IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK– ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
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PHONE 208-334-6626
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October 3, 2016

Russell McCoy, Administrator
Rulon House
415 South Arthur
Pocatello, ID 83204

RE: Rulon House, Provider #13G020

Dear Mr. McCoy:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Rulon House, on September 19, 2016.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **October 17, 2016**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by October 17, 2016. If a request for informal dispute resolution is received after October 17, 2016, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to our staff during our visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,

Nate Elkins
Supervisor
Fire Life Safety & Construction Program

NE/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **02 - ENTIRE STRUCTURE** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G020		**09/19/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULON HOUSE	**2369 RULON** **POCATELLO, ID 83201**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a two-story type V(000) residential type building with sleeping rooms on both levels. There are exits to finished grade on each level. It is sprinklered in living areas, sleeping rooms and closets. There is a complete fire alarm system with full smoke detection coverage. The facility is currently licensed for eight (8) ICF/ID beds. The following deficiencies were cited during the annual fire/life safety survey conducted on September 19, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies in accordance with 42 CFR 483.470. The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety and Construction	K 000	RECEIVED OCT 17 2016 FACILITY STANDARDS	
K0012	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD IMPRACTICAL Buildings are of any construction type in accordance with 8.2.1 other than Type II (000), Type III (200), or Type V (000) construction. 33.2.1.3.3. Exception: Buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5 are permitted to be of any type of construction. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the smoke and fire resistive integrity of the building. Failure to ensure the	K0012	**K0012 483.470(j)(1)(i)** The holes discovered in the hot water closet during an inspection of the facility were repaired immediately. Additionally, maintenance personnel inspected the entire facility to insure there were no additional penetrations. Also, an addition was made to the monthly inspection sheet completed by the home manager to include inspecting for penetrations in closets as well as private bedrooms and common areas of the home. The maintenance personnel use the monthly inspection to supplement their own inspections and insure that all issues are reconciled. Corrective Action Completion Date: September 29, 2016. Person Responsible: Russell C. McCoy, Executive Director and Jesse Atwell, Physical Facilities Manager.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Executive Director	10/14/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0012	Continued From page 1 smoke and fire resistive properties of the facility could allow smoke and dangerous gases to pass freely and add to the rapid development of fire in exposed wall cavities. Findings include: During the facility tour on September 19, 2016, observation of the hot water closet in the basement revealed two penetrations in the ceiling. One was an approximately 6" X 6" hole, the other approximately 1" X 6". When asked, about the holes in the ceiling, the Administrator stated the facility was unaware of the holes. Actual NFPA standard: 8.2.1* Construction. Buildings or structures occupied or used in accordance with the individual occupancy chapters (Chapters 12 through 42) shall meet the minimum construction requirements of those chapters. NFPA 220, Standard on Types of Building Construction, shall be used to determine the requirements for the construction classification. Where the building or facility includes additions or connected structures of different construction types, the rating and classification of the structure shall be based on either of the following: (1) Separate buildings if a 2-hour or greater vertically-aligned fire barrier wall in accordance with NFPA 221, Standard for Fire Walls and Fire Barrier Walls, exists between the portions of the building Exception: The requirement of 8.2.1(1) shall not apply to previously approved separations	K0012		

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K0012	Continued From page 2 between buildings. (2) The least fire-resistive type of construction of the connected portions, if no such separation is provided.	K0012		
K0020	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior stairs are enclosed with ½ hour fire barriers, with all openings equipped with smoke-actuated automatic closing or self-closing doors having a fire protection rating comparable to that required for the enclosure. Stairs comply with 7.2.2.5.3. The entire primary means of escape is arranged so that it is not necessary for the occupants to pass from all spaces on that story by construction having not less than a ½ hour fire resistance rating. In buildings of construction other than Type II (000), Type III (200), or Type V (000), the supporting construction is protected to afford the required fire resistance rating of the supported wall. 33.2.2.4. Exception No. 1: Stairs that connect a story at street level to only one other story are permitted to be open to the story that is not at street level. Exception No. 2: Stair enclosures are not required in buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick response or residential sprinklers. This exception is permitted only if a primary means of escape from each sleeping area still exists that does not pass through a portion of a lower floor, unless that route is separated from all spaces on that floor by construction having a ½ hour fire resistance rating.	K0020	**K0020 483.470(j)(1)(i)** The basement door referenced was replaced immediately and now fits and seals as per regulation. This door is subject to severe closure due to resident behavior. Staff have been instructed as to the correct seal needed on this door and to report any observed deviation to the maintenance personnel. It is part of the monthly inspection completed by the home manager and includes checking all doors in the homes. Corrective Action Completion Date: September 22, 2016. Person Responsible: Russell C. McCoy, Executive Director and Jesse Atwell, Physical Facilities Manager.	

