



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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March 26, 2021

Matthew Johnson, Administrator  
Lincoln Court Retirement Community  
4525 South Wasatch Boulevard Suite 300  
Salt Lake City, UT 84124

Dear Mr./Ms. Johnson

On March 17, 2021, a Fire Life Safety Survey was conducted at Lincoln Court Retirement Community. The facility was found to be providing a safe environment for its residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on March 17, 2021. The facility must correct non-core issue deficiencies within thirty (30) calendar days of the exit conference. Please ensure the deficiencies are corrected for all residents, staff and situations, not just those sampled during the survey, and that a plan for monitoring the situation to ensure continued compliance is implemented. The team leader will contact you in 7 to 10 days to schedule a post-survey conference. The purpose of this conference is to help you understand how compliance will be determined on the follow-up survey, so that you can make certain your corrections are adequate to avoid repeat deficiencies and maintain ongoing compliance.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

Sam Burbank, Supervisor  
Facility Fire Safety & Construction Program

SB/df

## NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Lincoln Court Retirement Community	RC-1020	850 Lincoln Drive	208-529-3456
Administrator	City	Zip Code	Survey Date
Matthew Johnson	Idaho Falls	83401	03/17/2021
Survey Team Leader	Survey Type		Response Due
Chaney, Linda	fire life safety and sanitation licensure		04/16/2021

Item #	Rule (16.03.22)	Description
1	.404. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR SEVENTEEN OR MORE RESIDENTS AND MULTI-STORY BUILDINGS.	Facility did not maintain compliance with the 2018 edition of NFPA 101, Life Safety Code, Chapter 33, Existing Residential Board and Care Occupancies, Large Facilities as evidenced by the following: 1.) Facility could not produce documentation for staff training at the time of hire and annually thereafter on oxygen use and handling.(NFPA 99, 11.5.2.1) - 2.) Facility is utilizing Alcohol Based Hand Rub (ABHR) dispensers throughout the facility, however documentation could not be produced for testing/inspection of the dispensers each time they are refilled.(NFPA 101, 8.7.3.3) - 3.) Facility could not produce documentation to show weekly visual inspections of dry suppression system gauges and monthly visual inspections of wet suppression system gauges. Additionally, monthly checks of all control valves on both dry and wet suppression systems was not documented.(NFPA 25, 13.2.7.1) - 4.) The memory care unit exit doors had magnetic locking mechanisms with delayed egress components. The exit between resident rooms 136 and 196 did not have the required signage to indicate the door had a delayed egress component. Code requires a readily visible, durable sign that conforms to the

		<p>visual character requirements of ICC/ANSI A117.1, shall be located on the door leaf adjacent to the release device in the direction of egress, and shall read as follows: (a) PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS, for doors that swing in the direction of egress travel - (b) PULL UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS, for doors that swing against the direction of egress travel. Visual character requirements of ICC/ANSI A117.1, include contrasting characters, either light characters on a dark background or dark characters on a light background. A non-glare finish, use of a conventional font and must be placed 40" above the floor. Characters are to have a minimum height of 5/8" and a minimum brush stroke of 1/16" (or 10% of the height of the characters with a maximum brush stroke of 30% of the height of the characters or 3/16" for 5/8" characters) In the event the authority having jurisdiction has permitted increased operation time to 30 seconds, the sign should reflect the appropriate time. (NFPA 101, 7.2.1.6.1.1(4) &amp; ICC/ANSI A117.1) - 5.) The directional exit sign at the main entrance to the memory care unit is partially obstructed by a cross corridor door being held open by a magnetic hold open device. (NFPA 101, 7.10.1.8)</p>
2	.155.01. Relocation Agreements.	<p>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 2018.</p>
3	.250.10.b. Heating, Ventilation, and Air-Conditioning (HVAC).	<p>Facility gas fireplaces were not equipped with a safety barrier.</p>
4	.405.03. Medical Gases.	<p>Observation of the oxygen storage room revealed full and empty cylinders were not being segregated. Additionally,</p>

		empty oxygen cylinders were not marked "empty" to avoid confusion and delay if a full cylinder was needed in a rapid manner.(NFPA 99, 11.6.5.2 & 11.6.5.3)
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