



Division of Health Systems Development and Regulation
Health Protection
Licensure and Certification
Public Health Preparedness and Response
Rural Health

Staffing Exception Request for Assisted Living Centers – July 1, 2018 Physically Attached to a Nursing Home 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 check by each item to acknowledge compliance. This compliance must be continued throughout the licensing year unless otherwise amended.

Assisted Living Centers with 16 beds or less. One staff person who is awake is allowable during sleeping hours if the following items are met.

- ___ The building is equipped with a fire alarm system that promptly alerts sleeping staff.
- ___ The building is equipped with an automatic sprinkler system as defined in § 9.7, automatic sprinkler, of NFPA 101 Life Safety Code, 2009 edition.
- ___ 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, 2009 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 home or hospital nurses station, or the assisted living center fire alarm panel must be connected to the nursing home or hospital fire alarm panel as a separate zone.
- ___ Residents have an evacuation score which shows them capable of evacuating in, eight minutes or less.
- ___ A staff call system is available.
- ___ There is no resident residing here who is not capable of self-preservation. ARSD 44:70:04:14(5) Optional services.
- ___ There is no resident residing here who requires two staff for activities for daily living (ADL's). ARSD 44:70:01:05(6) Restrictions on acceptance and retaining residents.
- ___ One staff person is on duty at all times and there is a minimum of 0.8 hours of direct resident care by personnel for each resident for each 24-hour period. ARSD 44:70:05:03 Resident care.

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

Administrator Signature

Date

Facility name & address