

## NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Ashley Manor - Mountain Home	RC-688	940 West 8th South	208-587-3432
Administrator	City	Zip Code	Survey Date
Patricia Giltner	Mountain Home	83647	01/03/2022
Survey Team Leader	Survey Type		Response Due
Chaney, Linda	fire life safety and sanitation licensure		02/02/2022

Item #	Rule (16.03.22)	Description
1	.403. FIRE AND LIFE SAFETY STANDARDS FOR EXISTING BUILDINGS LICENSED FOR THREE THROUGH SIXTEEN RESIDENTS.	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.) Building #3 had a non-operational emergency light in the living area of the facility. Additionally, the facility could not produce documentation for 30 second monthly testing of the emergency lighting during the months of July - December 2021.(NFPA 101, 7.9.3.1.1) - 2.) *Repeat* Building #1 had a Multi-Plug Adapter (MPA) in use in the kitchen. Building #2 had a zip cord in use in resident room #3 and a "daisy chain", Relocatable Power Tap (RPT) to RPT in the office. Building #3 had a small refrigerator next to the medication cart in the main living area plugged into a RPT. - 3.) The exit doors in building #1 and #2 had non-single operational locks. When in the locked position, the knob lock was required to be turned to the unlocked position before turning the knob to exit the building.(NFPA 101, 7.2.1.5.10.2)
2	.410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.	Records for emergency egress and relocation drills must be maintained on file at the facility and contain a date and time of the drill, description, response of the personnel and residents, problems encountered and recommendations for

		improvement. Additionally, facilities are required to involve the actual evacuation of all residents to an assembly point as specified in the emergency action plan. The facility produced documentation for emergency egress and relocation drills from January 2021 - June 2021 and in Building #3 on 9/19/21, but could not produce documentation showing bi-monthly drills were completed in third and fourth quarters of 2021. Documentation failed to show the residents had been evacuated during any of the drills, nor was an assembly point documented in the emergency action plan.
3	.405.04. Fuel-Fired Heating.	*Repeat* 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 for an annual inspection of fuel fired systems in building #1 and #3. (The furnace in building #2 was replaced in November of 2021.) Last known inspection of the gas fireplace in building #3 was 8/19/20.
4	.405.03. Medical Gases.	Resident room #3 in building #2 had an unsecured oxygen cylinder in the bathroom.(NFPA 99, 11.6.2.3)
5	.155.01. Relocation Agreements.	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 2/27/2017.
6	.250.12.j. Resident Sleeping Rooms*	Resident room #1 in building #2 would not latch. There was an "over the door" hanging shelf unit on the inside of the door preventing the door from closing.