NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
SPRING WIND ALF	1072 N. 22ND ST., LARAMIE WY 82072	04/21/09

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
An annual Health and Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 4/21/09. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) and for Licensure (Chapter 4) of Assisted Living Facilities.		
Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services. (n) Physical Plant (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below: (Z) Portable space heaters shall not be used. **This REGULATION was not met as evidenced by:** Based on observation and staff interview, the facility failed to prohibit the use of portable space heaters in one resident room. The findings were: A portable space heater was observed attached to the wall in resident bathroom #117 on 4/21/09 at 12:30 PM. The observation was verified by the facility manager at that time. (o) Evacuation Capability, Emergency Procedures, and Fire Safety (iii) Fire Safety. (A) Portable fire extinguishers shall be	The facility will ensure that sleeping rooms will be equipped in compliance with the requirement of portable space heaters shall not be used. This will be accomplished by: New Resident Handbook states "Portable space heaters may not be used at anytime due to the fact that they can start fires and pose a threat to the safety of our community." The handbook has been distributed and reviewed with residents and family members during review of Residency Agreements. The handbook will be further reviewed at Town Hall on 5/19/09. This information will be reviewed and distributed during new move-in paper work. The Director of Environmental Services will oversee weekly housekeeping cleaning and inspection. Housekeeping personnel will report any sight of a space heater. space Heater was removed from Resident bath room #117.	4/30/09

RECEIVED
Wyoming Dept of Health

Tara Stone Executive Director MAY 21 2009 5.19.09

Provider Representative's Signature/Title Date

Office of Healthcare Licensing and Surveys

Revised/approved changes on pages 1 and 3 after TC w Manager Tara Stone on 5/26/9 @ 4:30 PM

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installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers. **This REGULATION was not met as evidenced by:** Based on record review and staff intrview, the facility failed to inspect 25 of 25 portable fire extinguishers as required. The findings were: Review of the facility's documentation revealed the monthly inspection of all of the facility's 25 portable fire extinguishers, including the K extinguisher in the kitchen, was not done during March 2009. The facility manager stated March was missed due to staff turnover. *4-3.1 Inspection Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30 day intervals.* *4-4.1 Maintenance Frequency. Extinguishers shall be subjected to maintenance not more than one year apart.* (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (iii) Fire Safety. (E) Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility. **This REGULATION was not met as evidenced by:**	The facility will ensure that all portable fire extinguishers are installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers. This will be accomplished by: The Director of Environmental Services has been in-serviced and educated on this regulation. The Director of Environmental Services will provide on-going monthly inspections of all 25 portable fire extinguishers. A log of this inspection will be maintained by the Director of Environmental Services. The Quality Improvement Coordinator will monitor for compliance. And report at the quarterly Quality Improvement meeting.	4/30/09

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Based upon record review and staff interview, the facility failed to ensure at least one fire drill on each shift per quarter was conducted. The findings were: Review of fire drill records from the previous year revealed all fire drills were not conducted during the first quarter of 2009. The facility manager stated this was missed due to staff turnover. **Chapter 4, Section 10. Life Safety and Electrical Safety** **This REGULATION was not met as evidenced by:** 1. Based on observation, record review, staff interview and fire suppression system consultant interview, the facility failed to maintain, test, and document the installed fire alarm system in accordance with the provisions of NFPA 72. The following concerns were noted: a. Record review showed the facility was equipped with one fire alarm control panel in the medication room, one remote panel near the facility main entrance, seven duct detectors, two heat detectors, eleven fire alarm pull boxes, sixty-five horns and sixty-five strobe devices, one supervisory signal and twelve water flow devices. Record review also revealed the last testing of the fire alarm system was conducted on 8/25/05 by Phoenix Fire Services. In addition, there were no records to indicate the smoke detectors had a sensitivity test completed during the previous 24 months. Interview with the facility manager on 4/21/09 at 4 PM	The facility will ensure that fire drills are conducted at a minimum, of twelve times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. This will be accomplished by: The Director of Environmental Services has been in-serviced and educated on this regulation. The Director of Environmental Services will provide on-going monthly fire drills as regulation states. Documentation and a log will be maintained by the Director of environmental Services. The Quality Improvement Coordinator will monitor for compliance. And report at the quarterly Quality Improvement meeting. The facility will ensure that the fire alarm system will be maintained and tested annually. This will be accomplished by: New contract agreement has been established with Cintas Fire Protection. Cintas is scheduled to perform inspection 5.20.09. Annual inspections will be on-going. The "trouble" reading will be addressed and re-programmed to sound the alarm system at this time. Environmental Services Director will monitor with Annual Inspection Checklist.	4/30/09 5 6/20/09

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confirmed the fire alarm system had not been inspected in the past year.
b. A staged fire alarm drill was conducted on 4/21/09 at 2:48 PM. Part of the drill was to test the kitchen's ANSUL fire suppression system at the request of a fire suppression system consultant. Observation of the facility fire alarm control panel at the time of the drill revealed a "trouble" signal was received by the control panel rather than an "alarm" signal. Review of the 10/7/08 kitchen fire suppression system inspection records revealed a faulty micro switch was identified at that time as needing to be replaced. Interview of the fire suppression system consultant and the facility's manager confirmed the faulty switch should be replaced.

