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THE SUNDANCE ASSISTED CARE ALF	108 ABBYLANE SUNDANCE, WY 82729	11/18/08
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An annual Health and Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 11/18/08. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) and for Licensure (Chapter 4) of Assisted Living Facilities (ALF).	LSC POC Accepted w/ Darlene Barthel, Manager on 1/13/09.	
Chapter 12, Section 6. Personnel and Staffing Requirements. This REGULATION was not met as evidenced by: (e)Personnel Policies and Procedures. (ii)A record for the manager and each employee shall be maintained and contain at a minimum, the following information: (G)Documentation on tuberculin testing (H)Orientation Checklist (I)I-9 (Employment Eligibility Verification) (J) Employee's Withholding Allowance Certificate (W-4)	Chapter 12. Sec. 6 All employees will have documentation of TB testing, orientation check list, employment eligibility verification, and employees withholding (W-4).	12-31-08
Based upon employee record file review and staff interview the facility failed to ensure three of four employee records were completed as required. The following concerns were identified: 1. Employee #1, hired on 9/28/08, did not have a tuberculosis screen prior to employment. 2. Employee #4, hired on 8/04/08, did not have a signed orientation checklist in her file. a. Employee #1, hired on 9/28/08, did not have the verification information in her file. b. Employee #2, hired on 9/29/08, did not have two proofs of verification in her file. 3. Employee #2, hired on 9/29/08, did not have	1. Employee #1: Has current TB screen in her file. 2. Employee #4: Has current orientation checklist in her file. a. Employee #1: has current verification of employment in her file. b. Employee #2: Has two proofs of verification in her file. 3. Employee #2: Has current W-4 information in her file.	12-31-08

Darlene Barthel RN Manager — 1-6-09

Provider Representative's Signature/Title — Date

Accepted w/ changes 1/9/09 left message for Darlene DON (old) Residential) DOC for Health 1/15/09. Karla

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W-4 information in her file. Interview with the Facility Administrator 11/18/08 at 1:30 PM confirmed the facility did not have any of the above required documents. **Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.** This REGULATION was not met as evidenced by: Based upon resident record review and staff interview the facility failed to ensure three of four resident records were complete. (b)Resident Assessment and Services. (ii)Admission orders. A resident shall be admitted only if accompanied by a history, and physical (H&P) completed by a physician or physician extender within 90 days prior to admission. (b)Resident Assessment and Services. (ii)Admission orders. (A)Admission orders shall include an order for TB screening, influenza, and pneumococcal immunization status. (e)Resident Records and Reports. (i)Each folder shall include the following: (F)A signed copy of the resident's rights. (e)Resident Records and Reports. (i)Each folder shall include the following: (I)Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies. (i)Adult Protection (ii)The facility must adhere to written policies and procedures that prohibit the abuse of any resident. (e)Resident Records and Reports. (i)Each folder shall include the following: (I)Written acknowledgment of the receipt and explanation of all facility policies including	In-services will be provided to staff in regard to needed items in employee files.	12-31-08

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admission/discharge policies. (k)Transfer and Discharge (iv)Residents transferred to another health care facility shall be given written notice which shall include... (m)Facility Policies and Procedures (i)Management shall develop policies, and procedures that are available to residents, and staff including: (C)Admission, transfer, bed hold days, and discharge of residents. (o) Evacuation Capability, Emergency Procedures, and Fire Safety (iii) Fire Safety. (D) Resident training (I) On the first day of admission, each resident shall be instructed in the proper action of the fire emergency plan. A record of this instruction shall be in each resident file. The following concerns were identified: 1. Review of resident record #1, revealed the resident was admitted 11/1/08, but the file did not contain the resident's H&P. a. Review of resident record #2, revealed the resident was admitted 6/02/08, but the file did not contain the resident's H&P. b. Review of resident record #3, revealed the resident was admitted 6/01/08, but the file did not contain the resident's H&P. 2. Review of resident record #1, revealed the resident was admitted 11/1/08. Immunization status was not identified and no order for immunizations was found. 3. Review of resident record #1, revealed the resident was admitted 11/1/08, but the file did not contain a signed copy of the resident's rights. 4. Review of resident record #1, revealed the resident was admitted 11/1/08, and record #2 revealed the resident was admitted 6/02/08, but neither file contained documentation the	Chapter 12 - Sec 7 Alf Regulations 1. Resident record #1 has current H&P on file. a. Resident record #2 has a current H&P on file. b. Resident record #3 has a current H&P on file. 2. Documentation for Resident #1 immunization currently on file in resident's chart. 3. Resident rights record currently on file in resident #1's chart. 4. Resident #1 made aware of admission & discharge policy and currently on file.	12-31-08 12-31-08

