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
	ALF006	A. BUILDING _____ B. WING _____	02/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN WIND ASSISTED LIVING COMMUNITY	4010 NORTH COLLEGE DRIVE CHEYENNE, WY 82001

(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 February 02, 2010 by the Office of Healthcare Licensing and Surveys (OHLS). Wyoming Department of Health Aging Division Rules 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 med as evidenced by: A. Based on observation and staff interview the facility failed to ensure 1 of 13 smoke barriers were smoke resistant. The findings were: Observation on 2/02/10 at 2:39 PM showed the attic smoke barrier wall near resident room #315 had one unsealed pipe penetration. The gap around the pipe was ½ inch larger than the pipe and had red electrical cables running through it. At the time of observation the maintenance director reported he only inspected the smoke barriers after work had been completed in the attic. "Reference NFPA 101 Life Safety Code, 1994	SALF	**Section10. Life Safety and Electrical Safety (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.** **Facility failed to ensure 1 of 13 smoke barriers were smoke resistant.** **The facility will ensure that smoke barriers are smoke resistant by:** **A)Environmental Services Director, Donald Swenson has sealed pipe penetration in attic smoke barrier wall near resident room #315. Environmental Services Director will maintain a quality check log to ensure all smoke barriers are smoke resistant. Checks will be done twice a year and when contractors and outside vendors are completing work in the attic areas. Executive Director and quality audit team to monitor for compliance during quarterly audit reviews.**	2/19/10

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 2/23/10

STATE FORM 6899 VNVX11 If continuation sheet 1 of 7

David Lovato

PoC accepted w/ David Lovato, ED, on 2/25/10.

RECEIVED
Wyoming Dept of Health
FEB 23 2010
Office of Healthcare Licensing and Surveys

Hand Delivered

Susan

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SALF	Continued From page 1 Edition." " 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. " B. Based on observation and staff interview the facility failed to ensure sprinklers were not obstructed and failed to replace damaged sprinklers in 2 of 7 smoke compartments. The findings were: 1. Observation on 2/02/10 at 11:02 AM showed the sprinkler near the smoke barrier wall near resident room #320 was located less than 12 inches from the light. The sprinkler was only 10 inches from the light, and the bottom of the light was 3 inches below the sprinkler deflector. At the time of observation the maintenance director reported he was aware sprinklers located within 12 inches of a ceiling mounted light were required to be at or below the bottom a the light fixture. He further reported the sprinkler system was inspected annually by an outside contractor, and according to the most recent report provided by the contractor, no sprinklers were obstructed. 2. Observation in resident room #124 on 2/02/10 at 11:40 AM revealed the bedroom sprinkler deflector was bent. At the time of the observation, the maintenance director reported the sprinkler system was inspected annually by an outside contractor, and according to their most recent report, no sprinklers were damaged.	SALF	**Section10. Life Safety and Electrical Safety (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.** **Facility failed to ensure sprinklers were not obstructed and failed to replace damaged sprinklers in 2 of 7 smoke compartments.** **The facility will ensure that sprinklers are not obstructed to spray pattern, free of corrosion, foreign materials, paint, and physical damage by:** **A)Environmental Services Director, Donald Swenson along with Phoenix Fire Protection lowered or dropped the sprinkler so that spray pattern was not obstructed near room #320. Environmental Services Director will visually inspect sprinklers from floor level annually. He will maintain a log noting the inspection. Phoenix Fire will inspect sprinklers annually from floor level as well. Executive Director and quality audit team to monitor for**	2/8/10

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SALF	Continued From page 2 "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. " " 7-7.1.1 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 ... " " 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 13, Standard for the Installation of Sprinkler Systems, 1994 Edition. " " 5-6.5.1.2 Distance from sprinkler to side of obstruction. " Distance from sprinkler to side of obstruction — Maximum allowable distance from deflector above bottom of obstruction Less than 1 foot ... ...0 inch 1 foot to2 feet ... ...1 inch 2 feet to 2 ½ feet ... ...2 inches 2 ½ feet to 3 feet ... ...3 inches 3 feet to 3 ½ feet ... ...4 inches " NFPA 25, Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 Edition. " " 2-2.1.1* 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	SALF	**compliance during quarterly audit review.** **B)Environmental Services Director Donald Swenson along with Phoenix Fire replaced bent sprinkler in room #124. Environmental Services Director will visually inspect sprinklers from floor level annually. He will maintain a log noting the inspections. Phoenix Fire will inspect sprinklers annually from floor level as well. Executive Director and quality audit team to monitor for compliance during quarterly audit review.**	**2/8/10**

