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PRINTED: 11/21/2012
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Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF028	A. BUILDING _____ B. WING _____	11/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

(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 Life Safety Code survey was conducted at your facility on November 13-14, 2012 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a single story fully sprinkled building of Type V (111) construction built in 2012. The building was equipped with a supervised automatic wet sprinkler system with dry and anti-freeze branches and an addressable fire alarm system. The facility had a capacity of 62 licensed beds and a total census of 4 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4 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. All references are based on the requirements of NFPA 101 Life Safety Code, New Health Care with mixed occupancy of New Board and Care, 2006 Edition, unless otherwise noted. The mixed occupancy is required because the facility does not have a 2-hour fire rated separation wall between the assisted living and memory care portions of the building. This regulation was NOT MET as evidence by:	SALF		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Manager/Owner — (X6) DATE: 11/28/12

POC ACCEPTED W/ ERIN McNAMARA, ADMINISTRATOR, ON 12/6/12

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SALF	Continued From page 1 A. Based on observation and staff interview, the facility failed to ensure corridor doors were equipped with latching hardware in 1 of 3 smoke compartments. The findings were: Observation of the Game Room on 11/13/12 at 3:37 PM showed the two double corridor doors were not provided with latching hardware. At the time of the observation the maintenance director reported he was unaware Health Care occupancies require latching hardware on all corridor doors. Reference; 18.3.6.3 Corridor Doors 18.3.6.3.5 Doors shall be provided with positive latching hardware. B. Based on observation, blue print review and staff interview, the facility failed to ensure corridors were clear and unobstructed in 3 of 3 smoke compartments. The findings were: 1. Observation on 11/13/12 at 4:08 PM showed the corridors were 7 feet 6 inches wide. Further observations showed the junctions near resident room #142, #126 and #108 all had a short chest of drawers and two upholstered chairs. The furnishings projected 2 ½ feet into the corridor. Review of the blue print on 11/13/12 at 3:18 PM showed the separation wall separating the assisted living and memory care unit was not separated by a 2-hour rated fire barrier. This lack of separation required the building to be built and maintained to a mixed Health Care and Board and Care Occupancy. On 11/13/12 at 4:08 PM the maintenance director was unaware the	SALF	A. The facility will ensure that the Game Room doors are equipped with positive latching hardware. a) the facility will retain a qualified workmen to b) install positive latching hardware on both sets of the Game Room doors, c) Facility maintenance staff will inspect the working conditions of the hardware, and d) such inspections of hardware shall occur on a quarterly basis. B.1. The facility will ensure that corridors are clear and unobstructed in corridors to allow a minimum of 6'o" clear. a) The facility staff has been notified, b) all furnishings that conflict with the required clearance of 6'o" have been removed, c) Facility maintenance staff will inspect such corridor areas, and d) such inspections of clearances shall occur on a monthly basis.	01/14/13 01/14/13

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12-6-12

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SALF	Continued From page 2 corridors must be maintained clear and unobstructed to not less than 6 feet as the building was built to Health Care standards. 2. Observation of the Northeast exit discharge pathway on 11/13/12 at 4:40 PM showed 8 feet of the sidewalk was covered with snow. At the time of the observation the maintenance director reported the storm that dropped this snow ended two days earlier. He could not explain why the snow had not been removed the day the storm ended. Reference; 18.2.3.3* Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 6 ft (2440 mm) in clear and unobstructed width ... 18.2.3.4 Aisles, corridors, and ramps required for exit access in a limited care facility or hospital for psychiatric care shall be not less than 6 ft (1.8 m) in clear and unobstructed width. Where ramps are used as exits, see 18.2.2.6. 18.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7. 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. A.7.1.10.1 A proper means of egress allows unobstructed travel at all times. Any type of barrier including, but not limited to, the accumulations of snow and ice in those climates subject to such accumulations is an impediment to free movement in the means of egress. C. Based on observation and staff interview, the facility failed to ensure the emergency generator annunciator panel was properly installed and	SALF	B.2. The facility will ensure that all sidewalks remain clear and unobstructed to provide minimum clearances. a) The facility staff will ensure that, b) all sidewalks are maintained and free of snow accumulation. c) Facility maintenance staff will inspect such sidewalks areas, and d) such visual inspections shall occur on a daily basis.	01/14/13

