

RALF Maintenance Director  
Fire & Life Safety Training  
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# Residential Assisted Living Facilities

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RALF's in Idaho are comprised of 372 facilities, more than 10,000 beds; ranging in size from six to 152 beds in a facility. This is a substantial amount of residents whose needs for protection during times of emergencies can be an overwhelming responsibility.

The better the facility is prepared to take on an emergency or disaster, the more likely positive outcomes will be the result.

# Emergency Preparedness

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Recently, more and more questions have arisen as to the role and responsibilities of Assisted Living Facilities in preparing for, or mitigation of the aftermath to disasters:

- Who is responsible for helping relocate the residents?
- What types of sheltering resources are available?
- What types of transportation resources are available?
- What role does the IDHW play in the disaster process?

# RALF vs SNF/ICF

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Many of the local AHJs and healthcare associations align the requirements for Nursing homes and ICF facilities with Assisted Living facilities during exercises and trainings. While this might well be a best practice, it is not *currently* the standard looked at during survey.

## HOWEVER

Facilities need to realize what they will be faced with in the event of a disaster or emergency that may require them to evacuate, or shelter-in-place residents who are incapable of self-evacuation.

# Basic requirements

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Assisted Living requirements are as follows:

16.03.22.154

## EMERGENCY PREPAREDNESS POLICIES.

- **01. Emergency Preparedness Plan.** Each facility must develop and implement an emergency preparedness plan to follow in the event of fire, explosion, flood, earthquake, high wind, or other emergency.
- **02. Written Procedures.** The facility must have written procedures outlining steps to be taken in the event of an emergency including:
  - a. Who is to respond;
  - b. Each person's responsibilities;
  - c. Where and how residents are to be evacuated; and
  - d. Notification of emergency agencies.

# Basic requirements (cont)

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## **260.REQUIREMENTS FOR ENVIRONMENTAL SANITATION.**

- **01. Water Supply.** The facility must have an adequate water supply that is safe and of a sanitary quality. It must be from:
  - **a.** An approved private, public, or municipal water supply;
  - **b.** Water from a private supply, must have water samples submitted annually to either a private accredited laboratory or to the Public Health District Laboratory for bacteriological examination. The Department may require more frequent examinations if warranted; and
  - **c.** There must be a sufficient amount of water under adequate pressure to meet sanitary and fire sprinkler system requirements of the facility at all times.
- **02. Sewage Disposal.** All sewage and liquid waste must be discharged, into a municipal sewage system where such a system is available. If a municipal sewage system is not available sewage and liquid waste must be collected, treated, and disposed of in a manner approved by the Department.

# Basic requirements (cont.)

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## 410.REQUIREMENTS FOR EMERGENCY PREPAREDNESS.

- Each facility must implement its emergency preparedness plan in the event of fire, explosion, flood, earthquake, high wind, or other emergency.
- **01. Written Agreement for Relocation.** The facility must have a written agreement developed between the facility and the location to which residents would be relocated in the event the building cannot be reoccupied.
- **02. Fire Drills.** All personnel and residents must participate in a minimum of one (1) fire drill per shift per quarter. Fire drills must be unannounced.
- **03. Report of Fire.** A separate report on each fire incident occurring within the facility must be submitted to the Licensing and Survey Agency within thirty (30) days of the occurrence. The reporting form, "Facility Fire Incident Report," issued by the Licensing and Survey Agency is used to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries, if any. A fire incident is considered any activation of the building's fire alarm system other than a false alarm, during testing of the fire alarm system, or during a fire drill.

# Relocation Agreement

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How effective will yours be in the event you need to use it for:

ONE DAY

Plan on not being able to return for up to 12 hours.

ONE WEEK

Minimum of 72 hours to one week. If is effecting you, it may well be effecting your neighbors

INDEFINITE

Often times the facility is not prepared for the worst case disaster, not being able to return at all.

# Housing

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Can you accommodate all your residents sleeping, bathing and nourishment needs in your new location?

