NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
Sierra Hills Assisted Living Community	4606 North College Drive Cheyenne, WY 82001	April 24, 2008

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
A survey was conducted at your facility on April 24, 2008, by the Office of Healthcare Licensing and Surveys (OHLS). **Program Administration of Assisted Living Facilities Chapter** **Section 7. Assisted Living Facility (ALF) Core Services.** **(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:* A. Based on record review and staff interview the facility failed to ensure fire drills were conducted on each shift during 3 of 4 quarters. The findings were: 1. Review of the fire drill testing records revealed a fire drill was not conducted on the night shift during the second quarter of 2007 or the first quarter of 2008. 2. Review of the fire drill testing	Re-accepted w/ Food Manager, Administrator, on 5/2-1/08. Section 7. Assisted Living Facility (ALF) Core Services, (o) (iii) (E). A. The facility will ensure fire drills are conducted at least 12 times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. 1. Fire drills will be conducted on all three shifts, to include the night shift, each quarter. 2. The facility Maintenance Director will schedule monthly fire drills and document shift conducted on Quality Assurance Master Audit Sheet as a measure to ensure monthly fire drills cover each of the three shifts on different months each quarter. 3. The Administrator will conduct Quality Assurance checks to verify fire drills are conducted and documented on each shift every quarter and conduct random observations as a secondary means of Quality Assurance.	05/16/08

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Provider Representative's Signature/Title

5-17-08
Date

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records revealed fire drill staff training was conducted on the night shift during the fourth quarter of 2007, but residents were not evacuated or involved. 3. The administrator confirmed the fire drills had not been conducted during an interview on 4/24/08 at 11:30 AM. **Rules and Regulations for Licensure of Assisted Living Facilities** **Section 10. Life Safety and Electrical Safety.** The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply. **(ii)** Assisted Living Facilities operating prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility. *This regulation was NOT MET as evidenced by:* A. Based on observation and staff interview the facility failed to ensure hazardous areas were separated from resident use areas in 1 of 6 smoke compartments. 1. Observations on 4/24/08 between 8 AM and 9 AM revealed the following hazardous areas did not have automatic closing devices: a. The records storage closet in the marketing office. b. The first floor south laundry room.	Section 10. Life Safety and Electrical Safety, (ii). A. Facility will ensure hazardous areas are separated from resident use areas in all six (6) smoke compartments. 1 (a) Automatic closing device was installed on the records storage closet in the marketing office on May 14, 2008. 1 (b) Automatic closing device was installed on the first floor south laundry room on April 25, 2008. 2. Hazardous areas, to include automatic closing devices in each of the 6 smoke compartments, will be inspected by Maintenance Director quarterly as part of the Quality Assurance program. Administrator will review Quality Assurance checks quarterly to ensure inspections are completed and documented.	5/14/08

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2. Interview with the administrator on 4/24/08 at 8:14 AM revealed hazardous areas were not routinely inspected. *Reference NFPA 101 Life Safety Code, 1994 Edition* *"22-3.3.6.6 Doors in walls required by 22-3.3.6.1 and 22-3.3.6.2 shall be self-closing or automatic-closing in accordance with 5-2.1.8 doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 5-2.1.8...."* *"...Exception No. 2: In buildings protected throughout by an approved, automatic sprinkler system installed in accordance with 22-3.3.5, doors, other than doors to hazardous areas, vertical openings, and exit enclosures, shall not be required to be self-closing or automatic-closing."*		5/12/08
B. Based on observation and staff interview the facility failed to ensure means of egress corridors were maintained clear and unobstructed in 4 of 6 smoke compartments. The findings were: 1. Observation on 4/24/08 between 8 AM and 11 AM revealed all four egress corridors had side tables located along the walls. These tables projected 18 inches into the corridors. Interview with the administrator at the time of observations revealed he was unaware the tables were considered obstructions. *Reference NFPA 101 Life Safety Code, 1994 Edition:* *"22-3.2.3.1 The capacity of means of egress shall be in accordance with Section 5-3."* *"5-3.2* Measurement of Means of Egress. Width of means of egress shall be measured in the clear at the narrowest point of*	Section 10. Life Safety and Electrical Safety, (ii). B. The facility will ensure means of egress corridors are maintained clear and unobstructed in all smoke compartments. 1. Side tables along the walls of four (4) egress corridors have been relocated by Maintenance Director to ensure egress corridors are clear and unobstructed. Maintenance Director will ensure egress corridors are evaluated for clearance during quarterly Quality Assurance inspections. Administrator will ensure quarterly Quality Assurance inspections are conducted and documented as part of Quality Assurance program.	5/16/08

