

SNF/ICF Maintenance Director
Fire & Life Safety Training
September 11, 2018

Nate Elkins – Supervisor

Linda Chaney – Health Facility Surveyor

Sam Burbank – Health Facility Surveyor

Are you prepared for the worst?



72 hour kit in Idaho



72 hour kit in Florida

Emergency Preparedness

KEY DATE(s)

On September 16, 2016, the final rule on Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers was published (Federal Register Vol. 81, No. 180). This rule affects all 17 provider and supplier types eligible for participation in Medicare reimbursement for services provided. The rule became effective on November 15, 2016 and was implemented on November 15, 2017.

Impact of the rule

Oddly, it was widely received by facility's, that the new guidelines represented a "new rule" or "more stringent" requirement. In fact, *nothing changed* and yet the results were vastly felt as:

"Confusing"

"Unclear"

"Too detailed"

"Problematic"

Impact (cont)

In essence, facility's have been doing the same work contained in the rule all along. Nothing has changed with the exception of the implementation and focus on four core elements:

1. Risk assessment and Emergency Planning
2. Communication Plan
3. Policies and Procedures
4. Training and Testing

In the past, the requirements for CMS certified provider types were regulated under NFPA 99, 1999 edition, Chapter 11.

NFPA 99

In December of 2013, CMS released a document on the Federal Register requesting input from all provider types of the proposed rule. Based on input received from all 17 provider and supplier types affected, the final rule was developed and many of the comments were well received. One such example was the requirement for an additional 4-hour load bank test to be conducted on the EPSS generator annually, along with any such requirements as specified under NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition.

With the adoption of the 2012 edition of NFPA 101 and NFPA 99, CMS specifically did not incorporate Chapter 12* from NFPA 99, based on the intent to release the new EP rule. *(Several Chapters were changed in the new edition)

History

“We do not plan for disasters, we recover from them”.

If we learn nothing else, one thing is certain: Emergencies and Disasters happen all the time. Survival and tenability after these events is all based on how **PREPARED** we are for recovery.

This is the main intent of the rule. One thing that Hurricane Katrina; Hurricane Andrew, and 9/11, all taught us is that if you are not ready to survive the aftermath, you will undoubtedly suffer from the event in unnecessary ways.

Overview

The CMS rule is for the entire country and although something such as the impact of a Hurricane, might not be “geographically relevant” to the provider base in Idaho, the intent and implementation of the rule is. Some facility’s have struggled more with understanding this intent than others. Today’s focus is not on how to write a program or plan, but to understand those struggles; answer any questions about interpretation of the rule; and primarily assist facility’s in understanding what it means to be prepared.

Struggles with the rule

These are the top 5 deficiencies for 2017 – 2018, from the initial implementation of the rule:

1. E-0039 Testing (2 full-scale events)
2. E-0006 Plan based on Risk Assessment (Facility and Community)
3. E-0013 Development of EP policies and procedures (alignment)
4. E-0026 Roles under a waiver declared by Secretary (1135)
5. E-0036 EP Training and testing (Staff development)

“That will never work”

CMS has been very specific in stating it is NOT the intent to survey the plan as to the effectiveness or **QUALITY** of the plan.

HOWEVER

The facility accomplishes many things in building their Emergency Preparedness Program. The most important thing it accomplishes is to take ownership and pride for its ability to provide continuity of care during an emergency or a disaster. We recognize this and as such, we will endeavor to give you additional information, when appropriate, as to the overall content. This is **NOT** regulatory enforcement, but based on professional experience.

So, who should determine:

“Will that work?”

This is the question the facility needs to ask themselves. It is also the purpose of the **Training, Training and Testing and Testing** component of the rule

“WHY?”

Most important of all is the care for and the continuity of care for the residents/clients in the facility in an emergency or disaster. The unfortunate human assumption in nearly all catastrophic events is: “I never thought it would happen to me”.

Since we all have a vested interest in the continuity of care to the vulnerable population we serve, it is essential to look closely at each of our facility’s and take an objective look at the problems we might encounter should the worst occur.