Staff must travel with your residents up and to the time you relinquish them to the new care provider (if necessary).

Will you be able to ensure the same care is available at your new location?

# Transportation

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In the past two cases for full evacuation that have occurred, the evacuation plan the facility had in place incurred some challenges. What that means is the plan the facility had in the event of the disaster, may have been more effective if some considerations were accounted. These mitigation strategies affect overall success of any movement of residents to a safer environment. Transportation is very often the most difficult of these struggles.

Can you safely evacuate ALL residents independently? If not, what is your plan? What is your contingency plan?

# Building access

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Do you have a key on site  
accessible during emergencies?

Don't worry.....



# Access (cont)

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The fire department has 2.



# Medical Records and Meds

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Are the medical records ready for transport? Are your documents kept electronically? All of them?

Med-cart ready to go?

Spare meds or access to them?

What about residents who need special diets for taking specific meds?

The answers to these questions can be the determining factor of how the facility evacuation impacts the overall continuity of care for the residents.

# Fire Drills

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Of all the challenges faced with day-to-day functions of the maintenance of the building, commonly Maintenance Directors are given the pleasure of conducting the fire drills.

This one “task” is perhaps the **MOST** important. Why?

Very simply put, the human element will be the one you can rely on if the training conducted is effective and you have a full buy-in from **ALL** staff, including and perhaps most importantly, management. These drills are the only way to test that active system.

# Drills (cont)

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So, how do you achieve that “buy-in”?

Typically, each facility is challenged with the frequency and the impact to resident day-to-day living, so some facilities don't want to set off alarms, raise the red flag or disrupt the overall calm.

It is important to teach everyone, staff and residents alike, of the importance of proper training. From the time of admission and the hiring of new staff, the drill should become as common as anything else. Proper planning and conduction of drills will help avoid the following:



# Idaho Assisted Living Facility Fires

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2018

Power strip

Smoking on oxygen

Copier

Gas stove in Kitchen

Cookie

# Historically

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Facility incidents requiring full or partial evacuation in Idaho, have risen in numbers over the last four years by 67 percent. So far, this trend seems to be continuing.

The alarming comment(s) are when the incident is reported, most often we hear “I never thought the information you give was relevant until it happened to me”.

Are fire drills and proper training so inconvenient you would roll the dice and take your chances?

# Historically (cont.)

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Idaho's most common hazards (natural) are Flood; Wildfire and Earthquake. Source: IOEM Risk Map:

[https://ioem.idaho.gov/Pages/Plans/RiskMap/IMHRP2015\\_FINAL\\_DRAFT.pdf](https://ioem.idaho.gov/Pages/Plans/RiskMap/IMHRP2015_FINAL_DRAFT.pdf)

# Disclaimer

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The following video is presented as a tool for observation purposes only. No opinion or representation is made or inferred on the quality of, or the implementation of any response initiated. The purpose of this exercise is to understand what areas would a facility maintenance director have direct involvement in, either in the aftermath, or the prevention of the event.

# See any concerns?

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# Observations

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- Who was in charge?
- How many were needed?
- What about the residents?
- Any area of containment?
- Was this on the day shift or the Noc shift?
- Could this event happen in your facility? Could it have been prevented?

Very often we lose the “forest for the trees”. When faced with an emergency or a disaster, no matter how large or small, remember the main priority is semblance of direction. People without tasks will often mull about waiting for that all-important guidance.

# What is the potential for flooding in your building?

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- Is your facility susceptible to an internal flood or external flood?
- What preparations have you made? Water? Food? Blankets?
- Do you have a chain of command?
- If you have to evacuate, how many bridges may be unusable?
- Who have you made arrangements with for assistance?
- Are you prepared to alleviate resident concerns and ease anxiety?

Does this look like a fun “Activity”?



# Who will come to help?



Should we wait until someone comes to get us?



# Have you conducted a risk assessment?

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What primary threats would winter pose to your facility?

What is your snow removal plan? Can you evacuate non-ambulatory residents/clients through deep snow?

