NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
Park Place Assisted Living Community	1930 East 12th Street Casper, WY 82601	10/20-21/08

RECEIVED Wyoming Dept of Health DEC 0 5 2008 Office of Healthcare Licensing and Surveys

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
A survey was conducted at your facility on October 20-21, 2008 by the Office of Healthcare Licensing and Surveys (OHLS). **Program Administration of Assisted Living Facilities** <u>Section 7</u>. Assisted Living Facility (ALF) Core Services. **(a)** Furnishings, Buildings, Physical Plant. **(i)** One half of the licensed beds shall be private rooms; **(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, (e.g. electric or kerosene). *This regulation was NOT MET as evidenced by:* A. Based on observation and staff interview the facility failed to ensure portable space heaters were restricted in one of seven smoke compartments. The findings were: Observation on 10/20/08 at 4:35 PM revealed a space heater was in use in resident room #310. Interview with the administrator on 10/21/08 at 10:30 AM revealed rooms were not routinely inspected to ensure space heaters were not being used. **Program Administration of Assisted Living Facilities** <u>Section 7</u>. Assisted Living Facility (ALF) Core Services.	A. Space heater was in use in residents room, and were not routinely inspected. 10-21-08 Space heater was removed from the residence room. We also made an announcement to residence these type of devices are not allowed in the facility. The maintenance supervisor conduced a room to room search ensuring compliance with the free standing heaters. This will be routinely checked by house-keeping, Maintenance supervisor and administrator ensuring compliance on a weekly basis with housekeeping. This will be mentioned to all current residence while doing quarterly service plans. All deficient items will be reviewed during the quarterly/quality assurance meeting. Items will be reviewed until problem is not observed for two consecutive quarters. [signature] CERTIFIED MAIL 7005 1820 0000 1642 7850	

POC modifications accepted with [illegible] on 12/11/08. [signature]

[signature] 12-4-08

Provider Representative's Signature/Title | Date

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(e) 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:* B. Based on record review and staff interview the facility failed to ensure fire drills were held on each shift for two of the past four quarters. The findings were.	B. The fire drill records revealed a fire drill had not been conducted on a quarterly basis. We reveiwed the fire drill schudule for the year on 11-04-08. We reveiwed the policy for compliance of the fire drills according to Lifesafety on the same date. The fire drill record will be reviewed by the Administrator and the safety committee on a quarterly basis. [illegible] R.N.	
1. Review of the fire drill records revealed a fire drill had not been conducted for the following shifts: a. The first shift during the second quarter of 2008. b. The third shift during the second quarter of 2008. c. The third shift during the third quarter of 2008. 2. Interview with the maintenance director on 10/21/08 at 9:45 AM revealed she was unaware fire drills were required to be conducted on each shift. **Rules and Regulations for Licensure of Assisted Living Facilities** Section 10. Life Safety and Electrical		

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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 evidence by:* C. Based on observation and staff interview the facility failed to ensure the ceilings were smoke resistant in one of seven smoke compartments. The findings were: Observation on 10/20/08 at 4:42 PM revealed the corridor attic access panel near resident room #316 had a one inch by two inch hole. Interview with the maintenance director on 10/21/08 at 9:45 AM revealed the panel was damaged one month earlier by an outside contractor. *"Reference NFPA 101 Life Safety Code, 1994 Edition:"* *"22-3.3.6.2 Sleeping rooms shall be separated from corridors and other common spaces by fire barriers complying with 23-3.3.6.3 through 23-3.3.6.6"* *"22-3.3.6.3 Fire barriers required by 22-3.3.6.1 or 22-3.3.6.2 shall have a fire resistance rating of not less than 20 minutes."* *"Exception No. 1: In buildings protected throughout by an approved, automatic sprinkler system...no fire resistance rating shall be required, but barriers shall resist the passage of smoke."* *"22-3.3.6.5 Walls and doors required by 23.3.3.6.1 and 23.3.3.6.2 shall be constructed to resist the passage of smoke...."*	C. The facility failed to ensure that the ceilings were smoke resistant and there is a hole in the access panel on the third floor. The panel will be replaced assuring that the integrity of the panel is not compromised by the maintenance supervisor by 11-4-08. All employees were in-serviced about reporting needed repairs on 11-10-08. This will be monitored by the administrator and safety committee on a quarrly basis.