Fires



Grease Fire – is maintenance current? Did you know the ansul system is the primary means of defense?
Wildfire – Are you prepared for the onslaught of the smoke? What is your evacuation route?
Facility corridor fire – How often do you evaluate your fire drills? Can you evacuate a corridor in a timely fashion? How do you know?

Risk assessment

What are your sources?



How about electrical?

Floods



Teton Dam 1976



Snake River 1997



Floodwaters along the Payette River in Emmett

Payette River 2010



Disclaimer

The following video is offered for educational purposes and observation only. No inference is suggested of the response efforts made or any actions reflected by the participants.

Observation



Feedback

As a group, what successes did you see?

What challenges were witnessed?

What types of things could have gone better?

Could this event have occurred in your facility?

Could this event be prevented?

Risk Assessment

What is your potential for internal or external flooding?

What subsistence do you have for:

Water?

Food?

Electrical backup?

Climate control?

Primary and alternate means
of Evacuation



Does this look like a fun “Activity”?



Who will come to help?



Weather



2014 Coeur d' Alene



2015 Weiser



2017 Pocatello

Risk Assessment

What primary threats would wind 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?

Where are the emergency keys to your building kept? Emergency keys to the van/bus?

Is it possible to lose or lock the keys inside the building?
Have no fear.....



The fire department carries two of them.



Risk Assessment using an “All hazards approach”

