NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Rosetta of Twin Falls	RC-1171	1177 Eastridge Court	208-734-9422
Administrator	City	Zip Code	Survey Date
Lynzee Berheim	Twin Falls	83301	08/09/2023
Survey Team Leader	Survey Type		Response Due
Chaney, Linda	Fire Life Safety and Sanitation Licensure		09/08/2023

Item #	Rule (16.03.22)	Description
1	.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.
2	.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.) Attics not used for living purposes, storage, or fuel-fired equipment are required to be protected by a heat detection system, arranged to activate the building fire alarm system. During review of provided facility inspection/testing documentation, no documentation could be produced to show the facility had a heat detection system in the attic. When asked, the Administrator stated the facility did not yet have heat detection installed in the attic space.(NFPA 101, 33.2.3.5.7.2) - 2.) The facility was unable to produce documentation for a 5-year sensitivity test of the smoke detectors.(NFPA 72, 14.4.4.3.3) - 3.) Review of the provided documentation from the annual inspection of the fire

		extinguishers on October 24, 2022, revealed one (1) fire extinguisher was identified as being past due for the 6-year hydrostatic testing, with a date of 2014. Two (2) other fire extinguishers were identified as being due for hydrostatic testing in 2023. Observation during the facility tour revealed the fire extinguisher in the hallway outside of the laundry room was dated 2014 and did not have a current 6-year hydrostatic test collar. The other two fire extinguishers in the building were dated 2017.(NFPA 10, 7.3.2.1) - 4.) *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) - 5.) The 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) - 6.) Operational testing of the facility emergency lighting revealed three (3) non-operational emergency lights. One located in the laundry room, one in the hallway near the garage door and one in the hallway near the door to the backyard. Additionally, the facility was unable to produce any testing documentation for the emergency lighting.(NFPA 101, 7.9.3.1.1) - 7.) No documentation could be produced for the 5-year calibration or replacement of wet suppression system gauges. According to the annual sprinkler inspection, piping consists of CPVC, and therefore does not require an assessment of the internal condition of the sprinkler system piping.(NFPA 25, 14.2.1.1) - 8.) *REPEAT* Review of the annual suppression system inspection revealed quick response sprinkler pendants had been identified as due for UL testing or replacement. No documentation could be produced to show the pendants had been replaced or a sample sent out for testing.(NFPA 25,

		5.3.1.1.1.3) - 9.) Observation during the facility tour revealed two (2) sprinkler pendants are dripping, one in the kitchen and one in the dining room.(NFPA 25, 5.2.1.1.1)
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. The facility failed to perform drills bimonthly. At the time of the survey, the facility was missing a bi-monthly drill for June 2023.
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 the panel on the left, obstructing immediate access to the panel. Additionally, the panel on the right was missing two blanks.(NFPA 70, 110.26)
5	.330.15.c. Fire and Life Safety Records.	Fire extinguishers are not consistently visually inspected monthly. The fire extinguisher in the hallway outside of the laundry room had not been visually inspected for the months of June and July 2023. The fire extinguisher in the hallway near the outside door to the rear yard had not been visually inspected in June 2023, and the fire extinguisher under the kitchen sink had only been inspected in May 2023. The annual inspection/service by the fire prevention company had been completed in October 2022.(NFPA 10, 7.2.2)
6	.155.01. Relocation Agreements.	REPEAT 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. The facility was unable to produce any relocation agreements for review at the time of the survey.
7	.250.12.j. Resident Sleeping Rooms.	During the facility tour, observation and operational testing revealed the door to resident room #7 would not close and latch. When pulling the door closed, the top right corner strikes the door frame, preventing the door from closing.
8	.405.01.a. Electrical Installations and Equipment.	Observation during the facility tour revealed an extension cord was being used in the Mechanical Room to provide power to

		two (2) on demand water heaters.