

## 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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0242. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

**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		<input type="text"/>
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	<input type="text"/>
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		<input type="text"/>
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		<input type="text"/>
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		<input type="text"/>
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			<input type="text"/>
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"/>	<b>SUM OF THESE THREE ITEMS</b> <input type="text"/>
	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"/> +	

**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**

**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 type="checkbox"/> NUMBER OF THIS BUILDING _____	A BUILDING B WING C FLOOR D APARTMENT UNIT
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<p>LSC FORM INDICATOR</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><th colspan="3" style="text-align: center;">Health Care Form</th></tr> <tr><td style="width: 10%;">12</td><td style="width: 15%;">2786R</td><td style="width: 75%;">2000 EXISTING</td></tr> <tr><td>13</td><td>2786R</td><td>2000 NEW</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><th colspan="3" style="text-align: center;">ASC Form</th></tr> <tr><td>14</td><td>2786U</td><td>2000 EXISTING</td></tr> <tr><td>15</td><td>2786U</td><td>2000 NEW</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="3" style="text-align: center;">ICF/MR Form</th></tr> <tr><td>16</td><td>2786V, W, X</td><td>2000 EXISTING</td></tr> <tr><td>17</td><td>2786V, W, X</td><td>2000 NEW</td></tr> </table> <p>* K7 <input type="checkbox"/> SELECT NUMBER OF FORM USED FROM ABOVE</p>	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	<p>COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21</p> <p>SMALL (16 BEDS OR LESS)</p> <p>K8: <input type="checkbox"/> 1 PROMPT 2 SLOW 3 IMPRACTICAL</p> <hr/> <p>LARGE</p> <p>K8: <input type="checkbox"/> 4 PROMPT 5 SLOW 6 IMPRACTICAL</p> <hr/> <p>APARTMENT HOUSE</p> <p>K8: <input type="checkbox"/> 7 PROMPT 8 SLOW 9 IMPRACTICAL</p>
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<p>(Check if K29 or K56 are marked as not applicable in the 2786 M, R, T, U, V, W, X and Y.)</p> <p>K29: <input type="checkbox"/>                      K56: <input type="checkbox"/></p>	<p>ENTER E – SCORE HERE</p> <p>K5: <input type="checkbox"/> e.g. 2.5</p>
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\*K9: FACILITY MEETS LSC BASED ON (Check all that apply)

A1. <input type="checkbox"/>	A2. <input type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)

<p>FACILITY DOES NOT MEET LSC</p> <p>B. <input type="checkbox"/></p>	<p>K0180</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">A. <input type="checkbox"/></td> <td style="text-align: center;">B. <input type="checkbox"/></td> <td style="text-align: center;">C. <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">FULLY SPRINKLERED <small>(All required areas are sprinklered)</small></td> <td style="text-align: center;">PARTIALLY SPRINKLERED <small>(Not all required areas are sprinklered)</small></td> <td style="text-align: center;">NONE <small>(No sprinkler system)</small></td> </tr> </table>	A. <input type="checkbox"/>	B. <input type="checkbox"/>	C. <input type="checkbox"/>	FULLY SPRINKLERED <small>(All required areas are sprinklered)</small>	PARTIALLY SPRINKLERED <small>(Not all required areas are sprinklered)</small>	NONE <small>(No sprinkler system)</small>
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\* MANDATORY