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
	ALF004	A. BUILDING _____ B. WING _____	03/23/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1930 EAST 12 STREET CASPER, WY 82601

(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
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES This State Rules and Regulations is not met as evidenced by: A survey was conducted at your facility on march 22, 2010 by the Office of Healthcare Licensing and Surveys (OHLS) for compliance with Wyoming Department of Health Aging Division 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. All references ar based on the requirements of NFPA 101, Life Safety Cody 1994 Edition unless otherwise noted --- A. Based on observation and staff interview the facility failed to ensure 1 of 1 smoke barrier wall was smoke resistant. The findings were: Observation on 3/22/10 at 4:23 PM showed the first floor smoke barrier wall near the beauty shop had two unsealed conduit penetrations. The gap between the conduit and wall was 1 inch wide. At the time of observation the maintenance director reported the barrier wall was not routinely inspected. 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. B. Based on record review and staff interview the facility failed to ensure the emergency battery	SALF	A).First Floor smoke barrier wall near the beauty shop had two unsealed conduit penetrations. The gap between the conduit and wall was 1 inch wide. The community will accomplish the appropriate repair by May 21st, 2010. 1) The maintenance director will use fire retardant foam to seal the penetrating holes. This ~~will be completed by May~~ 21st, 2010. 2) We will assure that all penetrating holes are sealed. The maintenance director and Executive Director will do a Quality Assurance check of the entire community on a quarterly basis. The director of maintenance will also be involved with any contractor that is doing work for the community to assure that any holes that are created will be filled.	5/24/10

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 SN6O11 If continuation sheet 1 of 9

POC ACCEPTED W/ REG COMPLIANCE ADMINISTRATOR, OD 5/20/10.

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SALF	Continued From page 1 lights were tested on a monthly basis for 12 of the past 12 months. The findings were: Review of the emergency battery light testing records documented that the lights had not been tested for 30 seconds on a monthly basis for the past 12 months. On 3/22/10 at 5:30 PM the maintenance director reported he was not aware of the testing requirement. He further confirmed the facility did not have any other records to review. 31-1.3.7 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test shall be conducted for the 12 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. C. Based on record review and staff interview the facility failed to ensure 1 of 7 fire alarm system components was tested. The findings were: Review of the fire alarm system testing records documented that the facility did not have records of the last time the smoke detector sensitivity test was conducted. On 3/22/10 at 5:30 PM the maintenance director confirmed he was not sure when the sensitivity test was last performed. He further reported there were no other records to review. 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	SALF	B) The facility failed to ensure that the emergency lighting was being tested monthly for 30 seconds and annually for 90 minutes. 1) The administrator and director of maintenance will record the battery testing on a monthly 30 second test and annually for 90 minutes in the preventative maintenance log. This log will be kept in the Director of Maintenance office and be audited quarterly by the administrator through the Quality Assurance monthly meeting. This will be completed by May 21st, 2010. C) On review of fire alarm system testing records, it was found that the facility did not have record of the last smoke detector sensitivity test. 1) The administrator will contact the contractor and have the sensitivity of the fire alarms tested by May 21st, 2010. 2) This will be monitored through the QA program and Preventative Maintenance Program. This will reviewed at least annually.	5/20/10

