NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Ashley Manor Middleton DBA Middleton Senior Living LLC	RC-843	620 West 9th Street North	208-585-2310
Administrator	City	Zip Code	Survey Date
	Middleton	83644	02/24/2023
Survey Team Leader	Survey Type		Response Due
Chaney, Linda	Fire Life Safety and Sanitation Licensure		03/26/2023

Item #	Rule (16.03.22)	Description
1	.403. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR THREE THROUGH SIXTEEN RESIDENTS.	The 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.) Fire extinguishers throughout the facility were not visually inspected monthly. No documentation could be produced for fire extinguisher inspections since the annual service/inspection by the fire prevention company on 6/27/2022.(NFPA 10, 7.2.2) - 2.) The facility allows smoking in designated areas but did not have precautionary signage at resident room doors #1, #4 and #6 where oxygen was in use.(NFPA 99, 11.5.3.2) - 3.) 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) - 4.) Observation during the facility tour revealed five (5) unsecured oxygen cylinders in resident room #4.(NFPA 99, 11.6.2.3) - 5.) *REPEAT - Staff training on the emergency plan shall be conducted periodically and reviewed with staff not less than bi-monthly. The facility could not produce documentation for periodic staff training or bi-monthly in-service training on their

		role and responsibilities as outlined in the emergency plan. (NFPA 101, 33.7.1 & 33.7.2) - 6.) 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) - 7.) *REPEAT - Facility could not produce documentation to show monthly visual inspections of wet suppression system gauges and secured control valves were completed.(NFPA 25, 13.2.7.1) - 8.) Documentation for the sensitivity testing of the smoke detectors on 12/27/2021 revealed the north living room smoke detector failed the sensitivity testing. The facility was unable to produce any documentation to show the failed smoke detector was either cleaned, retested and passed or replaced.
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 could not produce documentation for any drills in the past 12 months.
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-five degrees Fahrenheit (125°F).
4	.405.01. Electrical Installations and Equipment.	Observation of the electrical panels located in the garage, revealed multiple items had been piled in front of them, obstructing immediate access to the panels.(NFPA 70, 110.26)
5	.405.01.a. Electrical Installations and Equipment.	Resident room #6 had a Multi-Plug Adapter (MPA) in use.