How long will it take you to load your residents for transport?

How many vehicles are you planning on?

Is your MOU with an agency or a facility who shares it with someone else in your local community?

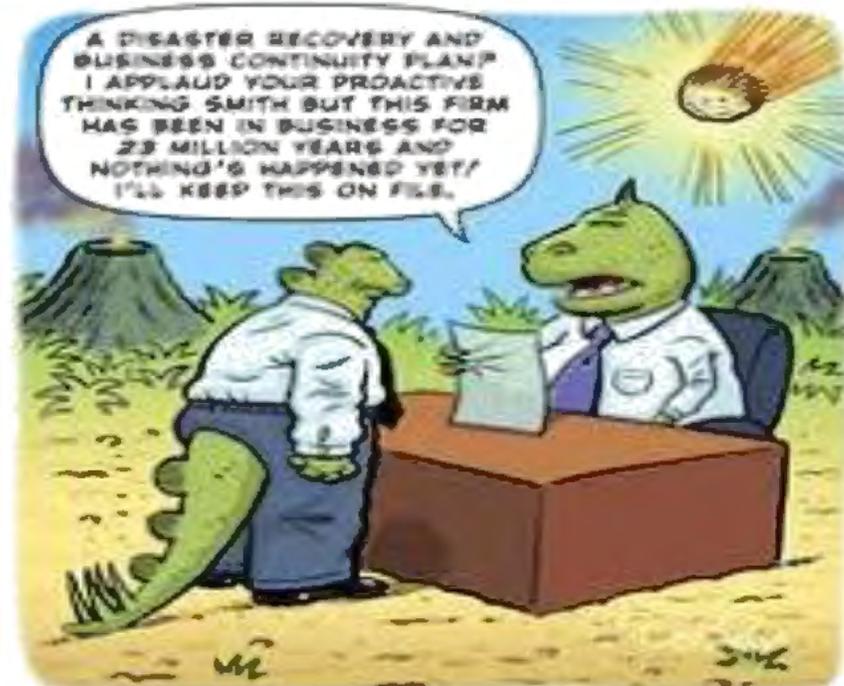
Have you tested your plan for a full-scale evacuation?

# Conclusion

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- Plan for 1 day, 1 week, indefinite.
- Plan to be alone for at LEAST 72 hours.
- Know your building.
- Know your capabilities.
- Know your risks and support structures OUTSIDE of EMS services.
- Compliance for compliance sake is NOT being prepared. Make sure your plan is the one you are sure will save lives.

# Questions?





# RALF Maintenance Director and the survey process

**TOOLS AND TIPS FOR A DEFICIENCY-FREE SURVEY**

**PRESENTED BY:**

**SAM BURBANK**

**IDHW FFS&C SURVEYOR**

# Alternate names of a Maintenance Director

- ▶ Emergency manager
- ▶ Incident commander
- ▶ Supervisor
- ▶ Security
- ▶ Electrician
- ▶ Carpenter
- ▶ Plumber
- ▶ Driver
- ▶ Cook
- ▶ Aide
- ▶ Neighbor
- ▶ Friend
- ▶ Hero
- ▶ Ambassador

Wearing many hats at a time, the duties of the Healthcare Maintenance Director are unlimited by nature of the work.

Perhaps the only industry where you are told "Thank you" for everyday tasks

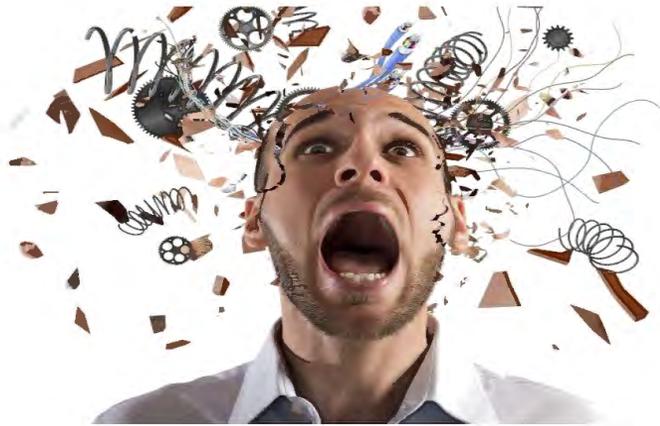
# Time. How much do you have?



