

**PART IV RECOMMENDATIONS FOR WAIVER SPECIFIC LIFE SAFETY CODE PROVISIONS**

For each item of the Life Safety Code requested for waiver, list the survey report form item # 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 the unmet provisions will not adversely affect the health and safety of the patients. (If additional space is required, use reverse side.)

PROVISION NUMBER		PROVIDER JUSTIFICATION FOR REQUESTING WAIVER (REQUEST FOR <u>TEMPORARY WAIVER</u> OR SPECIFIC LSC REQUIREMENTS)	
K84			
K-			
LSC			
COUNTY:			
NAME OF FACILITY:			
TEMPORARY WAIVER EXPIRATION DATE:			
FIRE AUTHORITY OFFICIAL			
(initials)	<input type="checkbox"/> RECOMMEND WAIVER (TEMP.)		
(initials)	<input type="checkbox"/> DO NOT RECOMMEND WAIVER (TEMP.)		
SURVEYOR RECOMMENDATIONS ATTACHED			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
FIRE AUTHORITY (SIGNATURE)	TITLE	OFFICE	DATE
	Fire Marshal Supv.	Bureau of Fire Services	

## **INSTRUCTIONS FOR COMPLETING A TEMPORARY WAIVER REQUEST FORM:**

A Temporary Waiver (TW) may be requested for items requiring more than 60-days from the date of inspection to correct, in which the correction is clearly beyond the control of the facility/provider. A TW will not be recommended for a correction that could be made in a reasonable period of time@ (less than 60-days) or a correction that is clearly within the control of the facility/provider.

**NOTE:** A separate sheet must be filled out for each K-tag a TW is requested for.

### **LEFT COLUMN: PROVISION NUMBER**

- K-\_\_\_\_\_ Indicate the appropriate K-tag number you are requesting a TW for. (This can be found on the Statement of Deficiencies, CMS-2567.)
- LSC\_\_\_\_\_ Indicate the LSC reference # that applies to the K-tag you are requesting a TW for. (This can also be found on the Statement of Deficiencies.)
- NAME OF FACILITY: Enter the name of the facility in which the TW is being requested for.
- COUNTY: Enter the county in which the facility is located.
- TEMPORARY WAIVER EXPIRATION DATE:** Enter the date in which you plan to have the K-tag corrected and in full compliance.

**NOTE:** The TW should be requested for a reasonable period of time to complete all activities, including planning, design, and plan review submittal and approval by the Bureau of Fire Services.

**BE SURE TO ALLOW SUFFICIENT TIME.** If the correction is not made by the date entered in the TW Expiration Date field, the TW will expire, you will be given no further opportunity to extend the TW and penalties may be imposed for items not corrected on the date of expiration of the TW.

### **RIGHT SIDE OF PAGE:**

- PROVIDER JUSTIFICATION FOR REQUESTING WAIVER REQUEST FOR TEMPORARY WAIVER OF SPECIFIC LSC REQUIREMENTS
- < In your **first paragraph** in this section you must document to CMS, the reasoning used to justify the fact that the unmet provision would not adversely affect the health and safety of the residents/personnel of the facility.
- < In the **second paragraph** CMS requires, AA timetable with milestone dates of major activities to correct the deficiency that the surveyor could monitor on any subsequent follow-up visits.@ Failure to follow the timetable and milestones established may result in enforcement actions.
- < In the **third paragraph** CMS requires, AWhen a Temporary Waiver of LSC requirements is in effect, the facility should have increased fire safety awareness. This increased fire safety awareness may include the establishment of interim safety measures such as a fire watch during construction, an increased number of fire drills and training of staff at the facility, or other measures that would provide increased fire protection.@
- PROVIDER REPRESENTATIVE SIGNATURE and DATE

(If additional space is required, use reverse side of TW form.)

**INCLUDE A FACILITY FLOOR PLAN WITH THIS SUBMITTAL.**