



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
ALEX J. ADAMS- DIRECTOR

LAURA STUTE-- ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
NATE ELKINS., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 14, 2020

Kipp Mills, Administrator
Grace Assisted Living at State Street
9995 West State Street
Boise, ID 83714

Dear Mr./Ms. Mills

On September 3, 2020, a Fire Life Safety Survey was conducted at Grace Assisted Living at State Street. 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 September 3, 2020. 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
Grace Assisted Living at State Street	RC-1081	9995 West State Street	208-342-1312
Administrator	City	Zip Code	Survey Date
Kipp Mills	Boise	83714	09/03/2020
Survey Team Leader	Survey Type		Response Due
Burbank, Sam	Fire Life Safety and Sanitation Licensure		10/06/2020

Item #	Rule (16.03.22)	Description
1	.155. EMERGENCY PREPAREDNESS REQUIREMENTS.	Facility disaster plan as provided did not cover those emergency events such as flood, Earthquake, or high wind and did not specifically address the current healthcare crisis: COVID - 19 pandemic. The facility did provide a current plan, however based on review, observation and physical inspection, the plan is not being followed as written. The plan calls for a series of screening questions that the surveyor was not asked, separation of at least six (6) feet during communal dining, that is not being conducted. No documented assembly point in the plan.
2	.155.01. Relocation Agreements.	Facility disaster relocation agreement is with one location and is dated 6/18/2014. All relocation agreements shall be with a minimum of two (2) separate locations to avoid being subject to involvement with the same emergency and those agreements shall be reviewed annually.
3	.404. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR SEVENTEEN OR MORE RESIDENTS AND MULTI-STORY BUILDINGS.	1) Sprinkler riser spar box and main riser does not have a wrench as required in accordance with NFPA 25, section 5.2.1.4. 2) No documentation for annual rated assembly door testing in accordance with NFPA 80, Section 5.2.4.

		3) Building is equipped with electric fire dampers, however no documentation for inspection as defined in NFPA 80, each four years. 4) Laundry room has removed the register for the supply side of the HVAC system and blocked the electric fire damper open with two (2) spoons. Dampers shall not be impeded from operation in accordance with NFPA 80 and NFPA 90A and 90B
4	.405.01.a. Electrical Installations and Equipment.	Multiple plug adapters and extension cords are prohibited: Room(s) 158, 170, using 3-1 multiple plug adapters; room(s) 103 and 163 using 3-1 extension cords.
5	.405.04. Prohibited Applications.	No documentation of annual fireplace inspection due in April 2020. Previous inspection dated 2019
6	.405.03. Telephone.	1) Oxygen transfill room fan is not operational and exhausting from the space. Transfilling operations shall be conducted in accordance with NFPA 99, section 11.5.2.2. 2) Four unsecured liquid oxygen (LOX) cylinders stored in transfilling room. All cylinders, including LOX cryogenic cylinders shall be secured as defined in NFPA 99, 11.6.2.3.
7	.404. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR SEVENTEEN OR MORE RESIDENTS AND MULTI-STORY BUILDINGS.	1) No documentation for staff and those residents able on their roles during emergency procedures in accordance with NFPA 101, 33.7.1 and 33.7.2. 2) No documentation of annual training for the staff qualification on the risks associated with oxygen in accordance with NFPA 99, Section 11.5.2.1. 3) Two-hour separation of fire rated assembly by room 119: Doors would not fully self-close and latch, leaving a gap between the leading edges of the doors of approximately 3/4 inch. Fire rated assemblies such as two-hour horizontal exit doors, shall close and latch in accordance with NFPA 80. 4) No documentation of 90 minute emergency light test. Documentation of annual test stated "40 minutes", from a power outage on 11/19 and documented on 11/20. 5) Kitchen door entering the dining room would not fully self-close and latch in accordance with NFPA 101, 33.3.3.2.2 and

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