

NON-CORE ISSUES

| Facility | License # | Physical Address | Phone Number |
|---------------------------------|---|------------------|----------------|
| Tambree Meadows Assisted Living | RC-1258 | 3620 Potomac Way | (208) 528-0467 |
| Administrator | City | Zip Code | Survey Date |
| Devin Johnson | Idaho Falls | 83404 | 02/13/2023 |
| Survey Team Leader | Survey Type | | Response Due |
| Burbank, Sam | fire life safety and sanitation licensure | | 03/15/2023 |

| Item # | Rule (16.03.22) | Description |
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| 1 | .330.15. Fire and Life Safety Records. | Documentation required for fire and life safety surveys shall be available on site for review including, but not limited to the following: Fire suppression system inspection(s); Fire alarm system inspection(s); Fire alarm smoke sensitivity testing; Fire damper inspection(s); Fuel-fired heating inspection(s); Suppression system control valve and gauge inspection(s) |
| 2 | .403. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR THREE THROUGH SIXTEEN RESIDENTS. | <p>1) Fire alarm inspection and testing shall be conducted in accordance with NFPA 72, 2016 Edition, Chapter(s) 7 and 14, Section(s) 7.8.2 and 14.6.2.4: Fire alarm report did not document the following: Location of all devices tested; Responsible monitoring agency; magnetically controlled door locking arrangements; electrically activated fire dampers.</p> <p>2) No documented sensitivity testing for addressable fire alarm in accordance with NFPA 72, Chapter 14, Section 14.4.4.3.</p> <p>3) No documented annual testing for magnetically-controlled special locking arrangements in accordance with NFPA 101, Chapter 7, Section 7.2.1.15.1.</p> <p>4) Approved magnetically-controlled locking arrangements shall be installed and maintained in accordance with NFPA 101, Chapter 7, Section 7.2.1.6: Door on south hall of AL delayed</p> |

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| | | <p>egress is not signed for operation and no audible alert is activated at the panel.</p> <p>5) Exit doors shall be equipped with locking arrangements for full and instant use in accordance with NFPA 101, Chapter 7: South hall special locking arrangement is equipped with magnetically controlled delayed egress system on the panic bar and a keyed, non-single operational passage lock.</p> <p>6) Means of egress shall be maintained free of obstructions for full and instant use in accordance with NFPA 101, Chapter 7, Section 7.1.10.1: South hall door on AL required more than 15lbf to open (surveyor could not fully open when body weight applied) and the door caught on the exterior concrete preventing full opening of the leaf.</p> <p>7) Fire suppression systems shall be maintained in accordance with NFPA 25: No wet system gauge and control valve inspections documented. Documentation listed a dry system that the building(s) do not have. AL side inspections not completed since 2021.</p> <p>8) Suppression system riser locations shall be maintained free of obstructions to access in accordance with NFPA 25: Riser room on the AL side used as storage and had a large chair/recliner placed in the path blocking access.</p> <p>9) Emergency lighting shall be tested for 30 seconds monthly and 90 minutes annually: No documentation for the months of August 2022 to date of survey; January, March and June of 2022. No documented 90-minute annual test; Failed e-lite in West maintenance room.</p> <p>10) Alcohol-Based Hand Rub (ABHR) dispensers shall be inspected and tested each time a refill is replaced in accordance with NFPA 101, Chapter(s) 33 and 8, Section(s) 33.2.4 and 8.7.3.3: No documented testing for pump-style dispensers installed throughout.</p> |
| 3 | .404. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR SEVENTEEN OR MORE RESIDENTS AND | 1) No documented fire alarm report on site for review in accordance with NFPA 72, Chapter 14. |

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| | MULTI-STORY BUILDINGS. | <p>2) No documented sensitivity testing for addressable fire alarm system in accordance with NFPA 72, Chapter 14, Section 14.4.4.3.</p> <p>3) No documented annual testing for magnetically-controlled special locking arrangements for the large memory care in accordance with NFPA 101, Chapter 7, Section 7.2.1.15.1.</p> <p>4) Fire suppression systems shall be inspected and tested in accordance with NFPA 25: No documented quarterly waterflow alarm testing for full 13 suppression system on the memory care side.</p> <p>5) Fire suppression system pendants shall be inspected and maintained in accordance with NFPA 25, Chapter 5, Section 5.2: Kitchen pendant above island is recessed into the ceiling approximately 2 inches and coated with a substance not factory applied; outside pendant on the north side of the patio completely rusted and corroded.</p> |
| 4 | .405.01. Electrical Installations and Equipment. | Electrical disconnect panel clearances shall be maintained in accordance with NFPA 70, Article 110, Section 110.27: Electrical disconnect panels in both buildings were blocked with misc. storage items. |
| 5 | .405.01.a. Electrical Installations and Equipment. | Extension cords and Multiple Plug Adapters (MPAs) are prohibited: Room 13 on AL side using a 6-2 MPA to supply power to an oxygen concentrator and Room 2 on MC side using a 4-2 MPA. |
| 6 | .405.03. Medical Gases. | Oxygen cylinders shall be secured in accordance with NFPA 99, Chapter 11, Section 11.6.2.3: Three(3) unsecured "E" cylinders behind door of Maintenance storage in AL; Three(3) unsecured M-9 cylinders in room 13 of AL side; Room 1 on MC side had one(1) unsecured "E" cylinder. |
| 7 | .405.04. Fuel-Fired Heating. | No documented fuel-fired heating inspection for gas furnaces |
| 8 | .410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS. | Emergency egress and relocation drills shall be conducted in accordance with NFPA 101, Chapter 33, Section 33.7.3.3: Drills did not document evacuation to a designated point of assembly and the disaster plan did specify the location. |