HAZARD

A **HAZARD** is something that has the potential to harm you



RISK

RISK is the likelihood of a hazard causing harm

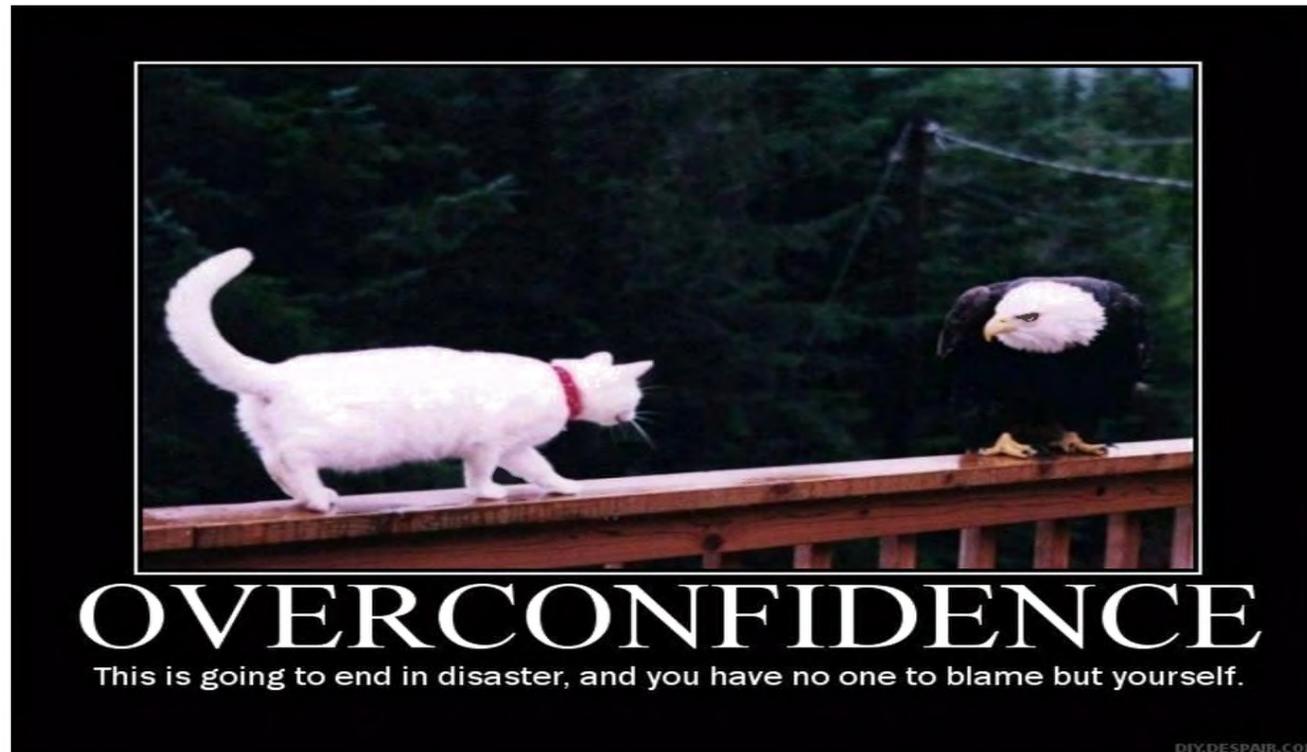


Understanding risk assessments

- A risk matrix is a simple process of evaluating the hazard itself, the impact and likelihood of occurrence. For example, if the probability of an event is frequent, but the impact or severity is negligible, the risk, as seen here, is “Medium”. This would be repeated for each specific event.

RISK ASSESSMENT MATRIX				
SEVERITY \ PROBABILITY	Catastrophic (1)	Critical (2)	Marginal (3)	Negligible (4)
Frequent (A)	High	High	Serious	Medium
Probable (B)	High	High	Serious	Medium
Occasional (C)	High	Serious	Medium	Low
Remote (D)	Serious	Medium	Medium	Low
Improbable (E)	Medium	Medium	Medium	Low
Eliminated (F)	Eliminated			

Risk Assessment Exercise



HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS



EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPAREDNESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)								0%
Mass Casualty Incident (medical/infectious)								0%
Terrorism, Biological								0%
VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Bomb Threat								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

Steps for planning

FEMA developed six steps in EOP planning. These are easily modified and adapted to individual facility needs.



Training and Testing

Does this represent a quality test?

ABSOLUTELY!

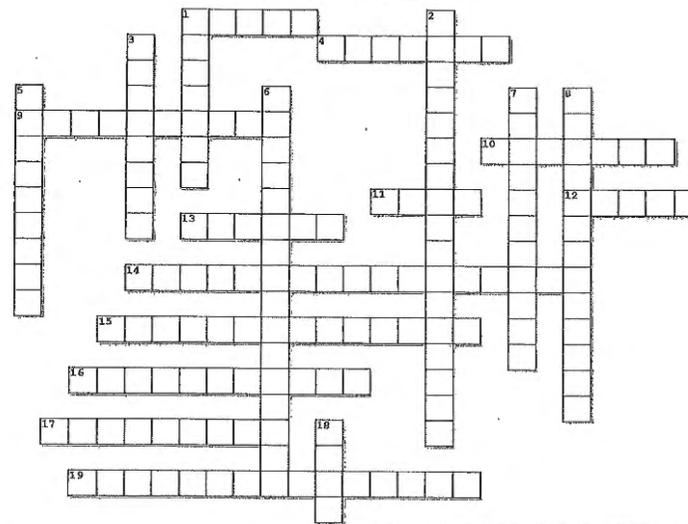
How creative will you be when it comes to training your staff?

7/23/2018

<https://worksheets.theteacherscorner.net/make-your-own/crossword/crossword.php>

Name: _____

Complete the crossword below



Created with TheTeachersCorner.net [Crossword Puzzle Generator](https://worksheets.theteacherscorner.net/make-your-own/crossword/crossword.php)

Across

1. What page of the Emergency operations plan would you find the critical phone numbers?
4. If a gas leak is suspected, _____ gas and contact proper utility company for restoration. (2 words)
9. In what event would you need to move residents to a safe location?
10. What is the first thing to do in the event of a bomb threat? (2 words)
11. What is Remove Announce Confine Extinguish?
12. In what event would you unplug non-essential appliances, equipment and computers?
13. In the event of an emergency and it causes multiple deaths, where would you find the information on handling the remains?
14. Why would the facility need to implement appropriate infection control policies and procedures? (2 Words)
15. In what event would you have to access the MSDS? (2 Words)
16. Move residents to a pre-designated _____ for rapid evacuation? (2 Words)
17. Where would you find the resident evacuation check list?(2 Words)
19. What is code orange? (2 Words)