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SALF	Continued From page 2 ...NFPA 72, National Fire Alarm Code. NFPA 72, National Fire Alarm Code, 1993 Edition. Table 7-3.2 Testing Frequencies. 15. Initiating Devices i. Smoke Detectors-Sensitivity, bi-annually D. Based on observation, record review and staff interview the facility failed to ensure sprinklers were unobstructed in 4 of 4 smoke compartments. The lights were located within 12 inches of the sprinklers, and the bottoms of the lights were below the level of the sprinkler deflectors. In addition, the facility failed to conduct required sprinkler test for 2 of the past 4 quarters. The findings were: 1. Ovservation on 3/22/10 between 11 AM and 5 PM revealed sprinklers were obstructed in the corridors near the following locations: a. The first floor women's public restroom, the first floor men's public restroom, the beauty shop, the executive director's office, the first floor storage room, the second floor storage room, the third floor break room, the third floor elevator lobby, the maintenance shop, and the third floor east stairwell landing b. Sprinklers in the second floor game room, and in the third floor exercise room were also observed to be obstructed. c. Sprinklers were obstructed near resident rooms #106, #110, #114, #118, #120, #121, #122, #203, #204, #205, #210, #212, #214, #215, #218, #219, #221, #222, #223, #301, #303, #310, #316, #320, #321, #322, #323, and #324. d. Sprinklers were obstructed in the administrator's office, in the activities office, in the food service office, in the maintenance office, and in the second floor kitchen storeroom. e. Sprinklers in the main electrical room, in the	SALF	D) The facility failed to ensure sprinklers were unobstructed in 4 of 4 smoke compartments. 1) The administrator will contact a contractor to come in and produce a plan to get all of the obstructed sprinklers into compliance and installed in accordance with Section 7-7. 2) The administrator and maintenance director will ensure that the sprinklers are inspected annually by the contracted testing company. The maintenance director and administrator will ensure that compliance is met for unobstructed sprinklers with quarterly inspections. Office of Healthcare Licensing and Surveys 400 Qwest Bldg., 6101 Yellowstone Rd. Cheyenne WY 82002 To Whom It May Concern: We received our State Survey on March 23rd, 2010 on Life Safety. During this survey we had numerous deficiencies with sprinkler heads in the community. The way that we will become compliant is to lower sprinkler heads to the point where the sprinkler will	

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SALF	Continued From page 3 first floor trash/recycle room, in the third floor trash/recycle room, in the elevator equipment room, in the second floor storage room, and in the third floor break room were obstructed. f. Sprinklers were noted to be obstructed in the following stairwells: The first floor east stairwell landing, the second floor east stairwell landing, the third floor north stairwell landing. g. Sprinklers were obstructed in the following apartment bedrooms: Apartments #106, #202, #204, #205, #214, #218, #219, #220, #222, #223, #224, #301, #302, #304, #306, #308, #312, #314, #315, #318, #319, #321, #322, #323, and #326. h. Sprinklers were obstructed in the following apartment kitchens: Apartments #117, #122, #216, #218, #226, #302, #321, #323, and #326. i. Sprinklers were obstructed in resident hallways near the following locations: Apartments #112, #117, #122, #310 and #320. j. Sprinklers were obstructed in the following resident apartment pantries: Apartments #204, #206, #214, #215, #217, #224, #226, #304, #306, #314, #316, #319, #321, and #322. 2. Interview on 3/22/10 at 11:52 AM with the administrator confirmed that he was aware that numerous sprinklers were obstructed throughout the facility. He reported that after the 2008 survey a sprinkler contractor provided an inspection document documenting every obstructed sprinkler in the facility. He further reported that the corporation decided to only correct the sprinklers that were specifically cited on the 2008 survey report. 3. Review of the October 21, 2008, survey	SALF	not be obstructed by light fixture for full coverage and/or change out the light fixture so that no sprinkler head is obstructed. We also are contacting our corporate engineer is looking into new lighting at the location to improve energy consumption and take advantage of various energy rebates. There is a possibility that we will be replacing all the lighting in the community that would also no longer obstruct any sprinkler heads. We will contact a contractor to come in and evaluate the scope of work that needs to be complete by April 15th, 2010. Once we have the scope of the work to be done is evaluated by the Management of Park Place, and the corporate office. We will have the contractor come in and give us a time line for the work to be done. This will be completed by June 1st, 2010. The work on the sprinkler heads is not to start any later than June 20th, 2010. If you have additional questions about this request, please feel free to call me.	

