

FIRE SAFETY SURVEY — 2000 LIFE SAFETY CODE

F-1 SIDE 1

Worksheet for Rating Residents

Complete one Worksheet for each resident.
Read Instruction Manual before filling out this form.
Base ratings on commonly observed examples of poor performance.

Resident's Name	Rater
Facility	Date

Write any explanatory remarks you may wish to make here:

Surveyor (<i>Signature</i>)	Title	Date
Surveyor ID		
Fire Authority Official (<i>Signature</i>)	Title	Date

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**FIRE SAFETY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH CMS-2786 FORMS)**

PROVIDER NUMBER K1	FACILITY NAME	SURVEY DATE * K4
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K6 DATE OF PLAN APPROVAL	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS _____ <input style="width: 50px;" type="text"/> NUMBER OF THIS BUILDING _____ <input style="width: 50px;" type="text"/>	A BUILDING B WING C FLOOR D APARTMENT UNIT
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LSC FORM INDICATOR

Health Care Form		
12	2786R	2000 EXISTING
13	2786R	2000 NEW

ASC Form		
14	2786U	2000 EXISTING
15	2786U	2000 NEW

ICF/MR Form		
16	2786V, W, X	2000 EXISTING
17	2786V, W, X	2000 NEW

* K7 SELECT NUMBER OF FORM USED FROM ABOVE

COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21

SMALL (16 BEDS OR LESS)

K8: 1 PROMPT
2 SLOW
3 IMPRACTICAL

LARGE

K8: 4 PROMPT
5 SLOW
6 IMPRACTICAL

APARTMENT HOUSE

K8: 7 PROMPT
8 SLOW
9 IMPRACTICAL

(Check if K29 or K56 are marked as not applicable in the 2786 M, R, T, U, V, W, X and Y.)

K29: K56:

ENTER E – SCORE HERE

K5: e.g. 2.5

*K9: FACILITY MEETS LSC BASED ON *(Check all that apply)*

A1. <input style="width: 30px;" type="checkbox"/> (COMP. WITH ALL PROVISIONS)	A2. <input style="width: 30px;" type="checkbox"/> (ACCEPTABLE POC)	A3. <input style="width: 30px;" type="checkbox"/> (WAIVERS)	A4. <input style="width: 30px;" type="checkbox"/> (FSSES)	A5. <input style="width: 30px;" type="checkbox"/> (PERFORMANCE BASED DESIGN)
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FACILITY DOES NOT MEET LSC

B.

K0180

A. <input style="width: 30px;" type="checkbox"/> FULLY SPRINKLERED <small>(All required areas are sprinklered)</small>	B. <input style="width: 30px;" type="checkbox"/> PARTIALLY SPRINKLERED <small>(Not all required areas are sprinklered)</small>	C. <input style="width: 30px;" type="checkbox"/> NONE <small>(No sprinkler system)</small>
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* MANDATORY

COMPLETE OTHER SIDE FIRST

F-1

SIDE 2

Worksheet for Rating Residents

Read Instruction Manual before filling out this form.
Base ratings on commonly observed examples of poor performance.

F-1A Rating the Resident on the Risk Factors

Rating the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "response to fire drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the large box on the right.

**SCORE
BOXES**

I. Risk of Resistance <i>(Check only one)</i>	Minimal Risk <input type="radio"/> score = 0	Risk of Mild Resistance <input type="radio"/> score = 6	Risk of Strong Resistance <input type="radio"/> score = 20		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
II. Impaired Mobility <i>(Check only one)</i>	Self-Starting <input type="radio"/> score = 0	Slow <input type="radio"/> score = 3	Needs Limited Assistance <input type="radio"/> score = 6	Needs Full Assistance or Very Slow <input type="radio"/> score = 20	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
III. Impaired Consciousness <i>(Check only one)</i>	No Significant Risk <input type="radio"/> score = 0	Partially Impaired <input type="radio"/> score = 6	Totally Impaired <input type="radio"/> score = 20		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
IV. Need for Extra Help <i>(Check only one)</i>	Needs at Most One Staff <input type="radio"/> score = 0	Needs Limited Assistance from 2 Staff <input type="radio"/> score = 30	Needs Full Assistance from 2 Staff <input type="radio"/> score = 40		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
V. Response to Instructions <i>(Check only one)</i>	Follows Instructions <input type="radio"/> score = 1	Requires Supervision <input type="radio"/> score = 3	Requires Considerable Attention/May Not Respond <input type="radio"/> score = 10		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
VI. Waking Response to Alarm <i>(Check only one)</i>	Response Probable <input type="radio"/> score = 0	Response Not Probable <input type="radio"/> score = 6			<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
VII. Response to Fire Drills <i>(Without Guidance or Advice from Staff)</i>	Initiates and Completes Evacuation Promptly	Yes <input type="radio"/> score = 0	No <input type="radio"/> score = 8	<input type="radio"/>	
	Chooses and Completes Back-up Strategy	Yes <input type="radio"/> score = 0	No <input type="radio"/> score = 4	+	<input type="radio"/>
	Stays at Designated Location	Yes <input type="radio"/> score = 0	No <input type="radio"/> score = 6	+	<input type="radio"/>
SUM OF THESE THREE ITEMS					<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>

F-1B Finding the Resident's Overall Need For Assistance

Compare the numbers in the 7 score boxes you have filled in.
Take the one highest score from the score boxes and write it in this box:

**EVACUATION
ASSISTANCE
SCORE**