WDH - Office of Healthcare Licensing and Surveys

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALF002 | A. BUILDING _____ B. WING _____ | 10/20/2009 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GARDEN SQUARE OF CASPER | 1950 SOUTH BEVERLY STREET CASPER, WY 82601 |

DoC 12/01/09

| (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 |
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| SALF | LIC REGS FOR ASSISTED LIVING FACILITIES<br><br>This State Rules and Regulations is not met as evidenced by:<br>A survey was conducted at your facility on October 19-20, 2009 by the Office of Healthcare Licensing and Surveys (OHLS).<br>Rules and Regulations for Licensure of Assisted Living Facilities<br>Section 10. Life Safety and Electrical Safety.<br>The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply.<br>(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.<br><br>This regulation was NOT MET as evidenced by:<br><br>A. Based on record review and staff interview the facility failed to ensure testing for 1 of 2 emergency battery lights was completed. The findings were<br><br>Review of the emergency battery light testing records documented that the annual 90-minute test had not been conducted in the past year. On 10/19/09 at 4 PM the maintenance director reported he was not aware of the testing requirement. He further reported that the facility did not have record of the annual requirement.<br><br>"Reference NFPA 101 Life Safety Code, 1994 Edition."<br>"31-1.3.7 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at | SALF | PoC MODIFIED & ACCEPTED W/ HEATHER DRONEK, ADMINISTRATOR ON 11/19/09.<br><br>A- The facility will ensure 90-minute emergency battery testing will be done and documented on an annual basis. This will be accomplished by:<br><br>A)Utilizing the "Battery Operated Emergency Light Inspection" form and adding the testing to the yearly maintenance schedule. Report now in use (see attached) and test conducted on November 1, 2009. | 11/01/2009 |

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

Heather A. Dronek — Administrator — 11-09-09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE



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| SALF | Continued From page 1<br>30-day intervals for a minimum of 30 seconds. An annual test shall be conducted for the 1 2 hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction."<br><br>B. Based on observation and staff interview the facility failed to ensure proper illumination in 1 of 3 smoke compartments. The findings were:<br><br>Observation on 10/20/09 at 8:38 AM showed the exit sign above the main entrance and the sign above the mail boxes each had only one of two light bulbs illuminated. At the time of observation the maintenance director reported all exit signs were inspected monthly. He further reported that light bulbs usually had to be replaced after each inspection.<br><br>"Reference NFPA 101 Life Safety Code, 1994 Edition."<br>"22-3.2.10 Marking of Means of Egress. Means of egress shall be marked in accordance with Section 5-10."<br>"5-10.3.5 Every sign required to illuminated by 5-10.3 shall be continuously illuminated as required under the provisions of Section 5-8."<br>"5-8.1.4 Any required illumination shall be arranged so that the failure of any single unit, such as the burning out of an electric bulb, will not leave any area in darkness."<br><br>C. Based on record review, observation, and staff interview the facility failed to ensure 2 of 8 fire alarm system components were tested as required. The findings were: | SALF | B. The facility will ensure proper illumination in all smoke compartments. This will be accomplished by:<br><br>A)All entry signs are now in full compliance. All lights have been reset after recent power surge (lights were functional but needed reset after outage).<br><br>B)A daily walk through the interior of the facility by the maintenance director will ensure daily inspection of the emergency exit signs.<br><br>C) Add to quarterly QA (Quality Assurance) checklist to be reviewed by the Life Safety Committee at each meeting. | 10/21/2009 |