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SALF	Continued From page 3 failed to ensure the emergency generator was load tested on a monthly basis. The findings were: 1. Observation of the generator annunciator panel on 11/14/12 at 9:13 AM showed the annunciator panel was located in the mechanical room. The mechanical room was separated from the corridor by an intervening housekeeping closet. At the time of the observation the maintenance director was unaware the annunciator panel was required to be readily observable by personnel. He further reported the area was not routinely accessed. 2. Review of the emergency generator testing records showed the facility has been occupied since August 2012. Further review showed a monthly full load transfer test has not been performed since the building was occupied. On 11/14/12 at 11:20 AM the maintenance director confirmed a monthly load test had not been performed since August 2012. He could not explain why the test had not been performed. Reference, NFPA 101, 2006 Edition, 18.2.9.1, 7.9.2.4, NFPA 110, 2005 Edition; 5.6.6 Remote Controls and Alarms. A remote, common audible alarm shall be provided as specified in 5.6.5.2 (4) that is powered by the storage battery and located outside of the EPS service room at a work site observable by personnel. D. Based on observation and staff interview, the facility failed to ensure the central station certificate was posted. The findings were: Observation of the fire alarm control panel on 11/13/12 at 3:19 PM showed the central station	SALF	C.1. The facility will ensure the emergency generator annunciator panel is properly installed. a) The facility will retain qualified workmen to b) relocate the annunciator panel to an observable location in the corridor. c) Facility staff will inspect the annunciator panel to ensure it remains in working condition and observable by staff, and d) such inspections shall occur on a quarterly basis. C.2. The facility will ensure that the emergency generator testing records are available for review. a) The facility staff will b) prepare and document monthly emergency generator testing records. c) Facility staff will ensure testing is completed and records are available, and d) such inspections shall occur on a monthly basis. D. The facility will ensure that the central station certificate is posted. a) The facility staff will b) post the central station certification ~~inside the fire alarm panel door.~~	01/14/13 01/14/13

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SALF	Continued From page 4 certificate was not posted near the panel. At the time of the observation the maintenance director reported he was unaware a central station certificate was required and required to be posted with 36 inches of the panel. Reference, 18.3.4.1, 9.6.1.3, NFPA 72, 2002 Edition; 8.2.4.1.2 A document attesting to certification shall be located on or within 1 m (36 in.) of the fire alarm system control unit or, if no control unit exists, on or within 1 m (36 in.) of a fire alarm system component. E. Based on observation and staff interview, the facility failed to ensure sprinkler piping was properly installed and failed to ensure there was complete sprinkler coverage, failed to ensure sprinkler heads were unobstructed in 2 of 3 smoke compartments. The findings were: 1. Observation of resident room #142 on 11/13/12 at 4:03 PM showed the closet sprinkler deflector was only ½ inch from the ceiling and not the required 1 inch. At the time of the observation the administrator reported the system was completed in June 2012. She could not explain why the deflector was not noticed and repaired during the final inspection. 2. Observation of the sprinkler system on 11/14/12 between 8:30 AM and 9:30 AM showed sprinkler lines were exposed CPVC orange piping in mechanical room #136, mechanical room #217 and the sprinkler riser room. One of the pipes was installed 24 inches from the wall. Observation of the pipes showed they were manufactured by Flame Guard. On 11/21/12 at 9 AM the Spears Flame Guard manufactures installation guide stated " CPVC Fire Sprinkler	SALF	c) Facility staff will inspect the certificate to ensure it remains available as specified, and d) such inspection shall occur on a monthly basis. 01/14/13 E.1. The facility will ensure that sprinkler piping is properly installed and ensure there is complete coverage in 2 of 3 smoke compartments. a) The facility will retain qualified workmen to b) correct the installation of sprinkler head to be at 1" from the ceiling in resident room #142. c) Facility staff will inspect such sprinkler head correction to ensure it remains as specified, and d) such inspections shall occur on an annual basis. 01/14/13 E.2. The facility will ensure that sprinkler piping is properly installed and ensure correct the installation of the exposed CPVC orange piping in the mechanical room #136, mechanical room #217 and the sprinkler riser room and to comply with Spears Flame Guard specifications. a) The facility will retain qualified workmen to b) correct the installation of the exposed CPVC orange piping in the mechanical room #136, mechanical	

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SALF	Continued From page 5 Products are UL Listed for use in installations without protection (exposed) ... The piping must be mounted directly to the ceiling " . On 11/14/12 at 8:54 AM the maintenance director reported he was unaware exposed CPVC pipe was required to be mounted directly to the ceiling. He could not explain why the sprinkler installation company had not followed the manufacturer ' s recommendations. 3. Observation of the sprinkler system on 11/14/12 between 9 AM and 9:30 AM showed the sprinkler heads in the wellness room and marketing office were obstructed by ceiling mounted lights. The lights were installed 17 inches away and 5 inches below the bottom of the sprinkler deflector. On 11/14/12 at 9:08 AM the maintenance director reported the system was completed in June 2012. He could not explain why the obstructed heads had not been noticed and modified during the final inspection. 4. Observation of the garage utility hallway on 11/14/12 at 9:16 AM showed a standard pendent 155 degree sprinkler head was installed. Further observation showed the sprinkler head was installed 11 feet from the far wall. At the time of the observation the maintenance director could not explain why the head was not noticed and modified so the farthest wall did not exceed 9 feet. 5. Observation of the memory care dining room on 11/14/12 at 9:39 AM showed three sprinkler heads were obstructed by an architectural beam. The beam was installed 8 inches away and 7 ½ inches below the bottom of the sprinkler deflectors. At the time of the observation the maintenance director reported the system was completed in June 2012. He could not explain	SALF	room #217 and the sprinkler riser room and to comply with Spears Flame Guard specifications. c) Facility staff will inspect such corrections to ensure it remains as specified, and d) such inspections shall occur on an annual basis E.3. The facility will ensure that sprinkler piping is properly installed and ensure there is complete coverage in 2 of 3 smoke compartments. a) The facility will retain qualified workmen to b) correct the installation of the sprinkler head/light conflicts in the marketing office and wellness office. c) Facility staff will inspect such sprinkler head correction to ensure it remains as specified, and d) such inspections shall occur on an annual basis. E.4. The facility will ensure that sprinkler piping is properly installed and ensure there is complete coverage in 2 of 3 smoke compartments. a) The facility will retain qualified workmen to b) correct the installation and configuration of the sprinkler head in the garage utility hallway. c) Facility staff will inspect such sprinkler head correction to ensure it remains as specified, and	01/14/13 01/14/13