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SALF	Continued From page 4 documented that the facility was cited for examples of obstructed sprinklers throughout the facility. 4. Review of the quarterly sprinkler testing report conducted on 9/14/09 documented that in the comment section the contractor wrote "multiple sprinklers were obstructed." 5. Review of the testing records for the sprinkler system revealed the waterflow alarm, supervisory signal devices and main drain tests were not tested during the first and second quarters of 2009. On 3/22/10 at 5:30 PM the maintenance director reported when the facility was purchased by a new corporation they started to use a new contractor. He also reported that he did not have record of any testing reports prior to the 9/14/09 quarterly report. 22-3.3.5.1 All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with Section 7-7. E. Based on record review and staff interview the facility failed to ensure curtains were flame retardant in 1 of 4 smoke compartments. The findings were: Observation on 3/22/10 between 2 PM and 4 PM showed the curtains in apartments #204, #226, #323 and #321 were not flame retardant. At 3:58 PM the maintenance director reported that he did not have flame retardant records for all curtains in the above noted apartments. He further reported that he did not have flame retardant spray to apply to curtains. 31-7.5.1 New draperies, curtains and other similar loosely hanging furnishings and	SALF	D.5)In review of the testing records for the sprinkler system revealed the water flow alarm, supervisory signal devices and main drain test were not tested quarterly. 1) The maintenance director will speak to the contractor to make sure that the testing of these alarms, and the main drain testing is put on the schedule for quarterly inspections. 2) The maintenance director and administrator will also assure that this test is performed with our Quality Assurance program. E) Based on record review and staff interview the facility failed to ensure curtains were flame retardant in 1 in 4 smoke compartments. 1) The maintenance director will acquire a fire retardant and spray all curtains and loosely hanging furnishing. We will document, and date the items were treated with the retardant. This will be completed by May 21st, 2010. 2) With all new residents, we will inspect the apartments within a week of moving in and treat all curtains and similar loosely hanging furnishings. 3) The maintenance director, along with the administrator, will quarterly inspect all resident dwelling's, along with	5/13/10 DATE RECEIVED

REQUEST LETTER.

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SALF	Continued From page 5 decorations in board and care facilities shall be in accordance with the provisions of 31-1.4.1. 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 NFPA 701 ... F. Based on observation and staff interview the facility failed to ensure electrical receptacles located within 6 feet of a water source were ground fault circuit-interrupter receptacles, (GFCI) and failed to ensure temporary wiring did not replace fixed permanent wiring in 4 of 4 smoke compartments. The findings were: 1. Observation on 3/22/10 between 11 AM and 4 PM showed electrical outlets in the following locations were installed within 6 feet of water sources and did not have GFCI protection: a. The fish tank in the front lobby, b. first floor men's public restroom c. first floor women's public restroom d. first floor laundry e. second floor laundry f. third floor laundry g. Observation showed the electrical receptacles in 61 of 61 apartment kitchens were within 6 feet of sinks and none had GFCI protection. h. At 11:19 AM the maintenance director reported he was aware that electrical receptacle located near water sources required GFCI protection. He further reported that he had replaced several receptacles in resident bathrooms. He was unable to explain why he had not noticed any of the other locations. 2. Observation on 3/22/10 at 1:10 PM showed the	SALF	common areas, and assure that all curtains have been treated with the fire retardant. F) The facility failed to ensure electrical receptacles located within 6 feet of a water source were ground fault circuit-interrupter receptacles (GFCI) and failed to ensure temporary wiring did not replace fixed permanent wiring in 4 of 4 smoke compartments. 1) The facility will contact a contractor to replace all receptacles within 6 feet of water through out the community. This will be completed by May 21st, 2010. 2) This will also be monitored through out the facility on a quarterly basis with a Quality Assurance walk throught the facility. F.2) Observation in apartment #123 revealed a lamp was plugged into a 3-way adapter which was itself plugged into a 6-way adapter, which was plugged into a wall receptacle. 1) The in apartment #123 proper power strip with a surge protector will put into place. This will be completed by May 21st, 2010. 2) All residents will be notified in the Resident Council meeting that they are not allowed any type of extension to the receptacles except for the proper surge protectors, and to please allow the community staff to connect them.	5/20/10