Reference NFPA 101 Life Safety Code, 1994 Edition
"NFPA 101, Chapter 32 Referenced Publications:"
"NFPA 72, National Fire Alarm Code, 1999 edition."
"Table 7-3.2"
"14. Remote Annunciators, tested annually"
"15. Initiating Devices"

a. Duct Detectors, tested annually"
"e. Heat Detectors, tested annually"
"f. Fire Alarm Boxes, tested annually"
"h. All Smoke Detectors, tested annually"
"i. Smoke Detector Sensitivity, tested bi-annually"
"j. Supervisory Signal Devices, tested quarterly"
"k. Waterflow Devices, tested quarterly"
"19. Alarm Notification Appliances"
"a. Audible Devices, tested annually"
"c. Visible Devices, tested annually"

2. Based on record review and staff interview, the facility failed to perform,

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collect, and record emergency lighting testing information as required. The findings were: Review of facility records revealed the monthly testing of the facility's fourty-one emergency lights and the facility's thirty-five exit lights was not conducted during the month of March, 2009. The facility manager stated March was missed due to staff turnover. *Reference NFPA 101 Chapter 31 Operating Features* *3-1-1.3.7: A functional test shall be conducted on every required (battery-operated) emergency lighting system at 30-day intervals for a minimum of thirty seconds. An annual test shall be conducted for the one and one-half hour duration. Equipment shall be fully operational for the duration of the test. Written records of testing shall be kept by the owner for inspection by the authority having jurisdiction.*	The facility was unable to produce the documentation to support emergency light and exit light testing during the month of March. This function was indeed performed on March 30th. Documentation is attached. The Director of Environmental Services will continue to provide on-going monthly inspections and will maintain a log in the preventative maintenance procedure. The facility will maintain the automatic sprinkler system in accordance with NFPA 13, Standards for the Installation of Sprinkler Systems. This will be accomplished by:	4/30/09
3. Based upon observation and staff interview, the facility failed to maintain the automatic sprinkler system in accordance with NFPA 13, Standards for the Installation of Sprinkler Systems. The findings were: Observation on 4/21/09 at 12:48 PM revealed the ceiling sprinkler head escutcheons were more than one quarter inch away from the ceilings in the walk in refrigerator, and resident rooms #103 and #201. *Reference NFPA 101 Life Safety Code, 1994 Edition* *"NFPA 101, Chapter 32 Referenced Publications"* *"NFPA 13.* *22-3.3.5.1 all buildings shall be protected throughout by an approved, automatic sprinkler*	Noted sprinkler heads have been restored to placement flush with the ceiling. The sprinkler heads will be monitored by the Director of Environmental Services in conjunction with monthly preventative maintenance procedures. The Quality Improvement Coordinator will monitor for compliance. And report at the quarterly Quality Improvement meeting.	4/30/09

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system installed in accordance with section 7-7.... *7-7.1.1 each automatic sprinkler system required by another section of the Code shall be installed according to NFPA 13* *6.2.7.2 Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly.*		
4. Based on observation and staff interview, the facility failed to provide an electrical system installed in accordance with NFPA 70. The findings were: Observation on 4/21/09 revelaed the following locations had non GFI (Ground Fault Interrupter) electrical outlets located within six feet of a sink: Two outlets in the activity room, one outlet over the handwashing sink in the kitchen, and in resident rooms #100, #102 #104, #105 and #202. The facility's manager confirmed the above observations.	The facility will ensure all outlets located within 6 feet of a sink will be GFI electrical outlets. The referenced outlets have been replaced.	5/30/09
Reference NFPA 101 Life Safety Code, 1988 Edition *"NFPA 101, Chapter 32 Referenced Publications"* *"NFPA 70, National Electrical Code, 1993 edition"* *"517-20. Wet Locations.* *(a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection..."*	The facility will ensure that flexible cords will not be used as a substitute for the fixed wiring of a structure. This will be accomplished by: The referenced surge protector was removed at the time of the survey.	6/5/09
5. Based on observation and staff interview, the facility failed to ensure the electrical system was installed in accordance with NFPA 70. The finding was: Observation on 4/21/09 at 1:48 PM revealed one surge protector was plugged into another surge protector under the	The Safety Committee will review this regulation on May 28, 2009. all staff will be educated at the next all-staff meeting on June 5, 2009. The Director of Environmental Services will monitor compliance in conjunction with monthly preventative maintenance procedures.	

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administrative assistant's desk. The distal surge protector had several electrical appliances plugged into it. The facility's manager confirmed the above observation. *Reference NFPA 101 Life Safety Code, 1988 Edition:* *"NFPA 101, Chapter 32 Referenced Publications:"* *"NFPA 70, National Electrical Code, 1999 edition"* *"400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following:* *(l) As a substitute for the fixed wiring of a structure.."*		