Down

1. Who would be the third person to contact if Steve and Gary are not available?
2. What is Code Silver? (3 Words)
3. In extreme heat it may be necessary to increase _____ to accommodate open windows.
5. Assign staff to assess _____ for any injuries that require immediate attention.
6. What does IC stand for? (2 Words)
7. In extreme cold weather what is it OK to give residents that would normally not be OK?(2 Words)
8. What is the second thing to do in the event of an Internal fire? (3 words)
18. What is Pull Aim Squeeze Sweep?

<https://worksheets.theteacherscorner.net/make-your-own/crossword/crossword.php>

1/1

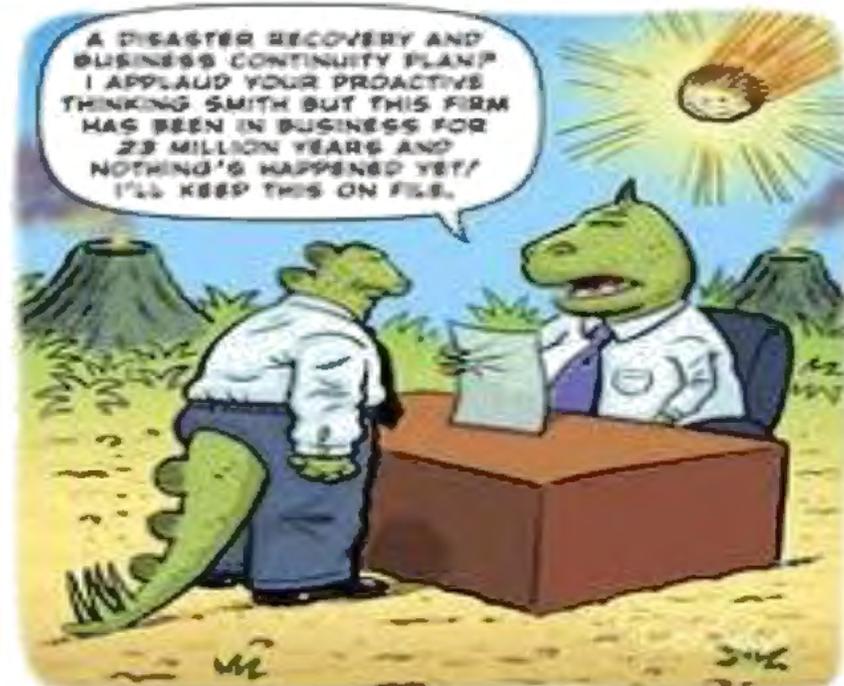
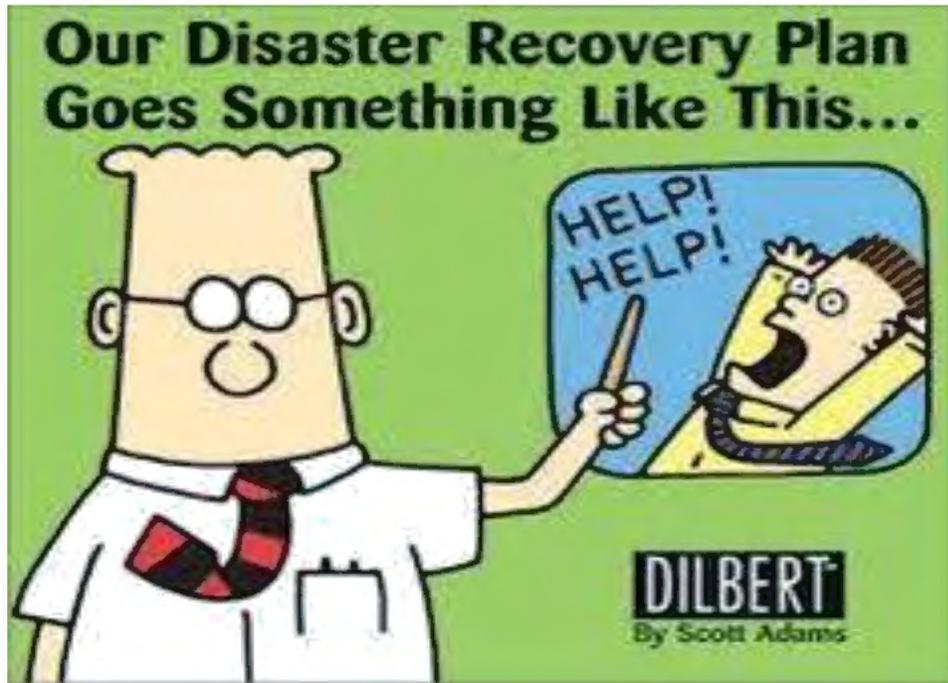
Conclusion

