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
	ALF008	A. BUILDING _____ B. WING _____	10/26/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

DoC 11/24/09

(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
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 October 26, 2009 by the Office of Healthcare Licensing and Surveys (OHLS). 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 MET as evidenced by: A. Based on record review and staff interview the facility failed to conducted monthly emergency battery lights tests during 2 of the past 12 months. The findings were: Review of the emergency battery lights testing records showed the facility was equipped with 45 lights. Further review documented the lights had not been tested during the months of August and September 2009. On 10/26/09 at 12:30 PM the maintenance director was not able to account for the missed tests. "Reference NFPA 101 Life Safety Code, 1994 Edition." 31-1.3.7 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted	SALF	PoC MODIFIED & ACCEPTED W/ FOD MVLLNGS, ED. ON 11/20/09. Section 10. Life Safety and Electrical Safety, (3) (ii) A. The community will ensure monthly emergency battery light tests are conducted on a 30 day basis. 1. The community Maintenance Director will schedule monthly emergency battery light tests and document completion for reference. 2. The Executive Director will conduct quality assurance checks monthly to verify emergency battery light tests are conducted and documented on a monthly basis as a part of the community's monthly Quality Improvement Program meeting, and document quality review.	11/20/09

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

TITLE: EXECUTIVE Director

(X6) DATE

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SALF	Continued From page 1 on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test shall be conducted for the 1 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. B. Based on record review, observation, and staff interview the facility failed to ensure 4 of 8 fire alarm system components were tested on an annual basis. The findings were: 1. Review of the fire alarm system testing records documented that no heat detectors had been tested during the 5/19/09 annual test. Observation on 10/26/09 at 2:45 showed a heat detector was installed in the elevator equipment room. At the time of observation the maintenance director was not aware of the heat detector. 2. Review of the fire alarm system testing records documented that no duct detector had been tested during the 5/19/09 annual test. Review of the annual test report conducted on 6/18/08 by a different contract showed two duct detectors had been tested. On 10/26/09 at 12:30 PM the maintenance director reported that he was not aware the facility was equipped with duct detectors. He further reported that he had not compared the last two inspection reports. 3. Review of the fire alarm system testing records documented that 59 smoke detector had been tested during the 5/19/09 annual test. Review of the annual test report conducted on 6/18/08 by a different contract showed 72 smoke detectors had been tested. On 10/26/09 at 12:30 PM the maintenance director reported he was not certain	SALF	Section 10. Life Safety and Electrical Safety, (3) (ii) B. The community will ensure 4 non-inspected fire alarm system components are inspected and that all 8 fire alarm system components are tested on an annual basis. 1. Heat detector in elevator equipment room is scheduled to be tested on 11/24/09. 2. Duct detectors are scheduled to be tested on 11/24/09. 3. Community has 63 smoke detectors located throughout the community, and all 63 are scheduled to be tested on 11/24/09.	11/24/09

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SALF	Continued From page 2 how many smoke detectors there were. He further reported that the fire alarm system had not been modified in the past three years. 4. Review of the fire alarm system testing records documented that the smoke detector sensitivity test had not been conducted within the past two years. The last sensitivity report was conducted on 6/09/06. "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. 15. Initiating Devices a. Duct Detectors, annually e. Heat Detectors, annually h. All Smoke Detectors, annually i. Smoke Detectors-Sensitivity, bi-annually " C. Based on record review, observation and staff interview the facility failed to ensure 1 of 4 smoke compartments was fully sprinkled. The findings were: Review of the sprinkler system testing records documented that the storage room under the north staircase did not have sprinkler coverage. The missing sprinkler was documented on the 3/10/09 quarterly testing report. Observation on 10/26/09 at 2:38 PM showed the room did not have sprinkler. At the time of observation the	SALF	Section 10. Life Safety and Electrical Safety, (3) (ii) 4. Smoke detector sensitivity tests are scheduled to be completed on 11/24/09. Community will ensure all 8 of 8 fire system components are tested annually (biannually for smoke sensitivity tests) from this point forward through Quality Improvement Program review. C. Community has completely enclosed and sealed the storage room under the north staircase to ensure there is no access to this unused area. All areas requiring sprinkler heads are now up to code. Effective immediately, all in-house and contracted safety inspections will be reviewed by Executive Director and Quality Improvement Program (QIP) team and documented, and items requiring attention will be tracked to completion through monthly QIP review.	11/24/09 11/09/09

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SALF	Continued From page 3 maintenance director reported the facility had not scheduled the installation of the sprinkler. "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 .... " " NFPA 13, Standard for the Installation of Sprinkler Systems, 1994 Edition. " " 4-1.1 The requirements for spacing, location, and position of sprinklers are based on the following principles: (a) Sprinklers installed throughout the premises ... " D. Based on observation and staff interview the facility failed to ensure sprinklers were not obstructed and failed to ensure sprinklers were not painted of damaged in 4 of 4 smoke compartments. The findings were: 1. Observation on 10/26/09 between 1 PM and 3 PM showed the following sprinkler heads were obstructed by ceiling mounted fluorescent lights. The sprinklers were installed within 12 inches of the lights, and the deflectors were above the bottoms of the lights. a. The sprinkler installed outside the multi-purpose room was 4 inches away from and 2 inches above the bottom of the light.	SALF	Section 10. Life Safety and Electrical Safety, (ii). D. Community will ensure sprinklers are not obstructed, painted, or damaged in all smoke compartments. 1a. The sprinkler installed outside of multi-purpose room is now a minimum of 12" from the light fixture and is not blocked by any other obstruction.	11//09/09

