NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Diamond Peak of Chubbuck	RC-1143	4875 Burley Drive	208-234-1200
Administrator	City	Zip Code	Survey Date
Wendy Webb	Chubbuck	83202	11/15/2022
Survey Team Leader	Survey Type		Response Due
Chaney, Linda	Fire Life Safety and Sanitation Licensure		12/15/2022

Item #	Rule (16.03.22)	Description
1	.405.02.a. Prohibited Applications.	Resident room #5 had a Relocatable Power Tap (RPT) providing power to an oxygen concentrator. This is a prohibited use of a RPT. Medical equipment, such as oxygen concentrators, are required to be plugged directly into the wall.
2	.405.02.e. Prohibited Applications.	Extension cords are prohibited. Observation during the facility tour revealed an extension cord plugged into an outlet in the front entry, running under the door of the pantry, providing power for a lamp.
3	.405.01.a. Electrical Installations and Equipment.	Observation during the facility tour revealed a Multi-Plug Adapter (MPA) in use in the Laundry Room for a charging cord.
4	.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.) Observation of the electrical panels in the laundry room revealed items had been piled in front of them, obstructing immediate access to the panels.(NFPA 70, 110.26) - 2.) The facility allows smoking in designated areas but did not have precautionary signage at resident rooms #5 and #4 where oxygen concentrators were observed during the facility tour.(NFPA 99, 11.5.3.2) - 3.) One smoke detector in the living room failed the sensitivity testing on 1/20/21. No

		documentation could be produced to show the replaced detector had sensitivity testing at one year from installation.(NFPA 72, 14.4.4.3.1) - 4.) 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) - 5.) The facility was unable to produce documentation for the 90 minute annual testing of emergency lighting.(NFPA 101, 7.9.3.1.1) - 6.) 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) - 7.) The facility could not produce a policy for the elimination of sources of ignition and misuse of flammable substances in accordance with NFPA 99, Chapter 11, Section 11.5.
5	.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. 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 that drills had been performed bimonthly, but failed to document a description of the drill, response of residents, problems encountered or recommendations for improvement.
6	.155.01. Relocation Agreements.	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 two (2) relocation agreements, but they had not

		been updated annually. The last known review/update was on 8/1/2020.