

Fire Marshal/State Fire Marshal Notification

Complete this form when the assisted living facility or the Texas Health and Human Services Commission (HHSC) has determined that a resident is inappropriately placed in an assisted living facility. Submit the completed form and all documentation to the Regulatory Services regional office for your area of the state.

Name of Facility	Facility ID
Resident's Name	

Complete the section that applies:

Date Facility Determined Resident is Inappropriately Placed

Or

Date of HHSC Visit	Date Facility Received Form 3724 (Statement of Licensing Violations and Plan of Correction)
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This section is to be completed by the Fire Marshal or State Fire Marshal (authority having jurisdiction):

It has been determined that the above-referenced resident is inappropriately placed in this assisted living facility. This resident **does not meet** all requirements for evacuation, outlined in the *Licensing Standards for Assisted Living Facilities*. A waiver of the change of capability of resident evacuation is being requested by the facility, **as allowed by House Bill 2109, 82nd Legislature, Regular Session**. The waiver request will be submitted to HHSC.

The facility is required to notify the local Fire Marshal or State Fire Marshal (authority having jurisdiction) that the waiver of evacuation is being requested.

I acknowledge that this facility has notified me of the change in evacuation capability of this resident. This notification does not indicate that I support the action nor does it indicate that I approve the resident to remain in the facility. This is strictly acknowledgment of the notification.

Comments (optional):

Fire Marshal or State Fire Marshal (authority having jurisdiction)	Telephone No.
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Signature

Date

Fire Marshal/State Fire Marshal: A public official who is responsible for the management of fire and life safety related codes and standards; and fire prevention and investigation services for local, county or state jurisdictions.