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SALF	Continued From page 4 b. One of two lights in the first floor south laundry was 9 inches away and 2 inches above the bottom of the light. c. One of two lights in the first floor north laundry was 7 inches away and 2 inches above the bottom of the light. d. The sprinkler installed in the roof access room #2 was 1 inch away and 2 inches above the bottom of the light. e. The sprinkler installed in the kitchen storeroom was 1 inch away and 2 inches above the bottom of the light. f. four of seven sprinkler installed in the kitchen were within 12 inches of the lights and deflectors were above the bottoms of the lights. 2. Review of the sprinkler system testing report documented the contractor had noted numerous obstructed sprinkler heads during the quarterly inspection conducted on 3/10/09. On 10/26/09 at 1:20 PM the maintenance director reported the facility had not scheduled modifications of the sprinkler heads. 3. Observation on 10/26/09 between 2 PM and 3 PM showed the following locations had items stored within 18 inches of the sprinkler deflector: a. Items were stored 6 inches below the deflector in the closet in resident room #115. b. Items were stored 12 inches below the deflector in the closet in resident room #117. c. Items were stored 10 inches below the deflector in the closet in resident room #128. d. Items were stored 8 inches below the deflector in the closet in resident room #135. 4. On 10/26/09 at 2 PM the maintenance director reported all closets were supposed to be inspected monthly to ensure items were not stored within 18 inches of the sprinkler.	SALF	Section 10. Life Safety and Electrical Safety, (ii). D. 1b. Obstructed sprinkler in the first floor south laundry room is now a minimum of 12" from the light fixture and is not blocked by any other obstruction. 1c. Obstructed sprinkler in the first floor north laundry room is now a minimum of 12" from the light fixture and is not blocked by any other obstruction. 1d. Obstructed sprinkler in the roof access room #2 is now a minimum of 12" from the light fixture and is not blocked by any other obstruction. 1e. Obstructed sprinkler in the kitchen storeroom is now a minimum of 12" from the light fixture and is not blocked by any other obstruction. 1f. All four obstructed sprinklers in the kitchen are now a minimum of 12" from the light fixture and are not blocked by any other obstruction. 3. Community will ensure 18 inch clearance around all sprinkler deflectors. a. Items stored within 6 inches of sprinkler deflector in resident's closed in room #115 were removed to provide 18 inches clearance around sprinkler deflector. b. Items stored within 12 inches of sprinkler deflector in resident's closed in room #117 were removed to provide 18 inches clearance around sprinkler deflector.	11/09/09 10/27/09

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SALF	Continued From page 5 5. Observation on 10/26/09 at 2:09 PM showed the sprinkler in the medication room was covered with paint. Review of the quarterly sprinkler testing report documented this concern during the 3/10/09 quarterly inspection. 6. Observation on 10/26/09 at 2:55 PM showed the sprinkler deflector in the private dining room was bent up on one side. At the time of observation the maintenance director reported he was not aware of the damaged sprinkler. He further reported that he did not inspect the sprinklers annually as the contractor was supposed to conduct a building-wide inspection. "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. O-1 foot from obstruction ...allowable distance	SALF	c. Items stored within 10 inches of sprinkler deflector in resident's closed in room #128 were removed to provide 18 inches clearance around sprinkler deflector. d. Items stored within 8 inches of sprinkler deflector in resident's closed in room #135 were removed to provide 18 inches clearance around sprinkler deflector. 5. Sprinkler head in medication room was replaced with new sprinkler head. 6. Sprinkler head in private dining room was replaced with new sprinkler head. Community will ensure sprinklers are not obstructed, painted, or damaged in all smoke compartments through monthly visual inspections and document such. Safety walk-through's will be conducted by safety personnel to ensure a minimum of 12" distant from any ceiling obstacles hanging lower than the sprinkler heads. Documentation will be reviewed during monthly Quality Improvement Program review. Monthly inspection documentation will be reviewed monthly during Quality Improvement Program review to ensure 18 inches clearance around sprinkler heads. Monthly inspection documentation will be reviewed monthly during Quality Improvement Program review to ensure no sprinkler heads are damaged throughout community.	11/02/09 11/02/09