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D. Based on observation and staff interview the facility failed to ensure one of two stair towers was fire resistant. The findings were: Observation on 10/20/08 between 3:30 PM and 5 PM revealed the door frames in the east stair tower were not fire resistant. The strike plates on three egress door frames in the east stair tower had been removed preventing the doors from being able to latch into the frames. Interview with the administrator and maintenance director on 10/21/08 at 10:30 AM revealed they were unaware the doors required strike plates. Further review revealed they were not aware as to when the strike plates were removed. *"Reference NFPA 101 Life Safety Code, 1994 Edition:"* *"22-3.3.1.1 Every Stairway, elevator shaft, and other vertical opening shall be enclosed or protected in accordance with 6-2.4."* *"6-2.4.4 the minimum fire resistance rating for the enclosure of floor openings shall be as follows (see 5-1.3.1 for enclosure of exits):"* *"(b) Other enclosures in new construction- 1-hour fire barrier."* *"5-1.3.1 Exits. Where an exit is required by this Code to be protected by separation from other parts of the building, the separating construction shall meet the requirements of Section 6-2 and the following requirements:"* *"(a) The separation shall be at lest 1-hour fire resistant rating where the exit connects three stories or less..."* E. Based on observation and staff interview the facility failed to ensure hazardous areas were separated from use areas by smoke resistant barriers in three of seven smoke compartments. The findings were:	D. Facility failed to ensure one of the two stair towers were not fire resistant by the missing strike plates and failure to the doors not latching. The strike plates will be replaced with original plates on 11-4-08 and the doors will be tested to make sure that they close on thier own in all hazardous areas on a monthly basis to ensure compliance. This will be conducted on the first Monday of every month. This be monitored by the maintenance supervisor and the administrator. This will be done using our quarterly building inspection.

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1. Observation on 10/20/08 at 2:50 PM revealed the main electrical room had one unsealed conduit penetration with a gap greater than ¼ inch. The penetration was ½ inch wider than the conduit. Interview with the maintenance director on 10/21/08 at 9:45 AM revealed rooms were inspected for conduit penetrations on a semi-annual basis. 2. Observation on 10/20/08 between 2:30 PM and 4:30 PM revealed the automatic closing devices attached to the following doors were not able to seat the doors into the frames. Three unsuccessful attempts were made to seat doors into their frames in the following locations: a. The first floor laundry room. b. The second floor laundry room. 3. Interview with the maintenance director on 10/21/08 at 9:45 AM revealed the automatic closing devices attached to hazardous area corridor doors were not routinely inspected. *"Reference NFPA 101 Life Safety Code, 1994 Edition:"* *"22-3.3.2.2 Every hazardous area shall be separated from other parts of the building by construction having a fire resistance rating of at least 1 hour, with communicating openings protected by approved self-closing fire doors, or such area shall be equipped with automatic fire extinguishing systems. Hazardous areas shall include, but shall not be limited to the following:"* *"(1) Boiler and heater rooms"* *"(2) Laundries"* *"(3) Repair shops"* *"(4) Rooms or spaces used for storage of*	(E) 1. Main electrical room had a unsealed conduit. The penetration was plugged with the fire resistant caulking 11-4-08. We will also do an inspection of conduit in the building on a quarterly basis. This will be monitored by the maintenance supervisor and the administrator. The safety committee will also be involved in the inspection of the building on a quarterly basis to ensure compliance. 2. Doors with automatic closing devices need to latch and seat into the door frames for fire resistance for one hour. The doors were adjusted on the first floor laundry room and second floor laundry rooms on 11-4-08. All doors entering into a hazardous area will be checked on a quarterly basis to make sure that they close, latch, and seat into the door frames. This will be monitored by the maintenace supervisor and the administrator, and the safety committee.

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combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction" *"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 23-3.3.5, doors other than doors to hazardous areas, vertical openings, and exit enclosures, shall not be required to be self-closing or automatic-closing."* F. Based on observation and staff interview the facility failed to ensure egress paths were unobstructed in two of seven smoke compartments. The findings were: 1. Observation on 10/20/08 at 2:39 PM revealed the corridor leading to the front lobby was not maintained to the width it was built. The corridor was obstructed by two straight back chairs and was only 44 inches wide. Interview with the administrator on 10/21/08 at 10:30 AM revealed he was unaware the corridor widths were required to be maintained as built. 2. Observation on 10/20/08 at 3:33 PM revealed the corridor near resident room #126 was obstructed. The handrails on both sides of the corridor were obstructed by upholstered chairs and tables. *"Reference NFPA 101 Life Safety Code, 1994 Edition"* *"31-1.2.1 Every required exit access, exit, or*	(F) 1. Two straight back chairs were in the hall restricing the corridors widths and were required to be maintained as built. The chairs in questions have been removed from the hallway so that there is no narrowing of the hallway. 2. Handrails on both sides of the corridor were obstructed by upholstered chairs and tables on 11-05-08 The chairs and tables have removed revealing one side of the handrail along the wall being clear for fire safety on 11-5-08. This will be monitored by the maintenance supervisor and the administrator on the quarterly basis through our building inspection.

