NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Bluebonnet Haus	RC-1253	641 Rimview	208-734-4445
Administrator	City	Zip Code	Survey Date
Betty Bennett	Twin Falls	83301	06/30/2022
Survey Team Leader	Survey Type		Response Due
Chaney, Linda	Fire Life Safety and Sanitation Licensure		07/30/2022

Item #	Rule (16.03.22)	Description
1	.403. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR THREE THROUGH SIXTEEN RESIDENTS.	Facility did not maintain compliance with the 2018 edition of NFPA 101, Life Safety Code, Chapter 33, Existing Residential Board and Care Occupancies, Small Facilities as evidenced by the following: 1.) Facility could not produce documentation for an annual inspection of the smoke alarm system, (NFPA 72, 14.3.1) or a 5-year sensitivity test of the smoke detectors.(NFPA 72, 14.4.4.3.3) - 2.) Staff training on the emergency plan shall be conducted periodically and reviewed not less than bi-monthly with both staff and residents that are able. The facility could not produce documentation for periodic staff training or bi-monthly in-service training for staff and those residents who were able on their roles and responsibilities as outlined in the emergency plan.(NFPA 101, 33.7.1 & 33.7.2) - 3.) The facility was unable to produce any documentation for the testing of emergency lighting; 30 second monthly and 90-minutes annually. (NFPA 101, 7.9.3.1.1) - 4.) All locks on exit doors are required to be single-operational from the egress side. The locks on both exit doors on either side of the facility had knob locks that were non-single operational.(NFPA 101, 7.2.1.5.10.2) - 5.) The facility was unable to produce documentation for a 5-year assessment of

		the internal condition of the sprinkler system piping; to include the calibration or replacement of system gauges(NFPA 25, 14.2.1.1). - 6.) Observation during the facility tour revealed the facility had one fire extinguisher located in the laundry room/hallway. Fire extinguishers are required to be conspicuously located along normal paths of travel, where they are readily accessible and immediately available in the event of fire. The "split bedroom" design of the facility with two separate exits at either end of the facility would require, at a minimum, a second fire extinguisher at the opposite exit from the laundry room.(NFPA 10, 6.1.3) Additionally, the fire extinguisher was inspected/serviced by a professional company in February 2022; however, no documentation could be produced to show the facility was performing a monthly visual inspection of the fire extinguisher.(NFPA 10, 7.2.2)
2	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	Emergency egress and relocation drills are required not less than six (6) times a year on a bimonthly basis. The facility failed to perform drills bimonthly. At the time of the survey, drills had been performed in January and April of 2022 and October of 2021.
3	.250.09. Resident Sleeping Rooms.	The temperature of hot water at plumbing fixtures used by residents must be between one hundred five degrees Fahrenheit (105°F) and one hundred twenty degrees Fahrenheit (120°F). The water temperature taken at the time of the facility tour was one hundred twenty-four degrees Fahrenheit (124°F).
4	.250.10.a. Heating, Ventilation, and Air-Conditioning (HVAC).	Portable heating devices of any kind are prohibited. Portable electric space heaters and movable fuel-fired heaters are considered portable comfort heating devices. Observation during the facility tour revealed a portable electric fireplace in resident room #6. When asked, the resident stated the fireplace did produce heat to keep the room warm.
5	.250.04. Toilets and Bathrooms	Floors in kitchen, bathrooms and utility rooms must have a

		washable surface. Observation during the facility tour revealed the bathroom between resident room #7 & #8 had a badly damaged vinyl floor, with many cuts through the vinyl to the sub flooring. Additionally, the vinyl floor in the kitchen, at the end of the island, was also damaged with a piece of vinyl torn, exposing the sub-flooring below. The damage to the floor at both the resident bathroom and facility kitchen, prevented the flooring from being adequately washable.
6	.250.12.j. Resident Sleeping Rooms.	During the facility tour, observation and operational testing revealed the door to resident room #5 would not latch.