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SALF	Continued From page 6 above the bottom of the obstruction 0 inches. " " 5-6.5.3* Obstructions that prevent Sprinkler Discharge from Reaching the Hazard. Continuous or non-continuous obstructions that interrupt the water discharge in a horizontal plane more than 18 in. below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section.@ " 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 are painted, corroded, damaged or loaded with foreign material. " E. Based on observation and staff interview the facility failed to ensure portable fire extinguishers were inspected monthly in 1 of 4 smoke compartments. The findings were: Observation on 10/26/09 at 1:25 PM showed the portable fire extinguisher in the multi-purpose room had not been inspected during the months of July, August and September 2009. At the time of observation the maintenance director confirmed the extinguisher had been missed. "Reference NFPA 101 Life Safety Code, 1994 Edition." " 22-3.3.5.3 Portable Fire Extinguishers. Portable fire extinguishers in accordance with 7-7.4.1 shall be provided near hazardous areas. " "7-7.4.1 ....Portable fire extinguishers shall be installed in accordance with NFPA 10, Standard for the Installation of Portable Fire Extinguishers." " NFPA 10 Standard for the Installation of	SALF	Section 10. Life Safety and Electrical Safety, (3) (ii) E. Community will ensure fire extinguishers in all 4 smoke compartments are inspected monthly, to include fire extinguisher in multi-purpose room. Monthly inspection documentation will be reviewed monthly during Quality Improvement Program review to ensure fire extinguishers in all 4 smoke compartments have been inspected.	11/20/09

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SALF	Continued From page 7 Portable Fire Extinguishers, 1990 Edition. " " 4-3.1 Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals .... " F. Based on observation, record review and staff interview the facility failed to ensure curtains were flame retardant in 3 of 4 smoke compartments. The findings were: Observation on 10/26/09 between 1 PM and 2:30 PM showed the curtains in the multi-purpose room, resident room #101 and the first floor north laundry room did not have flame retardant documentation attached to them. Review of the facility log showed the aforementioned curtains had not been treated with flame retardant solution. At 1:45 PM the maintenance director reported he was aware all curtains were required to be flame retardant. He further reported that the aforementioned curtains should have been noted during monthly rounds. "Reference NFPA 101 Life Safety Code, 1994 Edition." "31-7.5.1 New draperies, curtains and other similar loosely hanging furnishings and 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 ..." G. Based on observation and staff interview the facility failed to ensure permanent wiring did not replace temporary flexible wiring in 3 of 4 smoke	SALF	Section 10. Life Safety and Electrical Safety, (3) (ii) F. Community will ensure all curtains are flame retardant and document completion. Curtains in multi-purpose room have been treated with approved flame retardant solution and documented as such. Curtains in resident room #101 have been treated with approved flame retardant solution and documented as such. Curtains in first floor north laundry room have been treated with approved flame retardant solution and documented as such. Monthly inspection documentation will be reviewed monthly during Quality Improvement Program review to ensure all curtains throughout community have been visually inspected and treated with fire retardant solution if required.	11/09/09

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SALF	Continued From page 8 compartments. The findings were: 1. Observation on 10/26/09 between 2 PM and 3 PM showed the lamps in resident room #117 and resident room #134 were plugged into 3-way electrical adapters. At the time of observation the maintenance director reported the electrical system was inspected on a monthly basis. 2. Observation on 10/26/09 between 3 PM and 4 PM showed the television set in resident room #202 and resident room #201 and the heating pad in resident room #205 were all plugged into extension cords. "Reference NFPA 101 Life Safety Code, 1994 Edition." " 31-7.5.1 New draperies, curtains and other similar loosely hanging furnishings and 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 ... " Rules and Regulations for Licensure of Assisted Living Facilities Section 7. Assisted Living Facility (ALF) Core Services. (n) Furnishings, Buildings, Physical Plant. (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below; (L) Fireplaces shall be securely screened and glassed in; This regulation was NOT MET as evidenced by:	SALF	Section 10. Life Safety and Electrical Safety, (3) (ii) G. Community will ensure that permanent wiring does not replace temporary flexible wiring in any of the 4 smoke compartments. 1(a) Resident in room #117 removed the 3-way adapter that lamp was plugged into. 1(b) Resident in room #134 removed the 3-way adapter that lamp was plugged into. 2(a) Resident in room #202 removed extension cord that television was plugged into. 2(b) Resident in room #201 removed extension cord that television was plugged into. 2(c) Resident in room #205 removed extension cord and heating pad, and is now storing these items with family members. Maintenance Director inspects electrical wiring in apartments monthly on an ongoing process. To assist in this process, all residents have been provided written documentation on safety requirements. The community will continue to monitor for compliance on a monthly basis and document. Executive Director will ensure monthly inspections on apartment safety, to include wiring, is documented during monthly Quality Assurance Program review.	10/26/09

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SALF	Continued From page 9 H. Based on observation and staff interview the facility failed to ensure the fireplace was screened in 1 of 4 smoke compartments. The findings were: Observation on 10/26/09 at 2:12 PM showed the fireplace in the front lobby was not equipped with a screen. At the time of observation the maintenance director stated he was not aware a screen was required.	SALF	Rules and Regulations for Licensure of Assisted Living Facilities, Section 7. H. Community will ensure fireplace ~~remains~~ screened in. Community screened in the fireplace in front lobby following survey visit. On-duty management will ensure fireplace is screened in on a daily basis.	11/11/09