- Plan for 1 day, 1 week, indefinite.
- Plan to be alone for at LEAST 72 hours.
- 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.

Resources

- <https://asprtracie.hhs.gov/>
- <https://www.fema.gov/media-library/assets/documents/89542>
- <https://www.fema.gov/how-sign-ipaws>
- <https://idvoad.communityos.org/cms/home>
- <https://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/FireSafetyConstruction/tabid/351/Default.aspx>

Questions?





Maintenance Director and the survey process

TOOLS AND TIPS FOR A DEFICIENCY-FREE SURVEY

PRESENTED BY:

SAM BURBANK

IDHW FFS&C SURVEYOR

Why Healthcare?

Maintaining a healthcare facility, or many healthcare facilities, is not the easiest career, but it can well be one of the most rewarding. The residents will always say “Thank you”.

Meeting strict standards and deadlines, along with juggling multiple tasks not related to “maintaining” a building, challenges even the most experienced on a daily basis. So why do it?

To ensure the health and safety of the most vulnerable of populations.

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

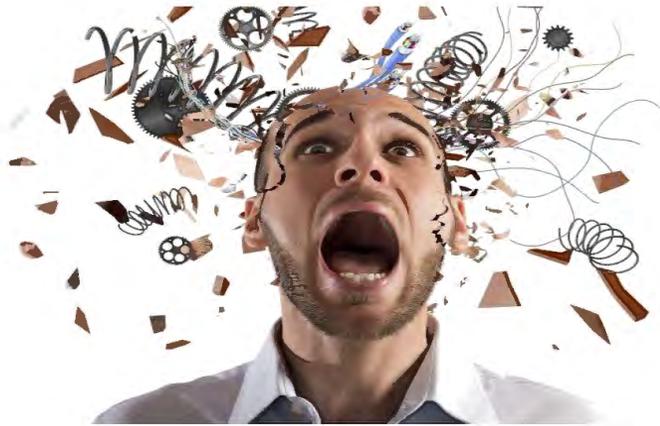
Time. How much do you have?



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.

“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 web.

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, 2012 edition; NFPA 99, Health Care Facilities Code and IDAPA 16.03.02 (SNF) and IDAPA 16.03.11 (ICF/IID).

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



SNF/ICF 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 LTC Fire/Life Safety Deficiencies Cited January - June 2018

- ▶ 1. Electrical System -
Essential Electric Systems
- ▶ 2. Sprinkler Systems -
Maintenance and Testing
- ▶ 3. Water Management
- ▶ 4. Gas Equipment -
Qualification and Training
- ▶ 5. Alcohol Based Hand Rub
Dispensers
- ▶ 6. Emergency Lighting
- ▶ 7. Fire Drills
- ▶ 8. Building Construction Type
and Height
- ▶ 9. Gas Equipment -
Cylinder and Container Storage
- ▶ 10. Gas Equipment -
Transfilling Cylinders

