



NURSING HOME SMOKE DETECTOR STATUS REPORT

State Form 55004 (R3 / 2-19)

Indiana State Department of Health-Division of Long Term Care

Indiana Code 16-28-11-7 requires that information about smoke detectors in each health facility be disclosed to the public in a consumer guide. This information is collected from licensed health facilities annually and posted to the Indiana State Department of Health website as part of each Health Care Facility Consumer Report.

INSTRUCTIONS: Complete the information requested below. Each facility must have a separate and individual form. All fields must be completed, even if the information has not changed since the previous submission. Return this form within thirty (30) days of receipt to (e-mail) LTCProviderServices@isdh.in.gov or (postal mail) ISDH Long Term Care, 2 N Meridian Street, Indianapolis Indiana, 46204.

Questions may be sent to 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		