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K0020	Continued From page 3 Exception No. 3: Stair enclosures are not required in buildings of two or fewer stories that house prompt evacuation capability facilities with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick-response or residential sprinklers. Exception No. 2 to 33.2.2.3 is not used in conjunction with this exception. The exceptions to 33.2.3.4.3 are not used in conjunction with this exception. Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected by an approved automatic sprinkler system in accordance with 33.2.3.5, stairs are permitted to be open at the top most story only. The entire primary means of escape of which the stairs are a part is separated from all portions of lower stairs. IMPRACTICAL Vertical openings are protected so as not to expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes. 32.3.1.1, 33.2.3.1.1 Exception: Stairs are permitted to be open where complying with Exception No. 2 or Exception No. 3 to 32.2.2.4 and 33.2.2.4. This STANDARD is not met as evidenced by: Based on observation, operational testing, and	K0020		

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K0020	Continued From page 4 interview, the facility failed to maintain doors that protect vertical openings. Failure to maintain doors that protect vertical openings could allow smoke and dangerous gases to pass freely between floors and hinder egress of occupants during a fire event. Findings include: During the facility tour on September 19, 2016, observation and operational testing of the door to the basement stairs revealed that the door had a large approximately 2-1/2" gap at the bottom of the door, an approximately 3/4" gap at the top of the door and an approximately 1/4" gap along the leading edge of the door and the door frame which would not resist the passage of smoke. When asked, the Administrator stated that the facility was not aware that the door was not sealing properly. Actual NFPA standard: 33.2.3.1 Protection of Vertical Openings. 33.2.3.1.1 Vertical openings shall be protected so as not to expose a primary means of escape. Vertical openings shall be considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions shall have a fire resistance rating of not less than 1/2 hour. Any doors or openings to the vertical opening shall be capable of resisting fire for not less than 20 minutes. Exception: Stairs shall be permitted to be open where complying with Exception No. 2 or Exception No. 3 to 33.2.2.4.	K0020		

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K0046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure electrical wiring was in accordance with the National Electrical Code. Exposure of open electrical connections or wiring could result in fires by arcing or electrocution. Findings include: During the facility tour on September 19, 2016, observation of the electrical panel in the basement bathroom revealed a blank cover missing, exposing the interior of the electrical panel. When asked, the Administrator stated he was unaware of the cover missing from the panel. Actual NFPA standard: 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. NFPA 70 110.12 Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanlike manner. (A) Unused Openings. Unused cable or raceway openings in boxes, raceways, auxiliary gutters, cabinets, cutout boxes, meter socket enclosures, equipment cases, or housings shall be effectively closed to afford protection substantially equivalent to the wall of the equipment. Where metallic plugs or plates are used with nonmetallic enclosures, they shall be recessed at least 6 mm	K0046	**K0046 483.470(j)(1)(i)** The missing blank for the electrical panel was replaced within minutes of discovering it missing. Maintenance personnel will check the breaker boxes periodically to ensure all wiring is properly covered. Corrective Action Completion Date: September 19, 2016. Person Responsible: Jesse Atwell, Physical Facilities Manager.	

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K0046	Continued From page 6 (¼ in.) from the outer surface of the enclosure.	K0046		
K0056	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 2: Not applicable Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier. Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R,	K0056	**K0056 483.470(j)(1)(i)** The automatic sprinkler system is on an annual inspection schedule with a licensed vendor, Viking Sprinkler. They were behind this year and failed to complete our inspection on time. After a call to them, it was completed on 09/28/2016 and it passed full inspection with no required repairs. To avoid this lapse in the future, the scheduled inspection has been added to an internal monitoring form and digital calendar that will be used to insure the inspection and required repairs are done within the one-year time frame. Corrective Action Completion Date: September 28, 2016. Person Responsible: Russell C. McCoy, Executive Director	

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K0056	Continued From page 7 Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. Exception No. 5: Not applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: Not Applicable Exception No. 2: Not Applicable Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier. Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.	K0056		

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K0056	Continued From page 8 Exception No. 5: Not Applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2. Exception No. 1: Not Applicable. Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 3: Not Applicable. Exception No. 4: Not Applicable. Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R,	K0056		

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K0056	Continued From page 9 Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier. Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain sprinkler systems in accordance with NFPA 25. Failure to maintain sprinkler systems as required could result in insufficient suppression during a fire. Findings include: During record review conducted on September 19, 2016, the facility was unable to produce an inspection record for the annual sprinkler inspection. (Last inspection 7/14/15) When asked, the Administrator was unaware the inspection was not completed. Actual NFPA standard: 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25	K0056		

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K0056	Continued From page 10 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Exception No. 1*: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.	K0056		

Bureau of Facility Standards

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STREET ADDRESS, CITY, STATE, ZIP CODE: **2369 RULON POCATELLO, ID 83201**

