subsistence needs for Staff and Residents/Patients**

Verify the emergency plan includes policies and procedures for the provision of subsistence needs including, but not limited to, food, water and pharmaceutical supplies for patients and staff by reviewing the plan.

Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.

Emergency lighting; Fire detection, extinguishing, alarm systems, sewage, and waste disposal.

0018   **Procedures for Tracking of Staff and Patients**

Ask staff to describe and/or demonstrate the tracking system used to document locations of patients and staff.

Verify that the tracking system is documented as part of the facilities' emergency plan policies and procedures.

0020   Policies and Procedures including Evacuation

Review the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all of the required elements.

0022   Policies and Procedures for Sheltering

Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility.

Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment

0023   Policies and Procedures for Medical Docs.

Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserves patient (or potential and actual donor for OPOs) information, protects confidentiality of patient (or potential and actual donor for OPOs) information, and secures and maintains availability of records.

0024   Policies and Procedures for Volunteers

Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

0025   Arrangement with other Facilities

Ask to see copies of the arrangements and/or any agreements the facility has with other facilities to receive patients in the event the facility is not able to care for them during an emergency.

Ask facility leadership to explain the arrangements in place for transportation in the event of an evacuation.

0026   Roles under a Waiver Declared by Secretary

Verify the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and treatment at alternate care sites under an 1135 waiver.

0029   Development of Communication Plan

Verify that the facility has a written communication plan by asking to see the plan.

Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.

0030   Names and Contact Information

Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.

Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

0031   Emergency Officials Contact Information

Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.

Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

0032   Primary/Alternate Means for Communication

Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.

Ask to see the communications equipment or communication systems listed in the plan.

0033   Methods for Sharing Information

Verify the communication plan includes a method for sharing information and medical (or for RNHCIs only, care) documentation for patients under the facility's care, as necessary, with other health (or care for RNHCIs) providers to maintain the continuity of care by reviewing the communication plan.

Verify the facility has developed policies and procedures that address the means the facility will use to release   patient information to include the general condition and location of patients, by reviewing the communication plan

0034   Sharing Information on Occupancy/Needs

Verify the communication plan includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.

For PRTFs and LTC facilities verify if the communication plan includes a means of providing information about their occupancy.

0035   LTC Family Notifications

Ask staff to demonstrate the method the facility has developed for sharing the emergency plan with residents or clients and their families or representatives.

Interview residents or clients and their families or representatives and ask them if they have been given information regarding the facility's emergency plan.

Verify the communication plan includes a method for sharing information from the emergency plan, and that the facility has determined it is appropriate with residents or clients and their families or representatives by reviewing the plan.

0036   Emergency Prep Training and Testing

Verify that the facility has a written training and testing (and for ESRD facilities, a patient orientation) program that meets the requirements of the regulation.

Verify the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the   annual review as well as any updates made.

0037   Emergency Prep Training Program

Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.

Interview various staff and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.

Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

0039   Emergency Prep Testing Requirements

Ask to see documentation of the annual tabletop and full scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise.

Ask to see the documentation of the facility's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).

Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

0041   LTC Emergency Power

Verify LTC facility has the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures

Review the emergency plan for "shelter in place" and evacuation plans. Based on those plans, does the facility have emergency power systems or plans in place to maintain safe operations while sheltering in place?

For LTC facilities which are under construction or have existing buildings being renovated, verify the facility has a written plan to relocate the EPSS by the time construction is completed

For LTC facilities with generators:

For new construction that takes place between November 15, 2016 and is completed by November 15, 2017, verify the generator is located and installed in accordance with NFPA 110 and NFPA 99 when a new structure is built or when an existing structure or building is renovated. The applicability of both NFPA 110 and NFPA 99 addresses only new, altered, renovated or modified generator locations.

Verify that the LTC facilities with an onsite fuel source maintains it in accordance with NFPA 110 for their generator, and have a plan for how to keep the generator operational during an emergency, unless they plan to evacuate.

0042 Integrated Health Systems

Verify whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.

Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.

Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.

Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).

Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system