

Name of Facility

2000 CODE

TYPE IN FACILITY NAME AND PROVIDER NUMBER

PART IV RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS

For each item of the Life Safety code recommended for waiver, list the survey report form item number and state the reason for the conclusion that: (a) the specific provisions of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. If additional space is required, attach additional sheet(s).

PROVISION NUMBER(S)	JUSTIFICATION		
K84 K038 Wheeled equipment obstructs required corridor width LSC(00) Sections 18/19.2.1 and 7.1	<p>As permitted by S&amp;C 12-21-LSC, an annual waiver is being requested for K038 to allow wheeled lift and transport equipment in exit access corridors. This equipment needs to be readily available to staff for moving, transferring, toileting or relocating residents.</p> <p>There will be no adverse effect on the facility's residents, visitors and staff since:</p> <ol style="list-style-type: none"> <li>1. The use of the wheeled lift and transport equipment conforms to the provisions of LSC(12), Sec. 18/19.2.3.4(4) including:               <ol style="list-style-type: none"> <li>a. The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 inches, and</li> <li>b. The facility fire safety plan addresses the relocation of the wheeled equipment during a fire or similar emergency.</li> </ol> </li> </ol> <p>(NOTE: SELECT ONLY THE FOLLOWING THAT APPLY TO YOUR FACILITY)</p> <ol style="list-style-type: none"> <li>2. All employees receive training regarding the relocation of the wheeled equipment during a fire or similar emergency during new employee orientation and annually thereafter.</li> <li>3. The facility's emergency evacuation plan does not require or allow the movement of residents in beds or gurneys during an evacuation.</li> <li>4. Resident sleeping rooms are equipped with hard-wired automatic smoke detectors.</li> <li>5. The facility is smoke-free and signs to that effect are prominently posted at all major entrances.</li> <li>6. The building is of protected noncombustible construction.</li> </ol>		
Surveyor (Signature)	Title	Office	Date
Fire Authority Official (Signature)	Title	Office	Date