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SALF	Continued From page 6 lamp in apartment #123 was plugged into a 3-way adapter which was, itself, plugged into a 6-way adapter, which was plugged into a wall receptacle. At the time of observation the maintenance director reported he was aware that chaining electrical adapters was prohibited. He further reported that the facility's electrical system was inspected quarterly to ensure prohibited adapters were not in use. 3. Observation on 3/22/10 at 2:37 PM showed the lamp in apartment #217 was plugged into a thin, flexible wire extension cord. 4. Observation on 3/22/10 at 3:17 PM showed the telephone in apartment #226 was plugged into a surge protector, which was plugged into a 6-way adapter. 22-3.6.1 Utilities. Utilities shall comply with provisions of Section 7-1. 7-1.2 Electrical wiring and equipment installed shall be in accordance with NFPA 70, National Electrical Code. 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; (4) Where attached to building surfaces; 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection.... --- Section 7. Assisted Living Facility (ALF) Core Services.	SALF	3) The resident rooms will be inspected by the maintenance director on a quarterly basis. F.3) Observation showed a lamp in apartment #217 was plugged into a thin flexible wire extension cord. 1) This extension cord will be removed in #217 and a proper surge protector will be put in place for the resident. This will be completed by May 21st, 2010. 2) All residents will be notified in the Resident Council meeting that they are not allowed any type of extension cord from the receptacles and to use the proper surge protectors , and to please allow the community staff to connect them. F.4) Observation showed lamp in apartment #226 was plugged into a surge protector, which was plugged into a 6-way adapter. 1) The 6-way adapter will be removed and the surge protector will be placed in the receptacle by the maintenance director. This will be completed by May 21st, 2010.	5/21/10

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SALF	Continued From page 7 (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. (I) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following: (1.) Date of drill; (2.) Time of day; (3.) Type of drill (Practice, Announced, Surprise); (4.) Residents who participated including staff and family members; (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; (6.) List of anyone, including staff and family 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; (7.) Comments on the factors that contributed to each individual ' s inability to evacuate successfully and any corrective actions recommended; and (8.) Signature and date of the person completing the form. This regulation was NOT MET as evidenced by: G. Based on record review and staff interview the facility failed to ensure the time required to	SALF	G) Based on record review and staff interview the facility failed to ensure the time required to evacuate the building was properly recorded for 12 of the past 12 months. This is in effective immediately. The maintenance director and administrator will assure the following on all fire drills are recorded: 1. Date of Drill. 2. Time of day 3. Type of drill (Practice, Announced, Surprise) 4. Residents who participated including staff and family members 5. Time required (minutes and seconds) to evacuate all residents (including staff) fro the occupied areas to a point of assembly as defined in the Life Safety Code 6. List of anyone, including staff and family members, who did not evacuate in the required time allowed by the evacuation capability rating of the facility. 7. Evacuation capability rating for the facility shall be listed on the form.	5/21/10

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SALF	Continued From page 8 evacuate the building was properly recorded for the 12 of the past 12 months. The findings were: Review of the fire drill records documented that the facility had not recorded the minutes and seconds it took to evacuate the building. The test records all showed the building was evacuated in less than 13 minutes. On 3/22/10 at 5:30 PM the maintenance director reported that he was not aware the facility was required to document the actual time it took to evacuate the building. The administrator reported the he had not paid attention to the time needed to evacuate the building when reviewing the forms.	SALF	8. Comments on the factors that contributed to each individual's inability to evacuate successfully and any corrective actions recommended. 9. Signature and date of the person completing the form. 2) This will be reviewed by the Safety Committee that is in place at the facility on a quarterly basis.	