

# Let's Talk: Assisted Living

Department for Aging and  
Independent Living

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## Life Safety Codes: Evacuation Capability, where do ALC's fit?

Assisted-living communities meet the definition of "Residential Board and Care Occupancy" under NFPA 101, 2006, 3.3.168.12. "A building or portion thereof that is used for lodging and boarding of four or more residents, not related by blood or marriage to the owners or operators, for the purpose of providing personal care services." ALC's are not held to the health care codes based on the care provision not being medical in nature and the services of medical staff are not required. The provider is expected to assist with activities of daily living. According to

Rob Goodwin, Senior Deputy State Fire Marshal the function of a residential board and care facility in NFPA 101 2006 is defined by KRS 194A.700 to 194A.729.

Clients and staff need quality training on how to effectively evacuate. Due to the staff to client ratios the **clients need to be capable of evacuation with little to no assistance from staff.** For ALC's, all clients and staff must be able to reach the safe evacuation area within 13 minutes. Each ALC is required to conduct 6 fire drills a year, 2 of which shall be at inconvenient times.



## Evacuation Capability Documentation

The State Fire Marshal's Office sent a letter dated December 12, 2006 to all ALC's. "Each assisted living community must keep evacuation capability documentation, which must be revised with each fire drill, as needed:

1. A floor plan of the building with room numbers;
2. An indication if the client in that room is mobile or mobile nonambulatory;
3. An indication if the client in the room needs to be assisted in a transfer or

prompted to exit the building; and,  
4. The amount of time in minutes & seconds it takes the client to evacuate from that room to the exit discharge" (outside or safe area).

## Evacuation Times:

- 3 minutes or less – **prompt** (Acceptable).
- Over 3 minutes, but not in excess of 13 minutes – **slow** (Acceptable).
- More than 13 minutes – **impractical** (Not acceptable).

## Purpose of the Evacuation Capability Requirements

The purpose of the evacuation capability documentation is to ensure that clients of the assisted living community remain safe at all times. We know that from time to time an individual may have a bad day. Keeping documentation can show that a chronic condition does or does

not exist. Documentation will show the client remains appropriate and will also show when a client's condition may be worse than the community thought or may show a decline in a client's condition based on taking more time to evacuate with each fire drill. The documents

are useful in helping staff and the fire department know the clients that may need assistance but also provides the community additional information that a client may need to be reassessed or may need a higher level of care.

## Provision of Medical Services

Assisted-living communities are not licensed to provide any health services. Since November 2007, the department and KALFA have conducted three general trainings and three regional trainings specific to ALC regulations and enforcement.

Each general training highlighted the issue of appropriate versus inappropriate ALC clients. Assisted Living Communities are obligated by law to assure that clients meet the criteria under 194A.711 (1) be ambulatory or mobile nonambulatory unless

due to a temporary health condition ... and (2) not be a danger. On April 7, 2009, during a site review, department staff discovered three clients in an ALC who were a danger and a statement of danger was issued on all three. One client lay in a hospital bed with an IV bag of rotating antibiotics.

*Help us find a solution to assisted-livings providing health services.*

## Provision of Medical Services continued

The client did not have hospice or a documented temporary condition. The ALC staff, in full hospital gown, scrubs, gloves and mask was expected to flush the IV, clean

the site and change out the medication bags. Staff was doing as they were told in compliance with their director's instructions. Bed rails and constructed restraints

were being used on two other totally immobile clients as well as staff provision of complete incontinency care. Situations such as this should never occur. What is the solution?