NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Assisted Living on Shamrock	RC-547	2716 Shamrock Ave	208-465-5923
Administrator	City	Zip Code	Survey Date
Jennifer Lynn Paulsen	Nampa, ID	83686	01/09/2023
Survey Team Leader	Survey Type		Response Due
Chaney, Linda	Fire Life Safety and Sanitation Licensure		02/08/2023

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.) *Repeat- Facility could not produce documentation to show monthly visual inspections of wet suppression system gauge(s) and secured control valve(s) were completed.(NFPA 25, 13.2.7.1) - 2.) *Repeat- Staff training on the emergency plan shall be conducted not less than annually and reviewed not less than bi-monthly, in accordance with NFPA 101, Chapter 33, Section(s) 33.7.1 and 33.7.2. The facility could not produce documentation for periodic or bi-monthly in-service reviews/training on the emergency plan.(NFPA 101, 33.7.1 & 33.7.2) - 3.) *Repeat- Observation of the stairwell to the basement revealed an approximately 4” circular hole in the wall behind the door.(NFPA 101, 8.3.4.7.1) - 4.) Review of the facility Emergency Preparedness plan revealed the facility had not designated a specific assembly point in the emergency plan.(NFPA 101, 33.7.3.3) - 5.) Observation during the facility tour revealed curtains were hanging in the dining room and living room, both common areas in the path of egress. The curtains panels were approximately 24" x 72" and tags present

		on the panels did not indicate their flammability or flame rating. When asked, the Administrator stated they had not been treated with a flame retardant product.(NFPA 101, 33.7.5.1.1 & 10.3.1) - 6.) Observation during the facility tour revealed the facility did not have a specialized wrench in the spare sprinkler box for the removal and installation of sprinkler pendants. Further, document review revealed the fire sprinkler company had identified the wrench as missing during a repair of the sprinkler system on April 12, 2021.(NFPA 25, 5.4.1.5.5)
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. 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 failed to perform drills bimonthly. At the time of the survey, review of provided egress and relocation drill documentation revealed fire drills had been performed on May 28, 2022, August 17, 2022 and October 31, 2022. Documentation also stated the fire alarm system was not activated, as required, at the time of the drills.
3	.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 only one (1) relocation agreement, not the required two (2). Additionally, the relocation agreement had not been updated annually, the last known review/update was in 2009.
4	.405.04. Prohibited Applications.	Fuel-fired heating devices and systems must be inspected, serviced, and cleaned at least annually by a person professionally engaged in the business of servicing these devices or systems. The facility could not produce

		documentation showing these systems had been inspected in the past 12 months. The last known was November 14, 2021.