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residents were aware of the facilities admission/ discharge policies. 5. Review of policies and procedures revealed the facility did not have a written abuse policy, and procedure including defining abuse, how abuse will be investigated, and ongoing abuse in-services, and reporting requirements. 6. Review of resident record #4 revealed only a nursing note, dated 9/12/08, indicated the resident was discharged on that date. No other discharge information was found in the record. 7. Review of facility policies, and procedures revealed no transfer or discharge policies or procedures were in place. 8. Review of resident record #1 revealed the resident was admitted 11/1/08, and record #2 revealed the resident was admitted 6/02/08, but neither file contained documentation the residents were instructed on fire emergency plans. Interview with the Facility Administrator on 11/18/08, at 1:30 PM confirmed the above resident's files, and facility policies lacked the required aforementioned identified information. **Chapter 4, Section 10. Life Safety and Electrical Safety** This REGULATION was not met as evidenced by: A. Based on record review and staff interview the facility failed to maintain, inspect, and document the installed fire alarm system in accordance with the provisions of NFPA 72. The findings include: Observation, and record review on 11/17/08 between 1:30 PM and 4 PM showed that the	5. An abuse policy ~~is being~~ written on defining abuse, how abuse will be investigated, on going abuse in-services will be provided including reporting requirements. 6. Discharge information is currently in file. 7. Transfer and discharge policies are ~~being~~ written and ~~put~~ in place. 8. Residents are instructed on fire policies and emergency procedures upon admission and documentation of same is currently in chart. A quality assurance policy currently formulated to document above information and on going in-services will be held to assure staff is current on necessary documentation.	1-15-09 1-15-09 1-15-09 12-31-08 1-15-09

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facility was equipped with a Simplex 4010, Series H9510314 annunciator panel, 3 duct detectors, 7 heat detectors, 4 fire alarm pull boxes, 26 photo smoke detectors, 22 audio-visual, and one visual-only indicating device, one supervisory signal, and one water flow device. Record review also revealed the last inspection of the fire alarm system was conducted June 6, 2003. In addition, there were no records to indicate the smoke detectors had a sensitivity test completed in the past 24 months. The facility administrator confirmed the fire alarm system had not been inspected in the past year. *Reference NFPA 101 Life Safety Code, 1994 Edition* *"NFPA 101, Chapter 32 Referenced Publications:"* *"NFPA 72, National Fire Alarm Code, 1999 edition."* *"Table 7-3.2"* *"14. Remote Annunciators, tested annually"* *"15. Initiating Devices"* *"a. Duct Detectors, tested annually"* *"e. Heat Detectors, tested annually"* *"f. Fire Alarm Boxes, tested annually"* *"h. All Smoke Detectors, tested annually"* *"i. Smoke Detector Sensitivity, tested bi-annually"* *"19. Alarm Notification Appliances"* *"a. Audible Devices, tested annually'* *"c. Visible Devices, tested annually"* B. Based on observation and staff interview the facility failed to ensure rooms were smoke resistant in one of two smoke compartments. The findings were: Observation on 11/18/08 between 9 AM and 10 AM revealed the gaps around the sprinkler heads in resident room #110, #111, #125 and #128 were greater than the allowed 1/8 inch. The gaps were all greater than 1/4 inch even, with the escutcheon plates in place.	Chapter 4. Sec. 10 Life& Safety and Electrical Safety A. See accompanying documentation regarding inspection of our system. NFPA 72. The Rapid Fire Protection Agency will be coming sometime in Jan. to complete their assessment and close up the gaps aroound the sprinkler heads in room #104,110,111,123,125, and 128 and we will continue to monitor these through our monthly fire drills. - FIRE ALARM CONTRACTOR IS SCHEDULED FOR ANNUAL TESTING BY CONTRACT AGREEMENT. - SPRINKLER CONTRACTOR IS SCHEDULED FOR QUARTERLY TESTING OF SYSTEM AND ANNUAL INSPECTION.	1-15-09 1/15/09

NAME OF FACILITY	ADDRESS	DATE
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Reference NFPA 101 Life Safety code, 1994 edition. *"22-3.1.3.1 Construction requirements for large facilities shall be as required by this section. Where noted as fully sheathed, the interior shall be covered with a lath and plaster or material providing a 15-minute thermal barrier."*	Ref NFPA 101 Life Safety Code, 1994 Ed 22 - 3.1.3.1 We have contacted and contracted with Ad Tech, Inc. in Rapid City to have them come in and do the maintenance and proper positioning of the sprinkler heads, as these need to be tended to by someone knowledgeable in this area. QUARTERLY TESTING & ANNUAL INSPECTIONS UNDER CONTRACT AGREEMENT.	1-15-09 1/13/09