**At the start of the day, what are your priorities? How many fifteen minute slots do you have to spare?**

**We know the primary duties of a Maintenance Director are often thrown “curve balls”. Each day you may find yourself juggling those five balls of life. Despite common belief, the surveyor showing up should not throw off those goals/agendas and have you dropping some. With that in mind, survey should not be any different than “another day at the office”.**

# Tasks. Is there room for any more?



Are you task oriented, or outcome driven?

One of the primary objectives of maintaining a building, is to ensure that all the residents are safe, secure and comfortable. The Maintenance Director has a direct role in providing for each of these outcomes and works with all staff to provide the residents an environment that meets those objectives.

# What do you see when you walk in your building?

Ever say this?

“No problem, I can handle it”

“It’s on my to do list”

“I’ll be right there”

“Sure thing”

“I’m on it”

“Yes”



# Setting realistic expectations

How do you prioritize and what do you do when those priorities fall through?

Do you ever say “No”? How do you feel when you say you “can’t”?

Do you ever say “Can I get back with you later on that”?

If you are called on to fill multiple roles outside the general maintenance of the structure? How do you recover that lost time?

Do you have a system in place for how you prioritize work orders?

Do you run the maintenance of the facility, or does the facility maintenance run you?

Lost time can’t be replaced. Having achievable expectations for set goals can be hard to adapt to, but will be beneficial overall.

# Key regulations for consideration

- ▶ IDAPA 16.03.22 – State rules and regulations governing Assisted Living Facilities in Idaho
- ▶ NFPA 101, 2000 edition (up for revision), Chapters 19 or 33, based on bed capacity
- ▶ ADA requirements. These are typically the more stringent and relate to bathrooms; bedrooms and in some cases handrail/grabrail requirements.

In all cases, the main objective is to develop practices that provide for the home of the residents to be free of avoidable risks associated with the maintenance procedures of the facility. This INCLUDES the practices of all vendors you employ.

# Recordkeeping

Most deficiencies are avoided by having the records for the maintenance of the facility. Here are tips for maintaining the proper records for survey:

1. Have a single source for weekly; monthly; quarterly and annual records.
2. Remember which systems require 3-year and 5-year inspections
3. Have relevant policies available
4. Ensure staff training is complete
5. Ensure all repairs are completed and those work orders/invoices are in your records
6. Have all records available for survey even if you are out of the building

# “Deficiency free” survey

Common questions/comments:

“What am I missing?”

“Is it ever possible to get a ‘clean’ survey?”

“Why wasn’t that cited last year?”

“Is that new in the code?”

“What am I doing wrong?”

“What is the flavor of the year?”

Contrary to some perceptions, surveyors are not rewarded for how many tags we write, or for “finding” something during the survey. The most rewarding survey, is the deficiency free survey.



# Good habits



Research the IDHW website.

Our website is built and driven on the concept of transparency. On our website you can find results of past surveys; top ten deficiencies; training information and forms.

Take time out.

You are tasked daily with things not related or connected to compliance. To ensure you don't miss something important, you need to take time to view it from a survey perspective.

Audit yourself.

Look at the survey process like taking a test and do your own pre-test. Include coworkers or staff to assess if your records are complete; any items not checked off maintenance logs; constructive criticism of the overall building condition(s).

Recordkeeping

Keeping accurate, complete records is the foundation for a "Clean" or deficiency-free survey.

# Avoiding building pitfalls

All buildings, whether new or old, have hurdles to overcome:

Poor original construction.

“You can’t eat an elephant in one sitting”. Take small steps each year based on your facility’s capabilities. Work closely with Administrator/CEO

Past mistakes in maintenance.