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| SALF | Continued From page 2<br><br>1. Review of the fire alarm system testing records documented the fire alarm panel battery load voltage test had not been tested semi-annually. The test was last performed on 1/20/09. On 10/19/09 at 4 PM the maintenance director reported he was not aware of the testing requirement.<br><br>2. Review of the fire alarm system testing records revealed no heat detectors were tested during the last annual inspection on 1/20/09. Observation on 10/19/09 at 4:45 PM showed heat detectors were installed in the west and east hot water heat rooms. At the time of observation the maintenance director reported he was not aware of the heat detectors as he had only been employed for one month.<br><br>"Reference NFPA 101 Life Safety Code, 1994 Edition."<br>"22-3.3.4.1 General. A fire alarm system in accordance with Section 7-6 shall be provided."<br>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.<br>NFPA 72, National Fire Alarm Code, 1993 Edition.<br>Table 7-3.2 Testing Frequencies.<br>6. Batteries-Fire alarm systems<br>d. Sealed Lead-Acid Type<br>3. Load Voltage Test, semi-annually<br>15. Initiating Device. Heat Detectors, annually<br><br>D. Based on record review and staff interview the facility failed to ensure the sprinkler system was tested during the 2 of the past 4 quarters. The findings were: | SALF | C. The facility will ensure all alarm system components are tested as required. This will be accomplished by:<br><br>A)Fire alarm panel battery load voltage test will be done routinely each month during each fire drill to ensure compliance. Maintenance director will be responsible for the monthly testing.<br><br>B. This facility will ensure that heat detectors will be tested annually during the month of January. Please see attached memo from Rocky Mountain Fire Systems, dated November 2, 2009, stating that we *are* in compliance with state regulations. | 11/25/2009<br><br>11/02/2009 |

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| SALF | Continued From page 3<br><br>Review of the sprinkler system testing records documented that the supervisory signal, main drain and water flow devices had not been tested during the second quarter of 2009 and the fourth quarter of 2008. On 10/19/09 at 4 PM the maintenance director reported he was not aware of the quarterly testing requirement.<br><br>"Reference NFPA 101 Life Safety Code, 1994 Edition."<br>"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."<br>"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 ...."<br>"NFPA 25, Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 Edition."<br>"9-2.6* 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."<br>"9-2.7 Waterflow alarm. All waterflow alarms shall be tested quarterly in accordance with manufacture's instructions."<br>"NFPA 72, National Fire Alarm Code, 1993 Edition."<br>"Table 7-3.2 Testing Frequencies."<br>"15. Initiating Devices<br>j. Supervisory Signal Devices, quarterly" | SALF | D. The facility will ensure that sprinkler system testing will be done on a quarterly basis. This will be accomplished by:<br><br>A)Sprinkler system testing will be done at the beginning of each quarter by the maintenance director and results will be noted in the quarterly Life Safety quarterly report.<br><br>B) Add to quarterly QA (Quality Assurance) checklist to be reviewed by the Life Safety Committee at each meeting. | 12/01/2009 |

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| SALF | Continued From page 4<br><br>E. Based on record review, observation and staff interview the facility failed to ensure portable fire extinguishers were inspected during 4 of the past 12 months. The findings were:<br><br>Review of the portable fire extinguisher inspection log documented that the extinquishers were not tested during the months of June, July, August and September 2009. Observation of the service tags attached to the extinguishers on 10/19/09 at 3:35 PM confirmed the missed testing. At 4 PM the maintenance director reported the testing had been missed because the facility did not have a maintenance director during the aforementioned months.<br><br>"Reference NFPA 101 Life Safety Code, 1994 Edition."<br>"22-3.3.5.3 Portable Fire Extinguishers. Portable fire extinguishers in accordance with 7-7.4.1 shall be provided near hazardous areas."<br>"7-7.4.1 ....Portable fire extinguishers shall be installed in accordance with NFPA 10, Standard for the Installation of Portable Fire Extinguishers."<br>"NFPA 10 Standard for the Installation of Portable Fire Extinguishers, 1990 Edition."<br>"4-3.1 Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals ...."<br><br>F. Based on observation and staff interview the facility failed to ensure temporary wiring did not replace permanent wiring in 1 of 3 smoke compartments. The findings were:<br><br>Observation on 10/19/09 at 4:50 PM showed two curling irons in the beauty shop were both | SALF | E. The facility will ensure that portable fire extinguishers will be inspected on a monthly basis. This will be accomplished by:<br><br>A)Maintenance director will be responsible for monthly extinguisher inspections. This will be documented on the monthly "Fire extinguisher Condition Report" as well as the service tags attached to the extinguishers (see attached condition report dated November 3, 2009).<br><br>B) Add to quarterly QA (Quality Assurance) checklist to be reviewed by the Life Safety Committee at each meeting. | 11/03/2009 |