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SALF	Continued From page 6 why the obstructed heads had not been noticed and modified during the final inspection. Reference, 18.3.5.1, 9.7.1.1, NFPA 13, 2005 Edition; 6.3.6.1 Other types of pipe or tube investigated for suitability in automatic sprinkler installations and listed for this service, including but not limited to CPVC and steel, and differing from that provided in Table 6.3.1.1 or Table 6.3.6.1 shall be permitted where installed in accordance with their listing limitations, including installation instructions. 8.5.3.1.1 The maximum distance permitted between sprinklers shall be based on the centerline distance between sprinklers on the branch line or on adjacent branch lines. 8.5.3.1.2 The maximum distance shall be measured along the slope of the ceiling. 8.5.3.1.3 The maximum distance permitted between sprinklers shall comply with the value indicated in the applicable section for each type or style of sprinkler. 8.5.3.2.1 The distance from sprinklers to walls shall not exceed one-half of the allowable maximum distance between sprinklers. 8.5.3.2.2 The distance from the wall to the sprinkler shall be measured perpendicular to the wall. 8.6.3.2.4 The requirements of 8.6.3.2.1 shall not apply within small rooms as defined in 3.3.20, sprinklers shall be permitted to be located not more than 9 ft. from any single wall ... 8.6.4.1.1.1 Under unobstructed construction, the distance between the sprinkler deflector and the ceiling shall be a minimum of 1 in. and a maximum of 12 in. throughout the area of coverage of the sprinkler. Table 8.6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (Standard Spray Upright/Standard Spray Pendent)	SALF	d) such inspections shall occur on an annual basis. E.5. The facility will ensure that sprinkler piping is properly installed and ensure there is complete coverage in 2 of 3 smoke compartments. a) The facility will retain qualified workmen to b) correct the installation of the three sprinkler heads located in the memory care dining room that are obstructed by a beam. c) Facility staff will inspect such sprinkler head correction to ensure it remains as specified, and d) such inspections shall occur on an annual basis. F.1. The facility will ensure that adequate spare sprinkler heads are maintained by the facility maintenance staff, being available onsite and available to the authority having jurisdiction including: a) The facility will correctly purchase and store two spare sprinkler heads for each type of sprinkler head in the building, and b) the 212 degree pendant and sidewall sprinkler heads, and 155 degree sidewall sprinkler heads will be available for replacement by staff and stored in the maintenance office. c) Facility maintenance staff will monitor inventory of such heads, and	01/14/13 01/14/13

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SALF	Continued From page 7 Distance from sprinkler to side of obstruction / Maximum allowable distance from deflector above bottom of obstruction Less than 1 ft ... ...0 1 ft to less than 1 ft 6 in. ... ...2 ½ 1 ft 6 in. to less than 2 ft ....3 ½ 2 ft to less than 2 ft 6 in. ....5 ½ 2 ft 6 in. to less than 3 ft ... ...7 ½ 3 ft to less than 3 ft 6 in ... ...9 ½ 3 ft 6 in. to less than 4 ft ... ...12 4 ft to less than 4 ft 6 in. .....14 F. Based on observation and staff interview, the facility failed to provide adequate spare sprinkler heads. The findings were: Observation of the spare sprinkler cabinet on 11/14/12 at 9:28 AM showed the facility did not have the required two spare sprinkler heads for each type installed. There were no spare 212 degree pendent heads to replace heads installed in the garage. There were not spare 212 degree sidewall heads to replace heads installed in the garage. There were no 155 degree sidewall heads to replace heads in mechanical room #212. At the time of the observation the maintenance director was unaware of the aforementioned requirement. He could not explain why the sprinkler contractor had not provided spare heads for each type installed. Reference, 18.3.6.1, 9.7.6, NFPA 25, 2002 Edition; 6.4.1.4 A supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated of been damaged in any way can be promptly replaced. 2	SALF	d) review such inventory on a monthly basis.	01/14/13

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SALF	Continued From page 8 4.1.5 The stock of Spare Sprinklers shall include all types and ratings installed and shall be as follows: (a) ...Under 300 sprinklers - no fewer than 6 sprinklers (b) ...300 to 1000 sprinklers - no fewer than 12 sprinklers (c) ...Over 1000 sprinklers - no fewer than 24 sprinklers	SALF		