



### **Examples of 2016/2017 Current Concerns with Fire Marshall Process:**

**Overall impression, improved, but inconsistent.**

1) If so, was the experience positive or negative? *Negative – there was no exit interview; cited as not having documentation that we did have and would have given him if he had stated he could not find it. Also need to seek clarification on what he meant on a couple of his citations.*

*I had follow up questions after the survey results came back – it was very difficult to get in touch with the Inspector (since he covers half of the state); this delayed the process correction. Two of the areas cited required follow up calls from the outside vendors doing the work – they also had difficulty getting in touch with the Inspector*

2) *Didn't listen to explanations or presentation of proof specific citing were not valid. Confrontational and inspector wouldn't entertain evidence of proof.*

3) *The experience was very positive; consultative in nature.*

*My plan of correction was accepted without any changes.*

*The visit was much more logical than previous visits. (ie; remove the fire lighting flashers in the OR's)*

*They did cite the federal rule.*

5) *If they informed you that something had to be corrected, did they put that in writing and cite the applicable state/federal code or rule? (As they are now required to do) yes, but it's taken a very long time to get the report and the due date for the plan of correction they had listed incorrectly. Our deficiency letter came dated 10/20/15 yet it states in the letter we have 50 days from the date of 10/20/15 to correct the deficiencies. Long story short, we did not have all the items completed as I was working from the letter dated 10/20/15 when submitted as I was told we were beyond the completion date from 08/31/15 and I needed to submit extension requests. The error in the letter was acknowledged but, despite having the items completed, I still had to submit an extension. I have submitted the extension and the completed POC report but have had*

*no further follow up letter (08/16). I had been in touch with their offices multiple times as I was submitting our documents via email to the assistant.*

5) What concerns do you have with the process as it stands today? *We just want to comply and make sure we have corrected all deficiencies but I still have not received the final letter that my POC has been accepted. My impression is they are not able to complete the duties of the fire marshal as needed with the current staffing situation, from my understanding.*

4) What concerns do you have with the process as it stands today? *I was concerned that some of the deficiencies he stated I had not ever been informed of. Some of the deficiencies were new rulings – such as “Dispensers are not installed over or adjacent to an ignition source and had to be so many inches from the door”. (LSC 4.6.12.1, NFPA 110, NFPA 99, 3.4.4.1, 6.4.2). I felt we were written up for items we knew nothing about- even after (the local fire marshall) did their inspection.*

5) What concerns do you have with the process as it stands today? *We had just completed a full building review with (local fire department inspector), who said everything looked good and passed us. Then a couple of months later the State Fire Marshall stops in and finds several deficiencies. It seems the two agencies don't communicate on what is acceptable and what is actually a deficiency. They are obviously not on the same page. I asked the Fire Marshall if there is documentation in writing of what they require, he proceeded to go to their website and printed 75 pages of documentation and told me it was all in there. I felt he was not here to help me but more interested in citing deficiencies only.*

6) *We have constant disagreements between the state and local fire marshals. One spot in particular we are told we need to have an exit sign by one and the other says we have to take it down. The craziest thing is one the state guy told us. We had an alarm with a strobe light, for deaf patients, in our ASC patient bathroom. He told us we had to remove it since it was our responsibility to get the patient out in case of an emergency. We argued that while that was part of our drill it was best to have both, but in the end complied*

7) What was your experience. *More Positive. Were You Shown a Copy of the Federal Rules? No, but all but one of the citations were things I was aware were rules (e.g., missed a fire drill and used wrong surge protector in patient care area) I wasn't aware we had to do an annual 90 minute emergency lighting test in addition to the monthly. He did not give the code for this.*

8) What concerns do you have with the process as it stands today? *None at this time.*

9) *XXX Surgery Center. She had a recent unannounced inspection by XXXXX. She said it was better than last time, but still frustrating. She had about 2-3 itemized pages of changes he required. One of the changes required a removal of a door stop from a fire door. She sent back a Plan of Correction, which included that she had removed the door stop from this door. He refused to accept the Plan of Correction. She asked him what she was supposed to do, since he told her there could not be a door stop on the door and she had removed it. He said that he had to be assured that she would not reinstall it at any time and as evidence that she had not done that he wanted her to set up a log for someone to check this door regularly to ensure the doorstop was not reinstalled.*