**Name of Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Survey Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K-Tag \_\_\_\_\_\_\_\_\_\_\_\_ Annual or Temporary (circle one)**

**Requested Waiver End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Please use one form per K- tag waiver request

**Temporary Waivers;** Allow a facility time to implement an acceptable POC without the imposition of mandated remedies*.* Progress reports regarding the advancements or problems should be made to the State Agency Fire Authority.Extensions must be requested prior to a RV and limited to extreme circumstances. Failure to achieve compliance by the end-date will result in the recommendation of an appropriate enforcement remedy which will be imposed as outlined in 7410F3 of the SOM.

**Annual Waivers;** Allow a facility to achieve compliance when it is difficult to correct a requirement. Waivers will be re-evaluated during subsequent recertification surveys.

**Additional Safety Measures:** T*he POC must address increased fire safety awareness as required by SOM 7410F1 and the documentation of the additional safety measures shall be kept on-site and provided to surveyors.*

**Create or choose three (3) from additional safety measures below to compensate for the deficiency:**

**Circle items chosen and attach details.**

|  |  |
| --- | --- |
| 1. Additional Fire Extinguishers (describe) | 1. Additional smoke detection (describe) |
| 1. Additional sprinklers/water curtain | 1. Infrared inspection of motors and electrical panels |
| 1. Additional inspections (describe) | 1. Local fire department: monthly inspections |
| 1. Additional maintenance (describe) | 1. Local fire department: quarterly inspections |
| 1. Install additional/horizontal exit | 1. Local fire department: review of emergency plans |
| 1. Additional fire drills (describe) | 1. True fire watch |
| 1. Safety rounds (dedicated, all areas inspected for fire safety issues)    1. Once per shift/per day b. Once per day | |
| 1. HVAC shut down tied to fire alarm | 1. Practical and/or competency skills testing (describe) |
| 1. Hands-on fire extinguisher training | 1. Additional emergency procedure training (describe) |
| 1. Hire a structural/electrical/ fire protection engineering firm to develop a plan of action (describe) | |
| 19. | 20. |

|  |  |  |  |
| --- | --- | --- | --- |
| Send information to your Fire Authority on the following dates  **Milestones**  **Evidence of Correction**  **(within 15 days of end date)** | **Evidence the deficiency does not pose a hazard to the occupants**  **How correction poses a hardship to the facility**  **Construction milestones (NA for annual waivers)** | | |
| Administrator *(Signature)* | | Title | Date |
| Corporate Office *(Signature)* | | Title | Date |