NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Malad Living Center/RCF	RC-463	151 West 200 North	208-766-4724
Administrator	City	Zip Code	Survey Date
Ginger Price	Malad	83252	07/28/2022
Survey Team Leader	Survey Type		Response Due
Chaney, Linda	Fire Life Safety and Sanitation Licensure		08/27/2022

Item #	Rule (16.03.22)	Description
1	.404. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR SEVENTEEN OR MORE RESIDENTS AND MULTI-STORY BUILDINGS.	Facility did not maintain compliance with the 2018 edition of NFPA 101, Life Safety Code, Chapter 33, Existing Residential Board and Care Occupancies, Large Facilities as evidenced by the following: 1.) The facility allows smoking in designated areas but did not have precautionary signage at resident room doors #10, #13 and #15 where oxygen/concentrators were in use.(NFPA 99, 11.5.3.2) - 2.) Facility could not produce documentation showing staff are trained periodically on safety guidelines, usage requirements and the risks associated with the handling and use of oxygen.(NFPA 99, 11.5.2.1) - 3.) 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. Interview of the two (2) staff members on duty at the time of the survey revealed one employee had worked at the facility for over a year, the other had been employed by the facility for approximately three months. Both employees stated they had never been trained at the time of hire or

		periodically thereafter on how to respond to an emergency.(NFPA 101, 33.7.1 & 33.7.2) - 4.) *Repeat* - The facility is utilizing Alcohol Based Hand Rub (ABHR) dispensers throughout the facility but could not produce documentation they are testing/inspecting the dispensers each time they are refilled. (NFPA 101, 8.7.3.3) - 5.) Observation during the facility tour revealed curtains were hanging in the hallways and paths of egress in three different locations. The first four (4) curtain panels, approximately 24" x 60" were located in the hallway, across from rooms 2 & 3 and did not have any tags to indicate their flammability or flame rating. Two more curtain panels, approximately 36" x 60", were observed in the hallway across from resident room #1. These panels did have a tag and did not indicate they had any flame resistive properties. The living room just inside the main door to the facility also had two curtain panels, approximately 42" x 72". These curtains appeared to be similar in weight and style to the other panels, but no tag was visible or accessible at the time of survey.(NFPA 101, 33.7.5.1.1 & 10.3.1) - 6.) During the facility tour, operational testing of the door to resident room #10 and the door between the living room and the hallway, revealed when fully closed, they required a great deal of force to open each door, far exceeding 15 pounds of pressure as stated in NFPA 101, 7.2.1.4.5.1. - 7.) Resident room #5 appeared to have been recently painted. All outlet and switch covers were still removed (NFPA 70, 406.6) and both the sprinkler pendant (NFPA 25, 5.2.1.1.1) and the smoke detector were completely covered with masking tape.(NFPA 101, 33.3.3.4.8.1) When asked, an employee on duty stated one resident was still living in the room and she believed the painting was done at least two (2) weeks ago. - 8.) Facility did not produce any documentation for quarterly waterflow alarm testing.(NFPA 25, 5.3.2.1) - 8.) The facility was missing one of two semi-annual kitchen hood cleaning/inspections. During the facility

		tour, an inspection label stating it had been cleaned/inspected in May of 2022 was observed on the hood. No other documentation for a hood cleaning/inspection in the past 12 months was produced.(NFPA 96, 11.4) - 9.) Observation during the facility tour revealed a corroded sprinkler pendant in the kitchen dishwashing area and painted sprinkler pendants in the hallway by the exit door around the corner from room #1, in the hallway outside of the bathroom across from room #7 and above the fire panel.(NFPA 25, 5.2.1.1.1) - 10.) Observation of the electrical panels and fire alarm control panel located in the basement, revealed multiple items had been piled in front of them, obstructing immediate access to the panels.(NFPA 70, 110.26) - 11.) The facility was unable to produce documentation for 30 second monthly testing of the emergency lighting for all of 2021 and January and February of 2022.(NFPA 101, 7.9.3.1.1) - 12.) Observation of the basement door revealed it was equipped with a hasp and padlock, from the inside of the basement. NFPA 101-33.2.2.5.5.4 (2) Only one locking device shall be permitted on each door. - 13.) Observation of the basement during the facility tour revealed it was being used for storage as well as the location of the facility fuel-fired furnace. Cardboard boxes were piled near the furnace (NFPA 101, 33.3.3.2.2) - 14.) Observation of the fuel-fired water heaters located adjacent to resident room #9, revealed the facility had, what appeared to be trash in plastic bags, piled next to the water heaters.(NFPA 101, 33.3.3.2.2) - 15.) Review of facility documentation revealed monthly suppression system gauge/secured control valve inspections were completed, however, no documentation for weekly visual inspections of the dry suppression system gauges could be produced.(NFPA 25, 13.2.7.1) - 16.) Observation of the patio/walk at the main entrance to the facility revealed it was cracked significantly, with an approximately 3/4" change in elevation in several places, creating a tripping hazard.(NFPA

		101, 7.1.6.2)
2	.155. EMERGENCY PREPAREDNESS REQUIREMENTS.	1.) Each facility must have a written agreement developed between the facility and two (2) separate locations to which residents would be relocated in the event the building is evacuated and cannot be reoccupied. The facility will review the agreements annually. Document review revealed the facility had one (1) relocation agreement, dated and signed by both parties. The second relocation agreement presented for review was typed out but only the administrator of the facility had signed the form, not the owner/admin. of the location the residents would be evacuated to. - 2.) The Disaster/Emergency Plan states residents will be evacuated to the LDS Church located at 400 N 200 W. However, the facility did not produce a relocation agreement with the LDS Church.
3	.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, with not less than two (2) conducted during the night when residents are sleeping. Additionally, records must be maintained on file at the facility and contain a date and time of the drill, description, response of the personnel and residents, problems encountered and recommendations for improvement. The facility produced documentation for three (3) drills in March 2022, three (3) drills in June 2022, a drill in August 2021, two (2) drills in September 2021 and three (3) drills in December 2021. While this exceeded the six (6) required drills annually, the facility failed to perform the drills bi-monthly. Additionally, documentation did not provide a description of the drill, problems encountered or recommendations for improvement. Interview of the two (2) staff members on duty at the time of the survey revealed one employee had worked at the facility for over a year, the other had been employed by the facility for approximately three months. Both employees stated they had never been trained on how to respond during a fire or participated in a fire drill.

4	.405.01.a. Electrical Installations and Equipment.	Resident room #15 had a multi-plug adapter in use, providing power to an oxygen concentrator. In addition to multi-plug adapters being prohibited in assisted living facilities, medical equipment, such as an oxygen concentrator, are required to be plugged directly into the wall.
5	.405.02.c. Prohibited Applications.	Observation revealed a Relocatable Power Tap (RPT) was being used to power two (2) countertop ice makers in the kitchen.
6	.250.12.j. Resident Sleeping Rooms.	Operational testing during the facility tour revealed the door to resident room #14 would not latch.
7	.405.02.a. Prohibited Applications.	Resident room #10 had an oxygen concentrator plugged into a RPT. These are prohibited applications for the use of a RPT.
8	.405.02.e. Prohibited Applications.	Observation during the facility tour revealed a power cord to a ceiling light fixture in the pantry ran up through the ceiling.