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SALF	Continued From page 3 are painted, corroded, damaged or loaded with foreign material. " C. Based on observation and staff interview the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring and failed to ensure electrical receptacles in wet locations were protected with GFCI (ground fault circuit interrupter) receptacles in 2 of 7 smoke compartments. The findings were: 1. Observation in resident room #311 on 2/02/10 at 10:21 AM showed the microwave oven and television set were plugged into a 15 amp surge protector. The microwave was rated at 15 amps and the television was rated at 4 amps. The amperage capacity of the two appliances exceeded the maximum amperage capacity of the surge protector. At the time of observation the maintenance director reported he was not aware of the surge protector' s capacity. 2. Observation in the laundry on 2/02/10 at 12:05 PM showed three electrical receptacles behind the washing machines were not GFCI protected. At the time of observation the maintenance director reported he was aware electrical receptacles located within 6 feet of a water source were required to be GFCI protected. He could not explain why the aforementioned receptacles were not identified on his monthly electrical inspections. "Reference NFPA 101 Life Safety Code, 1994 Edition." " 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	SALF	**Section10. Life Safety and Electrical Safety (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.** **Facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring and failed to ensure electrical receptacles in wet locations were protected with GFCI receptacles in 2 of 7 smoke compartments.** **The facility will ensure that temporary electrical wiring will not replace permanent fixed wiring and ensure electrical receptacles in wet locations are protected with GFCI receptacles by:** **A)Environmental Services Director, Donald Swenson unplugged microwave from the 15 amp surge protector and plugged into the wall in room #311. Environmental Services Director will conduct monthly audits of all apartments and maintain a log of the safety checks. Executive Director and**	2/2/10

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SALF	Continued From page 4 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.... " Wyoming Department of Health Aging Division Rules 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. (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	SALF	**quality audit team to monitor for compliance during quarterly audit reviews.** **B)Environmental Services Director Donald Swenson contracted with McKee Hall Electric to install 4 GFCI receptacles in the laundry room behind the washing machines. Environmental Services Director to conduct annual audit to ensure all receptacles and fixed equipment within the area of the wet location have GFCI protection. Executive Director along with quality audit team will monitor for compliance and review during quarterly audit reviews.**	2/4/10

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SALF	Continued From page 5 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: D. Based on record review and staff interview the facility failed to ensure fire drills occurred at varying times on 2 of 3 shifts. The findings were: Review of the fire drill records showed the first shift occurred between 6 AM and 2 PM and the second shift occurred between 2 PM and 10 PM. Further review documented all fire drills conducted on the first shift during the second, third and fourth quarters of 2009 occurred between 9 AM and 10 AM. Records also documented all fire drills conducted on the second shift during the first, second, third and fourth quarters of 2009 occurred between 2 PM and 2:30 PM. On 2/02/10 at 2:30 PM the maintenance director reported he was unaware that fire drills were required to be conducted at varying times throughout each shift. "Reference NFPA 101 Life Safety Code, 1994 Edition."	SALF	Section 7. Assisted Living Facilities Core Services. (o) Evacuation Capability, Emergency procedures, and Fire Safety. (iii) Fire Safety. (E) Fire exit drills shall be conducted in accordance to life safety code operation features section. 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. The facility failed to ensure fire drills occurred at varying times on 2 of 3 shifts. The facility will ensure that drills will be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in the case of a fire. Executive Director and quality audit team will monitor for compliance quarterly during quarterly audit reviews.	2/2/10 Ongoing

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SALF	Continued From page 6 " 22-3.5 Operating Features. (See Chapter 31.) " " 31-1.5.6* Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in the case of fire. "	SALF		