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the exit component under consideration." *"Exception: Projections not to exceed 3 and one half inches on each side are permitted at and below handrail height."*		5/20/08
B. Based on observation and staff interview the facility failed to ensure building surfaces were fully sheathed in 1 of 6 smoke compartments. The findings were: 1. Observation on 4/24/08 at 10:50 AM revealed the elevator equipment room had a 12-inch unprotected hole cut into the ceiling. Interview with the administrator revealed contractors had been working in the area the previous week. *Reference NFPA 101 Life Safety Code, 1994 Edition:* *"22-3.1.3.1 Construction requirements for large facilities shall be as required by this section. Where noted as fully sheathed, @ the interior shall be covered with a lath and plaster or material providing a 15-minute thermal barrier."*	B. The facility will ensure building surfaces are fully sheathed in all smoke compartments. 1. Ceiling in elevator equipment room was patched, closed, and sheathed on April 24, 2008. Maintenance Director will evaluate all building surfaces to ensure they are fully sheathed during quarterly Quality Assurance inspections. Administrator will ensure quarterly Quality Assurance inspections are conducted and documented as part of Quality Assurance program.	04/25/08
C. Based on observations and staff interview the facility failed to ensure 1 of 8 smoke barrier doors fully latched into its frame. The findings were: 1. Observation on 4/24/08 at 10:48 AM revealed the automatic closing device attached to one of two smoke barrier door in the first floor north smoke compartment was not able to fully latch the door into its frame, with three attempts. Interview with the maintenance director at the time of the observation revealed the smoke barrier doors were inspected	C. The facility will ensure all 8 smoke barrier doors fully latch into their frames. 1. Automatic closing device attachment was adjusted on April 25, 2008 on smoke barrier door in the first floor north smoke compartment and is now able to fully latch the door into its frame. Maintenance Director will evaluate all smoke barrier doors to ensure they fully latch into their frames during monthly fire drill evaluations. Administrator will ensure monthly fire drill evaluations are documenting evaluations of smoke barrier door latch inspections as part of Quality Assurance program.	04/25/08

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monthly. *Reference NFPA 101 Life Safety Code, 1994 Edition:* *"31.1.3.1 Whenever of wherever and device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of the Code, such device, equipment, condition, arrangement, level of protection, or other feature shall be thereafter permanently maintained unless the Code exempts such maintenance."*		5/25/08
D. Based on observation, record review and staff interview the facility failed to ensure sleeping rooms were provided with smoke detectors and failed to replace batteries in single station smoke detectors in 6 of 6 smoke compartments. The findings were:	D. The facility will ensure sleeping rooms are provided with smoke detectors and will replace batteries in single station smoke detectors in all smoke compartments.	
1. Observation on 4/24/08 at 9:55 AM revealed the smoke detector in the bedroom of resident room #224 had been removed. Interview with the administrator at the time of observation revealed the previous maintenance director had ordered new smoke detectors to replace known damaged detectors. He further reported the new smoke detectors were delivered on 4/21/08	1. Smoke detector in residents sleeping room in Apartment 224 was replaced on April 24, 2008.	04/24/08
2. Observation on 4/24/08 between 10 AM and 10:30 AM revealed the following resident rooms each had smoke detectors that were hanging from the ceiling by electrical wiring: **a.** Resident room #230. **b.** Resident room #234. **c.** Resident room #243.	2. Smoke detectors in apartments 230, 234, and 243 were remounted on April 24, 2008.	04/24/08
3. Confidential interview revealed that		

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the smoke detectors had been hanging from the ceiling in at least one room since 3/15/08.	3. Maintenance Director has inspected smoke detectors in all apartments to ensure smoke detectors are mounted, and will inspect monthly as part of the Quality Assurance program.	5/27/08 04/25/08
4. Review of the owner's manual for the installed smoke detectors revealed all smoke detectors were equipped with 9 volt batteries. The manufacturer recommended the batteries be replaced on an annual basis. Interview with the administrator revealed the facility had not been replacing the batteries on a routine basis.	4. 9 volt batteries in all smoke detectors will be replaced on an annual basis by Maintenance Director and documented as part of the Quality Assurance program.	~~06/20/08~~ 6/06/08
Reference NFPA 101 Life Safety Code, 1994 Edition: *"22-3.3.4.7 Smoke detectors. Each sleeping room shall be provided with an approved, single-station smoke detector in accordance with 7-6.2.9, powered from the building electrical system."*		
E. Based on observations and staff interview the facility failed to ensure all sprinkler heads were unobstructed in 3 of 6 smoke compartments. The findings were:	E. The facility will ensure sprinkler heads are unobstructed in all smoke compartments.	
1. Observation on 4/24/08 at 8:09 AM revealed one of two sprinkler heads in the first floor south laundry room was obstructed by a fluorescent light. The light was mounted 4 inches away and 3 inches below the sprinkler head.	1. The sprinkler head in south laundry room was lowered below the fluorescent light by Phoenix Fire on May 9, 2008.	5/9/08
2. Observations on 4/24/08 between 8:30 AM and 11 AM revealed the following locations had items stored within18 inches of the sprinkler: a. The closet in resident room #104.	2. Items in the following rooms closets were removed from within 18 inches of sprinkler head: a. Apartment 104 b. Apartment 116 c. Apartment 135	4/28/08
	3. The Maintenance Director inspected all remaining rooms to ensure 18 inch clearance around sprinkler heads, and placed red tape around sprinkler heads in closet to designate non storage areas for residents. Maintenance Director will ensure apartments are evaluated to check for 18 inch clearance during quarterly Quality Assurance inspections. Administrator will ensure quarterly Quality Assurance inspections are conducted and documented as part of Quality Assurance program.	4/28/08