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exit discharge shall be continuously maintained free of all obstructions or impediments to full instant use in case of fire or other emergency."
"31.1.3.1 Whenever of wherever any 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."

G. Based on observation and staff interview the facility failed to ensure exit signs were visible in one of seven smoke compartments. The findings were:

Observation on 10/20/08 at 3:07 PM revealed the exit sign near resident room #110 was obstructed from view by a fluorescent light. The exit sign was mounted to the ceiling with six inch high letters. The fluorescent light was mounted to the ceiling with a four inch high frame. Interview with the administrator on 10/21/08 at 10:30 AM revealed he was unaware the exit sign in question was obstructed. He further reported that the exit signs were not inspected to ensure they were visible.

"Reference NFPA 101 Life Safety Code, 1994 Edition:"
"22-3.2.10 Marking of Means of Egress. Means of egress shall be marked in accordance with Section 5-10."
"5-10.1.6 Every sign required by Section 5-10 shall be...readily visible...No decorations, furnishings, or equipment that impairs visibility of an exit sign shall be permitted..."

G. The facility failed to ensure exit signs were visible. The exit sign was mounted to the ceiling with six inch high letters. The florescent light was mounted to the ceiling with a four inch high frame.

The maintenance supervisor will contract an electrician to have the sign lowered to that it will be visable below the florescent light by 12-20-08.

The exit signs visability will be monitored by the maintenance supervisor and the administrator on a quarterly basis to ensure compliance.

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H. Based on record review and staff interview the facility failed to ensure two of ten fire alarm system components were tested. The findings were:

1. Review of the fire alarm system testing records revealed the annunciator panel batteries had not been tested in the past six months. The battery load voltage test was last performed during the annual testing on 1/09/09. Interview with the administrator on 10/21/08 at 10:30 AM revealed he was unaware the batteries were required to be tested semi-annually.

2. Review of the fire alarm system testing records revealed the supervisory signal device attached to the sprinkler system had not been tested on a quarterly basis. The supervisory signal was only being tested during the annual inspection performed during September of each year. Interview with the maintenance director on 10/21/08 at 9:45 AM revealed she was unaware the system was required to be tested quarterly.

"Reference NFPA 101 Life Safety Code, 1994 Edition."
22-3.3.4.1 General. A fire alarm system in accordance with Section 7-6 shall be provided.
7-6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with applicable requirements of ...NFPA 72, National Fire Alarm Code.
"NFPA 72, National Fire Alarm Code, 1993 edition."
"Table 7-3.2 Testing Frequencies."
"6. Batteries-Fire alarm systems"
"A. Sealed Lead-Acid Type"
"3. Load Voltage Test, semi-annually"

1. The fire alarm system annunciator panel batteries need to be tested on a semi-annual basis by 13-15-08.

The administrator will contact the current testing company and schedule them to be here on a semi-annual basis.

This will monitored by the administrator through quarterly review of documented inspections.

2. The supervisory signal device attached to the sprinkler system had not been tested on a quarterly basis.

The administrator will contact the current testing company and schedule them to be here on a quarterly basis by 12-15-08. This will be monitored by the administrator and Maintenance supervisor through quarterly review of documented inspections. [illegible] QA

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15. Initiating Devices
j. Supervisory Signal Devices, quarterly

1. Based on observation and staff interview the facility failed to ensure the building was fully sprinkled in one of seven smoke compartments. The findings were:

1. Observation on 10/20/08 at 2:24 PM revealed the two walk-in refrigeration units did not have sprinkler coverage. Interview with the administrator at the time of observation revealed he was unaware the units required sprinkler coverage.

2. Observation on 10/20/08 at 2:29 PM revealed the janitor's closet in the kitchen did not have sprinkler coverage.

"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. Quick response or residential sprinklers shall be provided throughout. Such systems shall initiate the fire alarm system in accordance with Section 7-6.

3. Based on observation, record review and staff interview the facility failed to ensure sprinklers were not obstructed in three of seven smoke compartments and failed to test two of three sprinkler system components. The findings were:

1. Observation on 10/20/08 between 2 PM and 5 PM revealed the following sprinkler heads were obstructed by ceiling mounted fluorescent lights:

1. The walk in refrigeration units do not have sprinkler coverage.

Administrator will contact Sprinkler contractor and have sprinklers put into both the walk-in refrigeration units 12-30-08.