Previous vendor mistakes and/or prior maintenance “solutions”, can make for challenges. No “miracle worker” can undo the past.

New changes in code.

Although not frequent, can make for uphill battles, especially when those changes conflict with past repairs/maintenance.



**DANGER**  
Trap door open

# Solutions



So here are some tips for surviving the survey process to achieve compliance:

**Know your building.** The survey process is about evaluating the building's Life/Safety features. Know these so you can more adequately related them to the surveyor.

**Know the regulations.** You should have a working knowledge for the systems that are governed under NFPA 101, the Life Safety Code, 2000 edition; IDAPA 16.03.22

**Know your resources.** Surveyors are in the office nearly every day and we welcome your questions. We welcome the opportunity to assist you with interpretive guidance of Healthcare codes and standards.

# Examples of problems



# Examples (cont)



# Examples (cont)



# Resources

Along with the below references, look around the room and take note of all the resources available within your peers. Every one of you has beneficial survey information to share. Use the networking process for creating opportunities to assist one another in maintaining compliance.

<https://www.nfpa.org/freeaccess>

<https://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/FireSafetyConstruction/tabid/351/Default.aspx>

<https://asprtracie.hhs.gov/>

<http://www.ishe.us/>

<http://www.ashe.org/>

# Questions



# RALF Top 10 Fire Life Safety Deficiencies

Presented by:

Linda Chaney -

Health facility surveyor

Facility Fire Safety & Construction

Today's presentation will be less of a lecture and more of a discussion. This is only possible with your participation!



# Top ten Fire/Life Safety deficiencies cited in 2017

- ▶ 1. Sprinkler System Maintenance (415.05)
- ▶ 2. Structure Maintenance - Emergency Lighting (405.05)
- ▶ 3. Electrical Installations (405.01)
- ▶ 4. Door Locks (405.07)
- ▶ 5. Medical Gases (405.03)
- ▶ 6. Electrical/Extension cords (405.01b)
- ▶ 7. Fire Alarm System Maintenance (415.04)
- ▶ 8. Fire Drills (410.02)
- ▶ 9. Fuel Fired Heating (415.02)
- ▶ 10. Portable Space Heaters (405.05f) \*This is the only tag not in the top 10 citations for 2016. All of the others are repeats to the top 10 list!

# #1 - Sprinkler System Maintenance

## Missing Documentation:

- ▶ Annual Inspection
- ▶ Quarterly Inspections (13R and 13D Systems do not require quarterly inspections)
- ▶ Required number of spare sprinklers and wrench to remove/install.
- ▶ Anti-Freeze compliant (if applicable)
- ▶ 3 Year Full Trip Test on Dry System
- ▶ Dry Sprinklers older than 10 Years need a sample sent out for testing.
- ▶ 5 Year Inspection:
  - Gauge Calibration or Replacement
  - Internal Pipe Inspection if metal piping (Not required for orange CPVC pipe)