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b. The closet in resident room #116.
c. The closet in resident room #135.

3. Interview with the administrator on 4/24/08 at 8:31 AM revealed the fire sprinkler system was inspected monthly.

Reference NFPA 101 Life Safety Code, 1994 Edition:

"22-3.3.5.1 All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with Section 7-7..."

"7-7.1.1 Each automatic sprinkler system required by another section of this Code shall be installed in accordance with NFPA 13 Standard for the Installation of Sprinkler Systems...."

NFPA 13 Standard for the Installation of Sprinkler Systems, 1994 Edition:

"4-4.1.6 Clear Space below Sprinklers. A minimum of 18 in. clearance shall be maintained between the top of storage and ceiling sprinkler deflectors."

F. Based on observation and staff interview the facility failed to ensure window curtains were flame retardant in 1 of 6 smoke compartments. The findings were:

1. Observation on 4/24/08 at 10:25 AM revealed the window curtains in resident room #138 were not flame retardant. Interview with the administrator at the time of observation verified the curtains were not flame retardant.

Reference NFPA 101 Life Safety Code, 1994 Edition:

"31-7.5.1 New draperies, curtains and other similar loosely hanging furnishings and decorations in board and care facilities shall be in accordance with the provisions of 31-1.4.1."

F. Facility will ensure window curtains are flame retardant.

1. Window curtains in Apartment 138 were removed on April 25, 2008 by Maintenance Director. — 4/25/08

Maintenance Director will ensure window curtains are inspected in all smoke compartments to ensure they are flame retardant during quarterly Quality Assurance inspections.

Administrator will ensure quarterly Quality Assurance inspections are conducted and documented as part of Quality Assurance program.

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"31-1.4.1 Where required by the applicable provisions of this chapter, draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame retardant as demonstrated by passing both the small- and large-scale tests of NFPA701..." **G.** Based on observation and staff interview the facility failed to ensure electrical equipment was provided with adequate work space and failed to prevent temporary flexible wiring from replacing permanent fixed wiring in 4 of 6 smoke compartments. The findings were: **1.** Observation on 4/24/08 at 8:19 AM revealed a floor buffer was stored in front of the main electrical shut off switch in the main electrical room. Interview with the administrator at the time of observation revealed he was unaware items could not be stored in front of electrical equipment. Observation on 4/24/08 between 8 AM and 11 AM revealed the following locations had temporary wiring being used in place of permanent wiring: **a.** The television set in resident room #115 was plugged into a 3-way adapter. **b.** The television set in resident room #108 was plugged into a 3-way adapter. **c.** The toaster in resident room #205 was plugged into an extension cord. **d.** The television set in resident room #212 was plugged into an extension cord. **e.** The microwave oven in the	G. The facility will ensure electrical equipment is provided with adequate work space, and will ensure that temporary flexible wiring is not replaced with permanent fixed wiring in all smoke compartments. 1. Floor buffer was relocated to another room away from electrical equipment on April 24, 2008. The temporary wiring in locations listed below were removed and electrical items plugged into permanent wire fixtures. a. 3-way adapter for television set in Apartment 115 has been removed. b. 3-way adapter for television set in Apartment 108 has been removed. c. Extension chord used to plug in toaster in Apartment 205 has been removed. d. Extension chord used to plug in television set in Apartment 212 has been removed. e. 6-way adapter in housekeeping office has been removed.	5/27/08 4/24/08 5/1/08

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housekeeping office was plugged into a surge protector which was plugged into a 6-way adapter. f. The television set in resident room #136 was plugged into a 3-way adapter. Interview with the administrator on 4/24/08 at 8:24 AM revealed the electrical system was inspected monthly.	f. 3-way adapter that television set was plugged into in Apartment 136 has been removed. Maintenance Director will ensure electrical systems are inspected monthly as part of the Quality Assurance program. Administrator will ensure monthly Quality Assurance inspections are conducted and documented as part of Quality Assurance program.	5/1/08 5/27/08