2. Janitors closet in the kitchen does not have sprinkler coverage.

Administrator will contact sprinkler contractor and have them assess and submit a plan for the placement of the sprinkler. This will also need to be communicated to Lifesafety at the state because it may incure building structural changes by 12-20-08.
(Please see attached letter)

The spitkler system will be monitored by the maintenance supervisor and administrator through quarterly monthly inspections.

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a. Two sprinkler heads in the administrator's office. b. The sprinkler on the bottom landing of the east stairwell. c. The sprinkler on the bottom landing of the west stairwell. d. A sprinkler in the corridor near resident room #308. e. A sprinkler in the corridor near resident room #320. 2. Review of the sprinkler system annual testing performed by an outside contractor revealed the facility had been notified that sprinkler heads were obstructed. The sprinkler report stated …"Counted 55 heads throughout that are obstructed by lights." Further review showed that the annual inspection reports for September 2008 and 2007 both reported sprinkler heads were obstructed.	a., b., c., d., e., Two Sprinklers in the administrators office, the sprinkler on the bottom of the east stairwell on the bottom landing of weststairwell, in the corridor near room #308, and corridor near #320 were observed as being obstructed. The sprinkler heads in question will need to moved to ensure that they are not obstructed so that they function in the proper manor. The administrator will contact a sprinkler contractor and have them submit a plan for adding sprinkler heads. This will need to be communicated to Lifesafety at the state because it may incure building structural changes by 12-20-08. (Please see attached letter) This will be maintained by the Maintenence supervisor and administrator through the quarterly building inspection.	
3. Interview with the administrator on 10/21/08 at 10:30 AM revealed he was aware of the obstructed heads and had requested a bid by the outside contractor. When asked why this issue was not address after the September 2007 reported he reported that he did not know as he had only been administrator for eight months. 4. Review of the sprinkler testing records revealed the main drain and waterflow devices had not been tested on a quarterly basis. These devices were only being tested during the annual inspection performed during September of each year. Interview	4. Main drain and waterflow devices had not been tested on a quarterly basis as required. Main drain will need to be ran outside so that the waterflow devices can be tested properly on a quarterly bases. The administrator will contact a. The water flow testing will be maintained by the maintenance supervisor and administrator through quarterly documented building inspections. plumbing contractor to have the drain outside. This will need to be communicated to Lifesafety at the state because it may incure building. Plans and blueprints will be submitted by January 20th 2009. (See attached Letter)	

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with the maintenance director on 10/21/08 at 9:45 AM revealed she was unaware the system was required to be tested quarterly.

"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. Quick response or residential sprinklers shall be provided throughout. Such systems shall initiate the fire alarm system in accordance with Section 7-6.
7-7.5 Maintenance and Testing. All automatic sprinkler and stand pipe systems required by the 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, Standard for the Inspection, Testing and Maintenance of the Water-Based Fire Protection systems, 1992 edition
2-3.1.1 Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, obstructions to spray pattern, foreign materials, paint, and physical damage. Any automatic sprinklers shall be replaced that are painted, corroded, damaged or loaded with foreign material.*
9-2.4 Main Drain Test. A main drain test shall be conducted quarterly at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves.*
9-3.3 Waterflow Alarm. All waterflow alarms shall be tested quarterly in accordance with manufacturer's instructions.

K. Based on observations and staff interview the facility failed to ensure permanent fixed electrical wiring was not replaced with temporary flexible wiring in three of seven smoke compartments. The findings were:

1. Temporary Electrical wiring that was being used in place of fixed or permanent wiring.

a. Three way adaptor was removed 11-04-08 and a six-way adaptor surge protector was properly installed on the same date.
b. Extention cord was removed and a four way pig tail surge protector will be put in place on 11-4-08.
c. The three way adaptor was removed and a six way adaptor surge protector will be properly installed on 11-04-08.

The use of temporary electrical wiring will be monitored by housekeeping, maintenance supervisor and administrator on a continuous basis to ensure compliance by all residence. This will also be monitored by quarterly building inspections. & Quarterly QA

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electrical system was not routinely inspected.

Reference NFPA 101 Life Safety Code, 1994 Edition:
"NFPA 101, Chapter 32 Referenced Publications:"
"NFPA 70, National Electrical Code, 1993 edition:"
"400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following:
(1) As a substitute for the fixed wiring of a structure..."

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