



NURSING HOME SMOKE DETECTOR STATUS REPORT

State Form 55004 (R2 / 6-17)

Indiana State Department of Health-Division of Long Term Care

Indiana Code 16-28-11-7 requires that information about the smoke detectors in each nursing home be included in the Consumer Guide to Nursing Homes on the Indiana State Department of Health Website. That Consumer Guide can be found at <http://www.in.gov/isdh/reports/QAMIS/index.htm>.

In order to ensure the information is accurate and currently reflects the status of smoke detectors in each facility, we ask that this form be completed each year.

Please fill in the information requested below and return this form with the facility's license renewal form. You may direct any questions to Provider Services at ltcproviderservices@isdh.in.gov.

Facility identification number				
Name of facility				
Address of facility (<i>number and street, city, state, and ZIP code</i>)				
Number of comprehensive care resident rooms		Number of comprehensive care resident rooms with battery-operated smoke detectors	Number of comprehensive care resident rooms with hard-wired and/or wireless smoke detectors	
If hard-wired and/or wireless smoke detectors are provided in each resident room, do they:			Yes	No
A. Provide a visual and audible signal at the nurses' stations that attend each room?			<input type="checkbox"/>	<input type="checkbox"/>
B. Transmit to a central station service?			<input type="checkbox"/>	<input type="checkbox"/>
C. Connect to the health facility's fire alarm system?			<input type="checkbox"/>	<input type="checkbox"/>

Signature of person completing form		Date (<i>month, day, year</i>)	
Printed name of person completing form		Title of person completing form	