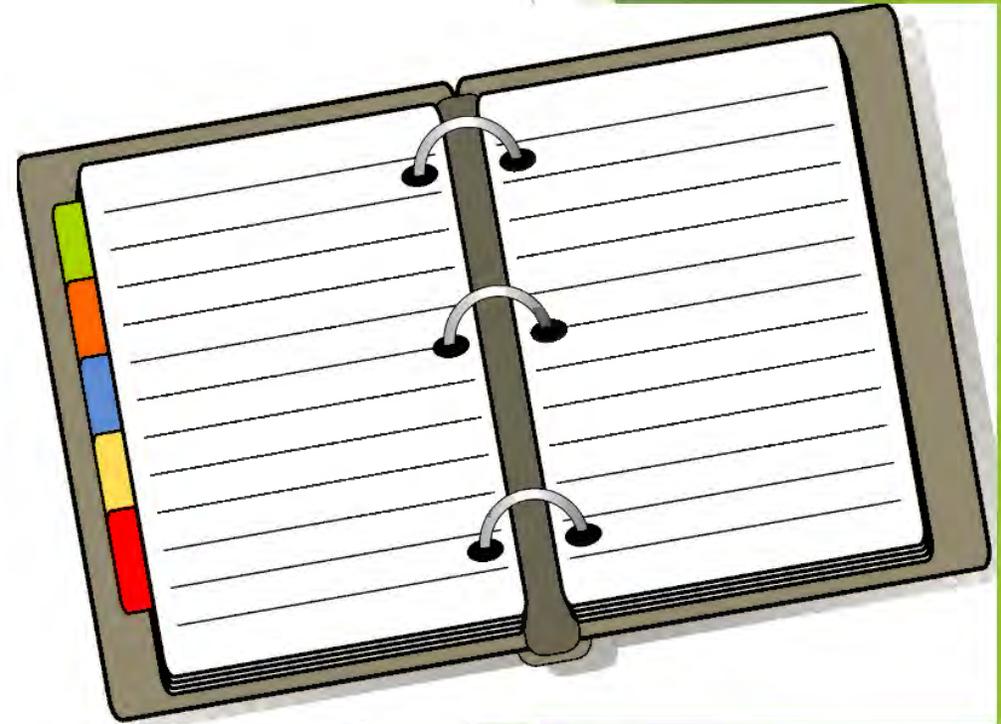
# Sprinkler System Requirements (cont.)

LOOK -  
Visual Checks



1. Weekly Inspection of Dry System Gauges (NFPA 25, 2-2.4.2)
2. Weekly Inspection of Wet System Control Valves
3. Monthly Inspection of Wet System Gauges (NFPA 25, Table 2-1)

LOG -  
Document your visual inspection



# Examples of What to Look For:



# Control Valves

- ▶ **OS&Y gate valve.** OS&Y means “outside stem and yoke” or “outside screw and yoke”. OS&Y gate valves operate by **opening** and closing via a gate, which lowers into or rises out of the valve.





## #2 - Emergency Lighting - Battery Back-Up

- ▶ Missing 30 Second Monthly Testing of the Emergency Lighting
- ▶ Missing 90 MINUTE Annual Testing of the Emergency Lighting
- ▶ Non-Operational Emergency Lights



# #3 - Electrical Installations

- ▶ Blocked Electrical Panels
- ▶ Missing Blanks in Electrical Panels



## #4 - Door Locks and Non-single operational locking arrangements (IDAPA 16.03.22.405.07)

- I. Requires more than one operation to release from the egress side; i.e. Deadbolt with additional keyed lock; deadbolt and passage lock; deadbolt with magnetic locking; hasp and padlocks; throw-bolts; hook-latches.
- II. Prohibited on all exit locks: doors labeled “Exit” and leading to the public way.
- III. ***“Exit Door Locks. Any locks on exit doors must be single action and easily operable from the inside without the use of keys or any special knowledge. Special locking arrangements as permitted in Chapter 7 of the NFPA, Standard 101, Life Safety Code, 2000 Edition, can be used.” IDAPA 405.07***



# NFPA 101:LSC 2012 Edition

## 7.2.1.6 Special Locking Arrangements

### Access Controlled 7.2.1.6

- ▶ Not a real benefit to most Assisted Living applications:  
Does not provide for a secure environment.
- ▶ Incorporates (2) releasing devices that are easily accessible by residents/patients
- ▶ Sensor unlocks door when it detects someone approaching
- ▶ OR “Push to Exit” button located within code requirements

# Special Locking Arrangements (Cont.)

## Delayed Egress 7.2.1.6.1

- ▶ Not a substitute for supervision
- ▶ Release time can be up to 30 seconds when approved by the LOCAL AHJ (must maintain letter on file)
- ▶ Signs must be visible and compliant - A readily visible, durable sign in letters not less than 1 in. high and not less than 1/8 in. in stroke width on a contrasting background that reads as follows shall be located on the door leaf adjacent to the release device in the direction of egress:  
PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS
- ▶ Requires battery backup emergency lighting.

