NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
The Willows	RC-1288	898 S. Meridian Street	208-782-1478
Administrator	City	Zip Code	Survey Date
Tara McLean	Blackfoot	83221	09/26/2024
Survey Team Leader	Survey Type		Response Due
Wilson, Jeremy	Fire Life Safety and Sanitation Licensure		10/26/2024

Item #	Rule (16.03.22)	Description
1	.155.01. Relocation Agreements.	Facility could not provide documentation of the two (2) required relocation agreements on the date of the survey. 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 relocation agreements annually.
2	.161.04. Designated Smoking Areas.	During facility tour it was identified the facility has (3) three smoking areas for residents and staff. None of the smoking areas were designated within policy, and observation of these areas established only 2 locations were clearly marked. If smoking is permitted, there must be designated smoking areas which are specified in policy and clearly marked. Designated smoking areas must have non-combustible disposal receptacles.
3	.404. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR SEVENTEEN OR MORE RESIDENTS AND MULTI-STORY BUILDINGS.	1) Facility failed to maintain fire suppression systems in accordance with NFPA 25. Facility could not provide documentation of monthly visual inspections of dry system pressure gauges and/or monthly visual inspections of wet system pressure gauges and check valves. Wet suppression system gauges shall be inspected not less than monthly in

		accordance with NFPA 25, Chapter 13, Section 13.2.7.1.1. 2) Facility failed to maintain fire suppression systems in accordance with NFPA 25. Facility could not provide documentation of quarterly inspections of waterflow alarm devices. Last documented quarterly inspection was dated October 6, 2023. Reference NFPA 25, Chapter 5, Section 5.3.2 Waterflow Alarm Devices. 5.3.2.1 Mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. NFPA 25, Chapter 13, Section 13.2.6* Waterflow Alarm Devices. 13.2.6.1 Mechanical Waterflow Alarm Devices, Including but not Limited to Water Motor Gongs. 13.2.6.1.1 Mechanical waterflow alarm devices shall be inspected quarterly to verify that they are free of physical damage 13.2.6.1.2 Mechanical waterflow alarm devices shall be tested quarterly. 3) Facility failed to maintain fire suppression systems in accordance with NFPA 25. Facility could not provide documentation of a Full trip of the dry system within the last (3) three years. Reference NFPA 25, Chapter 13, Section 13.4.5 Dry Pipe Valves/Quick-Opening Devices. 13.4.5.2 Testing. 13.4.5.2.2.2* Every 3 years and whenever the system is altered, the dry pipe valve shall be trip tested with the control valve fully open and the quick-opening device, if provided, in service. 4) Facility failed to maintain Alcohol Based Hand Rub (ABHR) in accordance with NFPA 101. Facility could not provide documentation of maintenance of alcohol-based hand rub dispensers, when refilled in accordance with NFPA 101, Chapter 8, Section 8.7.3.3* Alcohol-Based Hand-Rub Dispensers. Where permitted by Chapters 11 through 43, alcohol-based hand-rub dispensers shall be permitted provided they meet all of the following criteria: (9) Operation of the dispenser shall comply with the following criteria: (a) The dispenser shall not release its contents except when the

		dispenser is activated, either manually or automatically by touch-free activation. (b) Any activation of the dispenser shall only occur when an object is placed within 4 inches of the sensing device. (c) An object placed within the activation zone and left in place shall not cause more than one activation. (d) The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions. (e) The dispenser shall be designed, constructed, and operated in a manner that ensures accidental or malicious activation of the dispensing device is minimized. (f) The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed. 5) Facility failed to document elimination of sources of ignition in accordance with NFPA 99, Chapter 11, Section 11.5.1.1 Elimination of Sources of Ignition. 11.5.1.1.1 Smoking materials (e.g., matches, cigarettes, lighters, lighter fluid, tobacco in any form) shall be removed from patients receiving respiratory therapy. 11.5.1.1.2* When a nasal cannula and its associated supply tubing are delivering oxygen outside of a patient care space, no sources of open flame shall be permitted in the site of intentional expulsion. 11.5.1.1.3* When any other oxygen delivery equipment not specified in 11.5.1.1.2 is in use, no sources of open flame shall be permitted in the area of administration. 11.5.1.1.4* Solid fuel-burning appliances shall not be permitted in the area of administration. 11.5.1.1.5* Sparking toys shall not be permitted in any patient care space. 11.5.1.1.6 Nonmedical appliances that have hot surfaces or sparking mechanisms shall not be permitted within oxygen delivery equipment or within the site of intentional expulsion. 6) Facility failed to document any ongoing training of the handling, use or storage of medical gas/oxygen cylinders in accordance with NFPA 99, Chapter 11, Section 11.5.2.1

		Qualification and Training of Personnel. 11.5.2.1.1* Personnel concerned with the application and maintenance of medical gases and others who handle medical gases and the cylinders that contain the medical gases shall be trained on the risks associated with their handling and use. 11.5.2.1.2 Health care facilities shall provide programs of continuing education for their personnel. 11.5.2.1.3 Continuing education programs shall include periodic review of safety guidelines and usage requirements for medical gases and their cylinders. 11.5.2.1.4 Equipment shall be serviced only by personnel trained in the maintenance and operation of the equipment. 7) Facility failed to maintain emergency lights in accordance with NFPA 101. During facility tour it was identified that emergency light #3, #11 and #19 were non-functional. Reference NFPA 101, Chapter 7, Section 7.9.2 Performance of System. 7.9.2.1 Emergency illumination shall be provided for a minimum of 1 1/2 hours in the event of failure of normal lighting.
4	.405.01.a. Electrical Installations and Equipment.	During facility tour room #11, #23 and #29 were identified as using multi-plug adapters to provide power to devices. Room #23 had (2) two multi-plug adapters in use. The use of multi-plug adapters is prohibited.
5	.405.02.a. Prohibited Applications.	During facility tour room #1 was identified as using a relocatable power tab (RPT) to provide power to an oxygen concentrator. The use of a RPT to supply power to medical devices is prohibited.
6	.405.04. Prohibited Applications.	Facility could not provide documentation of fuel-fired heating systems, including the gas fireplace, had been inspected on an annual basis. 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.
7	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	Based on record review the facility could not provide documentation of emergency evacuation/ fire drills being

		conducted in the previous 12 months. Fire drills must be conducted not less than six (6) times a year on a bimonthly basis, with not less than (2) two conducted during the night when residents are sleeping. Records must be maintained on file at the facility and contain description, date, and time of the drill, response of the personnel and residents, problems encountered, and recommendations for improvement. Reference: NFPA 101, Chapter 33, EMERGENCY DRILLS, 33.7.3.2 The emergency drills shall be permitted to be announced to the residents in advance. 33.7.3.3* The drills shall involve the actual evacuation of all residents to an assembly point, as specified in the emergency action plan, and shall provide residents with experience in egressing through all exits and means of escape required by this Code. RESIDENT TRAINING 33.7.2.1 All residents participating in the emergency action plan shall be trained in the proper actions to be taken in the event of fire. 33.7.2.4 Residents shall be trained to assist each other in case of fire to the extent that their physical and mental abilities permit them to do so without additional personal risk.