Staffing Exception Request for Assisted Living Centers
Physically Attached to a Nursing Facility or Hospital

To request a staffing exception permitted by the Administrative Rules of South Dakota (ARSD) 44:70:03:02.01(4), the facility must complete the information listed below.

Please place a checkmark by each item to acknowledge compliance. This compliance must be continued throughout the licensing year unless otherwise amended.

**Assisted Living Centers 17 to 25 beds.** One staff person who is awake is allowable during sleeping hours (10:00 p.m. to 6:00 a.m.) if the following items are met:

___ The building is equipped with a fire alarm system that promptly alerts staff.


___ The building is equipped with an automatic fire alarm dialer as defined in § 9.6.4, Emergency Forces Notification, of NFPA 101 Life Safety Code, 2012 edition, to summon the local fire department. **Please list the name, location, and phone number of monitoring agency:**

___ A fire annunciator panel is provided at the nursing facility or hospital nurses station.

___ A staff call system is available in accordance with 44:70:02:17(3) and staff carries a device that registers and audible and visual signal if the call system is activated.

___ Residents have an evacuation score which shows them capable of evacuation in eight minutes or less.

___ The building is a single story.

___ There is no resident residing here who is not capable of self-preservation and requires limited assistance of one staff. ARSD 44:70:01:05 Restrictions of acceptance and retaining of residents.

___ Facility has a plan in place to increase staffing during times of resident illnesses.

___ Facility has exit alarms.

___ The staff person carries a device that can summon assistance from the attached nursing home or hospital.

___ There is no resident residing here who requires two staff for activities of daily living. ARSD 44:70:01:05 (6) restrictions on acceptance and retaining of residents.

Attach to this request fire drills for the last six months to verify the fire drill evacuation times.
Administrator signature                 Date

Facility name & address