Top Ten ICF Fire/Life Safety Deficiencies Cited January - June 2018

- ▶ 1. Sprinkler Systems -
Installation
- ▶ 2. Fire Alarm System -
Testing and Maintenance
- ▶ 3. Utilities - Gas and Electric
- ▶ 4. Building Construction Type
and Height
- ▶ 5. Sprinkler Systems -
Maintenance and Testing
- ▶ 6. Draperies, Curtains and Loosely
Hanging Fabrics
- ▶ 7. Means of Egress - General
- ▶ 8. Operating Features - Other
- ▶ 9. Four Tags Tied for 9th:
Corridor Doors
Fire Drills
General requirements
Protection - Other
- ▶ 10. Means of Egress
Requirements - Other

Essential Electric Systems (Generators)

Missing Documentation:

- ▶ Weekly Inspections
- ▶ Monthly Load Tests
- ▶ Annual Maintenance and Inspection to include a fuel quality test if diesel
- ▶ Three-year, Four-hour Load Test
 - If Propane or Natural Gas, only required to run with the available load.

Required Features:

- ▶ Annunciator Panel
- ▶ Emergency Stop Station
 - If your generator is inside the building or in a room, the emergency stop must be outside of that room.
 - If your generator is outside, it must be remotely located... “elsewhere”.

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)

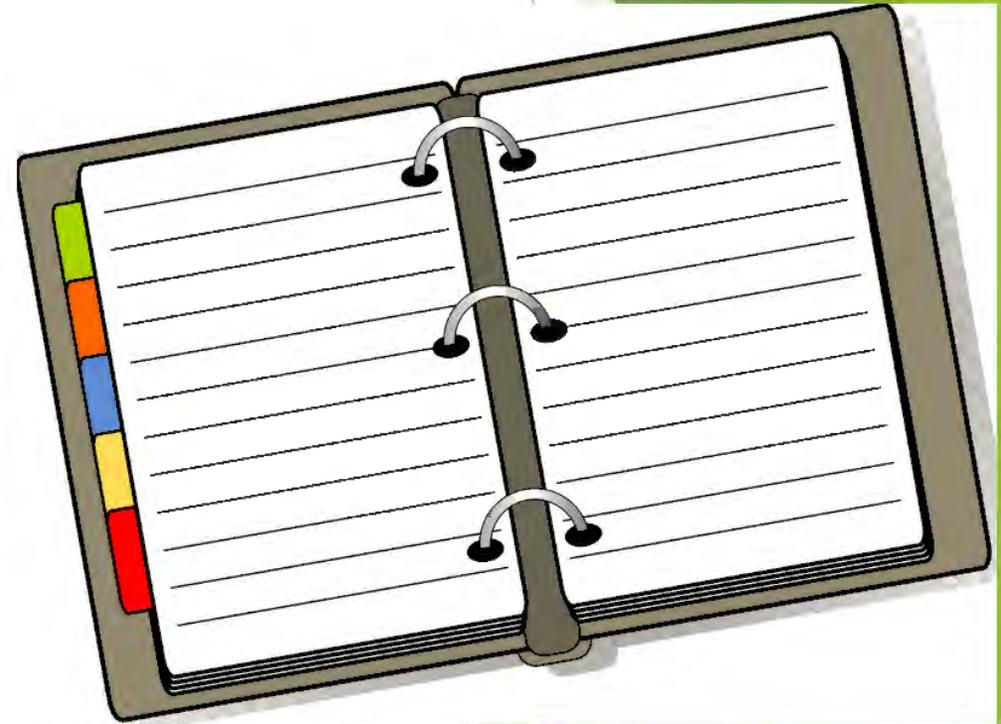
Sprinkler System Requirements (cont.)

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.





Water Management

Three Required Elements:

1. Risk Assessment
2. Control Measures
3. Testing Protocols



Determine what your risks are in your building. Once you have identified the risks, develop Control Measures to mitigate those risks. Then develop testing protocols that answer, when are you going to test? Why, under what circumstances?