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| SALF | Continued From page 5<br>plugged into extension cords, which were plugged into the same surge protector. At the time of observation the maintenance director reported he was aware extension cords were prohibited. He further reported that the electrical system was inspected monthly throughout the facility except for the beauty shop.<br><br>"Reference NFPA 101 Life Safety Code, 1994 Edition."<br>"22-2.5.11 Utilities. Utilities shall comply with provisions of Section 7-1."<br>"7-1.2 Electrical wiring and equipment installed shall be in accordance with NFPA 70, National Electrical Code."<br>"NFPA 70, National Electrical Code, 1993 Edition."<br>"400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following:<br>(1) As a substitute for the fixed wiring of a structure;"<br><br>G. Based on record review and staff interview the facility failed to ensure a fire drill was conducted on each shift during 2 of 4 quarters and failed ensure the time of evacuation was recorded and time of day was recorded for 4 of 12 drills over the past year. The findings were:<br><br>1. Review of the fire drill records showed the second shift occurred between 2 PM and 10 PM and the third shift occurred between 10 PM and 6 AM. Further review documented that a drill had not be conducted on the third shift during the second quarter of 2009. It was also documented that a drill had not be conducted on the second shift during the third quarter of 2009. On 10/19/09 at 4 PM the maintenance director reported that | SALF | F6 The facility will ensure that temporary wiring in the beauty shop will not replace permanent wiring. This will be accomplished by:<br><br>A)Speaking with the beauty operator, explaining the code violation, and making alterations to ensure that we are in compliance.<br><br>B)Replacing extension cords with surge protectors and ensuring that only two appliances are plugged into each surge protector at any given time, not to exceed 20 amps.<br><br>C)Maintenance director will inspect beauty shop on a weekly basis to ensure compliance. | 12/01/2009 |

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| SALF | Continued From page 6<br>there were no other records to review.<br><br>2. Review of the fire drill records documented that the time the drill occurred was not recorded for the months of January, February, May and July 2009. Further review documented that the facility had not recorded the minutes and seconds it took to evacuate the smoke compartment of fire origin. On 10/19/09 at 4 PM the maintenance director confirmed the aforementioned recording errors.<br><br>Program Administration of Assisted Living Facilities<br>Section 7. Assisted Living Facility (ALF) Core Services.<br>(o) Evacuation Capability, Emergency Procedures, and Fire Safety.<br>(iii) Fire Safety.<br>(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.<br>(I) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following:<br>(1.) Date of drill;<br>(2.) Time of day;<br>(3.) Type of drill (Practice, Announced, Surprise);<br>(4.) Residents who participated including staff and family members;<br>(5.) Time required (minutes and seconds) to evacuate all residents (including staff) from the occupied areas to a point of assembly as defined in the Life Safety Code;<br>(6.) List of anyone, including staff and family | SALF | 6. Facility will ensure that fire drills will be conducted on a monthly basis, on rotating shifts (day, evening, night). This will be accomplished by:<br><br>A)New maintenance director is ensuring that the start/stop times will be included in all future reports, as well as the time it takes to evacuate the smoke compartment of fire origin. The previous maintenance director had not been doing this. Director will also ensure that monthly drills are held on rotating shifts, and documented as such.<br><br>B) Add to quarterly QA (Quality Assurance) checklist to be reviewed by the Life Safety Committee at each meeting. | 11/25/2009 |

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| SALF | Continued From page 7<br>members, who did not evacuate in the required time allowed by the evacuation capability rating of the facility. Evacuation capability rating for each facility shall be listed on the form;<br>(7.) Comments on the factors that contributed to each individual ' s inability to evacuate successfully and any corrective actions recommended; and<br>(8.) Signature and date of the person completing the form. | SALF | | |