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M 000	16.03.11 Initial Comments The facility is a two-story type V(000) residential type building with sleeping rooms on both levels. There are exits to finished grade on each level. It is sprinklered in living areas, sleeping rooms and closets. There is a complete fire alarm system with full smoke detection coverage. The facility is currently licensed for eight (8) ICF/ID beds. The following deficiencies were cited during the annual fire/life safety survey conducted on September 19, 2016. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies in accordance with 42 CFR 483.470 and IDAPA 16.03.11 - Intermediate Care Facilities for People with Intellectual Disabilities. (ICFS/ID) The Survey was conducted by: Linda Chaney Health Facility Surveyor Facility Fire Safety and Construction	M 000	RECEIVED OCT 17 2016 FACILITY STANDARDS	
MM322	16.03.11740 Fire, Life Safety - Existing Facility All buildings on the premises of an ICF/ID must meet all the requirements of local, state, and national codes concerning fire and life safety standards that are applicable to ICFs/ID. This Rule is not met as evidenced by: Please refer to "K" tags on CMS 2567 K 12 - Building Construction K 20 - Vertical Openings	MM322	**MM322 16.03.11740 Fire, Life Safety** Refer to K0012 Refer to K0020 Refer to K0046 Refer to K0056	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Russell [illegible] | TITLE: Executive Director | (X6) DATE: 10/14/2016

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: **02 - ENTIRE STRUCTURE** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G020		**09/19/2016**

NAME OF PROVIDER OR SUPPLIER: **RULON HOUSE**

STREET ADDRESS, CITY, STATE, ZIP CODE: **2369 RULON**
POCATELLO, ID 83201

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MM322	Continued From page 1 K 46 - Utilities K 56 - Automatic Sprinkler Systems	MM322		
MM326	16.03.11740.02 Existing LIfe Safety Code Each ICF/ID must meet provisions of the National Fire Protection Association (NFPA) Standard 101, The Life Safety Code, incorporated in Section 004 of these rules, applicable to an ICF/ID, as specified below: This Rule is not met as evidenced by: Based on observation and interview the facility failed to provide doors to sleeping rooms that resist the passage of smoke and fire. Failure to protect sleeping rooms with doors could allow smoke, dangerous gasses, and fire to spread rapidly and affect egress of occupants. Findings include: During the facility tour on September 19, 2016 observation of two (2) of the resident sleeping rooms in the basement revealed the doors to the rooms had been removed and replaced with curtains. When asked, the Administrator said the doors had been removed based on client needs. The facility was unaware that doors were required. IDAPA standard: 740.02. Existing Life Safety Code Requirements. Each ICF/ID must meet provisions of the National Fire Protection Association (NFPA) Standard 101, The Life Safety Code, incorporated in Section 004 of these rules, applicable to an ICF/ID, as specified below: (7-1-15)	MM326	**MM326 16.03.11740 Fire, Life Safety** The curtains used for resident safety have been removed per the citation listed. They have been replaced with solid core doors that comply with regulations regarding sealing and latching. The facility will explore other alternatives to address the issue of resident injury from slamming the bedroom doors. Corrective Action Completion Date: October 14, 2016. Person Responsible: Russell C. McCoy, Executive Director and Jesse Atwell, Physical Facilities Manager	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - ENTIRE STRUCTURE B. WING	(X3) DATE SURVEY COMPLETED
	13G020		09/19/2016

NAME OF PROVIDER OR SUPPLIER: RULON HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE: 2369 RULON, POCATELLO, ID 83201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM326	Continued From page 2 a. Each existing facility housing sixteen (16) or fewer individuals on a single story must meet the requirements of Chapter 33, Existing Residential Board and Care Occupancies, Small Facilities, Impractical Evacuation Capabilities, specifically the sections found within 33.1, 33.2 and 33.7, and the applicable provisions of Chapters 1 through 10 of the NFPA Standard 101, The Life Safety Code. (7-1-15) NFPA 101 33.2.3.6.1 The separation walls of sleeping rooms shall be capable of resisting fire for not less than 1/2 hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15-minute thermal barrier. Sleeping room doors shall be substantial doors, such as those of 13/4-in. (4.4-cm) thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels shall be fixed fire window assemblies in accordance with 8.2.3.2.2 or shall be wired glass not exceeding 1296 in.2 (0.84 m2) each in area and installed in approved frames. Exception No. 1: In prompt evacuation capability facilities, all sleeping rooms shall be separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing shall be regulated by 33.2.3.6.4. Exception No. 2: This requirement shall not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there shall be no limitation on the type or size of glass panels. Door closing shall be regulated by 33.2.3.6.4. Exception No. 3: Sleeping arrangements that are not located in sleeping rooms shall be permitted	MM326		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: **02 - ENTIRE STRUCTURE** B. WING _____	(X3) DATE SURVEY COMPLETED
	13G020		**09/19/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULON HOUSE	**2369 RULON** **POCATELLO, ID 83201**

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MM326	Continued From page 3 for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff who might be sleeping. Exception No. 4: In previously approved facilities, where the facility has demonstrated to the authority having jurisdiction that the group is capable of evacuating the building in 8 minutes or less, or where the group achieves an E-score of three or less using the board and care occupancies evacuation capability determination methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms shall be separated from escape routes by walls and doors that are smoke resistant. 33.2.3.6.3 Doors shall be provided with latches or other mechanisms suitable for keeping the doors closed. No doors shall be arranged to prevent the occupant from closing the door.	MM326		