Oxygen Use & Handling Training (Medical Gas Training)

- Staff are required to have training at orientation, and then annually thereafter on the risks associated with the handling and use of medical gases. (For most of you that just means oxygen)
- Facilities are required to provide an education program which includes periodic (Defined as “annual” by CMS) review of safety guidelines and usage requirements for medical gases and their cylinders. (NFPA 99, 11.5.2.1)
Note: There is a presentation on our website you can use for your training.

Alcohol Based Hand Rub (ABHR) Dispensers

- Facilities must document that ABHR dispensers are tested in accordance with the manufacturer's care and use instructions each time a new refill is installed.
- ABHR dispensers must be operational and free of defects, cracks, or other damage.
- Why is this important? Because ABHR is flammable and if your dispenser is damaged or not working correctly, it could inadvertently spill or leak flammable liquids, increasing the risk of fires.



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

Fire Drills

- ▶ Drills are required to be conducted quarterly on each shift to familiarize facility personnel (all staff) with the signals and emergency action required under varied conditions.
- ▶ Fire drills should be unannounced, and include the transmission of a fire alarm signal between the hours of 6:00 AM and 9:00 PM.
- ▶ Fire drills should never be “Table Topped”
- ▶ Fire drills are not training, they are “pop quizzes”
- ▶ If you don’t document it, it didn’t happen!

Building Construction Type & Height (Typically penetrations in walls & ceilings)



Medical gases - Cylinder and Container Storage

- ▶ Unsecured Oxygen Cylinders
- ▶ Failure to segregate empty oxygen cylinders from full cylinders
- ▶ Missing Signage at oxygen storage area

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”



Electrical Installations

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

#3



NFPA 101:LSC 2012 Edition

7.2.1.6 Special Locking Arrangements

Access Controlled 7.2.1.6

- ▶ Not a real benefit to most Health Care 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'ts

Do:

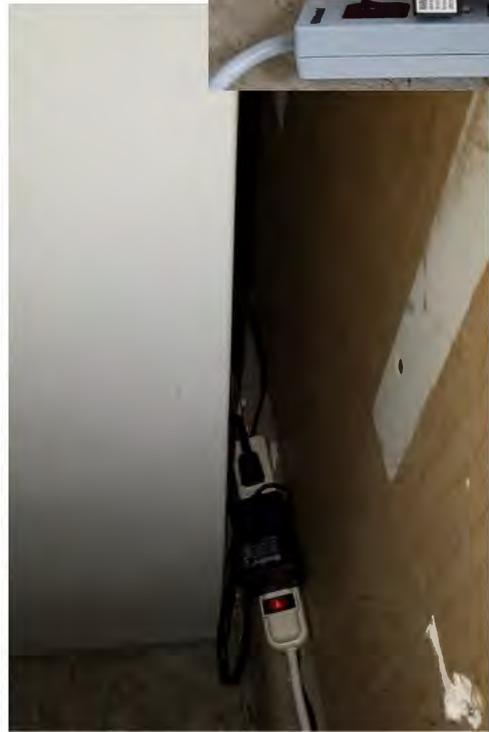
- ▶ Be aware of “Special Locking Arrangement” requirements under the Life Safety Code
- ▶ Check door functions and operation periodically to ensure proper release (Best Practice)
- ▶ Repair deficiencies properly
- ▶ Hold any vendor accountable for repairs

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

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





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:



Draperies, Curtains and Loosely Hanging Fabrics NFPA 101, 19.7.5.1

- Missing documentation for the flame resistive properties of draperies, curtains, and loosely hanging fabrics.
- Not required if the individual drapery or curtain panel area does not exceed 48 sq. ft. or if the total area of the drapery and curtain panels per room or area does not exceed 20 percent of the total area of the wall on which they are located.
- Smoke compartment in which draperies or curtains are located is sprinklered in accordance with 19.3.5

How to stay in compliance

- Know the Regulations (NFPA 101:LSC, 2012 Edition)
- 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!

