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INFORMATIONAL LETTER #2007-4

DATE: April 23, 2007

TO: ALL IDAHO INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH MENTAL RETARDATION (ICFs/MR)

FROM: DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

SUBJECT: **ICF/MR Life Safety Code Surveys and On-Site Retention**

During recent Life Safety Code (LSC) surveys it has been suggested that the LSC surveyors take the keys to a facility and conduct the survey alone. Although this may have been a past practice, it is no longer considered an acceptable practice by this office.

Appendix I of the State Operations Manual provides instruction for LSC surveys which requires LSC surveyors to be in the facilities to observe, interview staff and individuals, and conduct record review.

Due to safety and security concerns for survey staff, a facility representative will need to be present in the home during the survey process. The surveyor will need access to all habitable spaces, closets, storerooms, mechanical areas, and may need assistance in gaining access (ladder) to the attic space.

Record review is an integral part of the LSC survey process and the following records are required. The following list includes records that may be maintained in the administrative office but the records must be identified by the facility:

- Fire Alarm System testing and annual report
- Automatic Fire Suppression System annual inspection report
- Fire Drill records
- Staff and Individual training records (see note #1 below)

- Records (or tags) of the flame retardant properties of draperies, curtains, and other similar loosely hanging decorations

The following records must be maintained in each home and the LSC requirement is identified:

- Emergency Plan (LSC 33.7)
- Smoking Policy (LSC 33.7)
- Fire Watch Policy (LSC 9.6.1.8 & 9.7.6.1)
- Fire Extinguisher annual and monthly testing (see note #2 below)

Note #1: The Life Safety Code requires training records that address periodic staff training in the emergency plan with review of staff roles and responsibilities under the plan. Such instruction shall be reviewed by the staff not less than every two months. Additional training topics used to meet this requirement, may include: fire prevention, fire extinguisher use, first aid, lifting and moving individuals, disaster preparedness, infection control procedures, and other safety related topics of importance to the facility. Individuals may be trained to assist each other in case of fire to the extent that their physical and mental abilities permit them to do so without additional personal risk.

Note #2: The record for fire extinguisher annual testing by a professionally recognized service company is the tag attached to the extinguisher by the service company. The monthly physical inspection of the fire extinguishers is conducted by staff to ensure extinguisher location is not blocked, not been tampered with, and the pressure is within the acceptable range. Please note the date of monthly check on the tag affixed to the extinguisher.

Should you have any questions, please contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Section at (208) 334-6626.

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DR/nm

c: Idaho Health Care Association