# Magnetic Locking arrangements

## Do's and don't s

### Do:

- ▶ Be aware of “Special Locking Arrangement” requirements under the Life Safety Code
- ▶ Check door functions and operation periodically to ensure proper release (Best Practice)
- ▶ Repair deficiencies properly
- ▶ Hold any vendor accountable for repairs

### DON'T:

- ▶ Assume the door is functioning as designed.
- ▶ Modify installations to keep lock engaged (increased time to release requires AHJ approval)
- ▶ Combine a magnetic lock with deadbolt
- ▶ Create confusing/misleading signage as to the door operation in an emergency
- ▶ Block required signs from view to occupants

# #5 - Medical Gas

- ▶ Unsecured Oxygen Cylinders
- ▶ Failure to Segregate Empty Oxygen Cylinders from Full Cylinders  
(NFPA 99, 4-3.5.2.2, 1999 Edition)
- ▶ Non-Compliant Oxygen Transfilling Room/Area
- ▶ Missing Signage

# Oxygen Storage

Do



Don't

- Store unsecured in rooms or closets
- Store on side on the floor or under beds



# Oxygen concentrators



- Must be plugged directly into a wall outlet. Relocatable Power Taps (Power Strips) may not be used
- Resident/Staff must turn off when not in use
- Should have a preventative maintenance plan, to include cleaning/replacing the filter (supplier or facility)

# Oxygen and Smoking

Smoke free facility:

- ▶ Signs at all entrances to the facility must state smoking is prohibited.



Designated smoking area:

- ▶ Signs at all entrances to the facility must clearly define your smoking policy.



# Smoking is allowed in designated areas:



- Residents who smoke and use oxygen must remove all oxygen from their person/chair prior to exiting the building to smoke.



- Resident room doors where oxygen is in use require secondary signs stating “No smoking, Oxygen in Use”

# Smoking is allowed in designated areas: (Cont.)

- Ashtray of safe design must be provided in ALL designated smoking areas. (Residents & Staff)
- Metal Containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.



# Oxygen transfilling

## Indoor requirements:

- ▶ Room separated from facility by 1-hour const.
- ▶ Fire Sprinkler
- ▶ Self-Closing Door
- ▶ Concrete or Ceramic Tile Floor
- ▶ Mechanical Ventilation
- ▶ Signage:
  - “Oxygen Transfilling is Occurring” &
  - “Smoking in the Immediate area is Prohibited”



# Oxygen transfilling

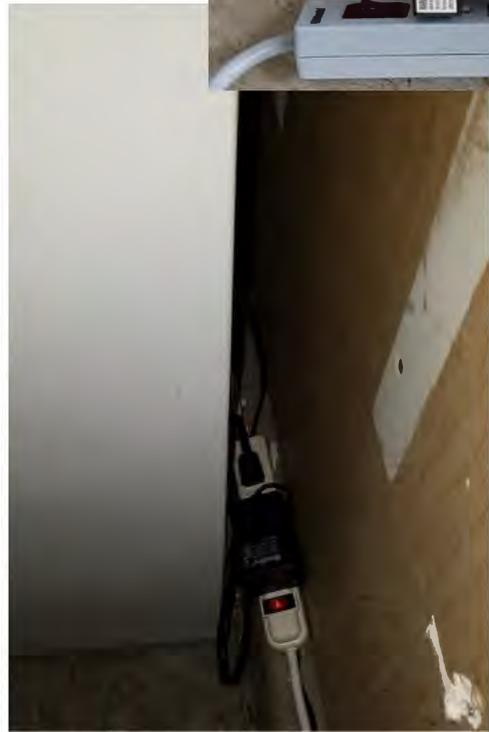
## Outdoor requirements:

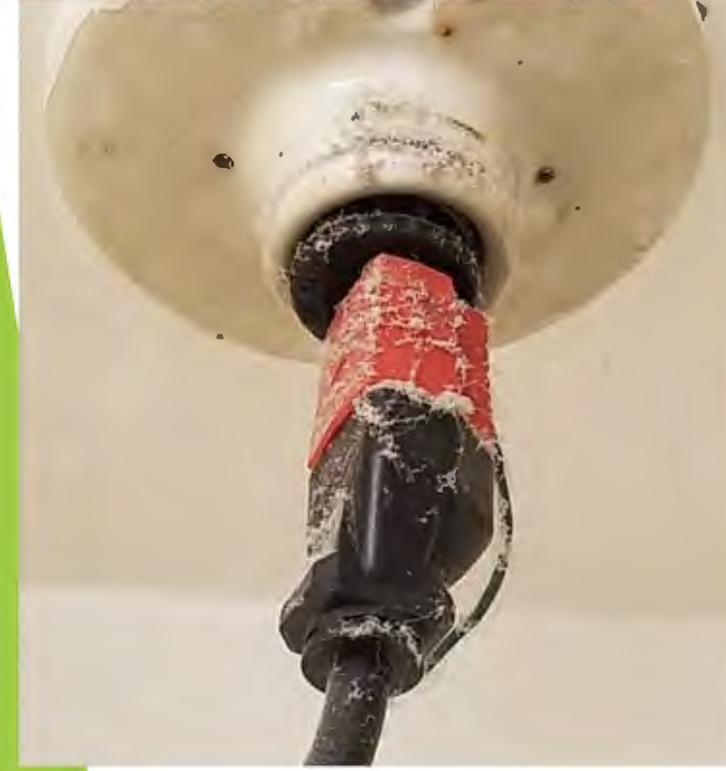
- ▶ Located in an area safe from tampering
- ▶ On concrete (not asphalt)
- ▶ Area is kept clean of debris
- ▶ No smoking allowed in immediate area (25')
- ▶ Signage:  
“Oxygen Transfilling  
is Occurring” &  
“Smoking in the  
area is Prohibited”



## #6 - Electrical - Extension Cords

- ▶ Incorrect Use of Relocatable Power Tap (RPT)
- ▶ Extension Cords (Prohibited)
- ▶ Multi-Plug Adapters (MPA) (Prohibited)
- ▶ Exposed Wiring
- ▶ Broken or Missing Outlet Covers





# #7 - Fire alarm system maintenance

## Missing Documentation:

- ▶ Annual Inspection
- ▶ 5 Year Sensitivity Test of the Smoke Detectors
- ▶ If you have an addressable system the documentation of the sensitivity test must be available

# Examples of What to Look For:



## #8 - Fire Drills

- ▶ Missing Documentation!
- ▶ All personnel and residents must participate in a minimum of one (1) fire drill per shift per quarter.
- ▶ Fire drills must be unannounced.
- ▶ Administrator assures fire drill reports are maintained on site
- ▶ If you don't document it, it didn't happen!

# Wrapping up the Top 10

## #9 - Fuel Fired Heating Systems:

- ▶ Missing documentation for the annual inspection of the fuel fired systems.

This includes:

- ▶ Gas Fireplaces
- ▶ Gas Furnaces

# #10 - Portable Space Heaters

- ▶ They are not allowed... PERIOD!
- ▶ This includes Electric Fireplaces



# How to stay in compliance

- Know the Regulations (NFPA 101:LSC, 2000 Edition, IDAPA 16.03.22)
- Know your Building & Equipment
- Be aware of the work your vendors are contracted to perform (and due dates for required inspections)
- Know your Staff Training is Complete (Orientation & In-Service)
- Educate the “why” to staff, family members and residents (when appropriate)
- Maintain relevant records
- Use the FFS&C portal from the IDHW website
- Ask questions when in Doubt!



Visit our website at:

[http://healthandwelfare.idaho.gov/Providers/  
Providers-Facilities/StateFederalPrograms/  
FireSafetyConstruction/tabid/351/Default.aspx](http://healthandwelfare.idaho.gov/Providers/Providers-Facilities/StateFederalPrograms/FireSafetyConstruction/tabid/351/Default.aspx)