PRINTED: 06/14/2010
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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
	ALF014	A. BUILDING _____ B. WING _____	06/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING WIND ASSISTED LIVING COMMUNITY	1072 NORTH 22ND STREET LARAMIE, WY 82072

(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 A state life safety code licensure survey was conducted at your facility on May 19, 2010 by the Office of Healthcare Licensing and Surveys, (OHLS). The facility was a single story fully sprinkled building of Type V (111) construction built in 1998. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 75 licensed beds. 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. All references are based on the requirements of NFPA 101, Life Safety Code, 1994 Edition, unless otherwise noted. This regulation was NOT MET as evidence by: _____ _____ A. Based on observation and staff interview, the	SALF		

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

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

TITLE Exec. Director (X6) DATE 6.24.10

STATE FORM 6899 QZ2D11 If continuation sheet 1 of 12

RECEIVED
Wyoming Dept of Health
JUN 24 2010
Office of Healthcare Licensing and Surveys

POC ACCEPTED W/ TARA STONE, ED, DON 6/25/10

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SALF	Continued From page 1 facility failed to ensure 2 of 6 smoke barrier walls were smoke resistant. The findings were: 1. Observation on 6/1/10 at 2:05 PM showed the attic smoke barrier wall near the laundry had one unsealed pipe penetration. The gap between the pipe and wall was 1 inch wide. At the time of observation the maintenance director reported the smoke barriers were not routinely inspected. 2. Observation on 6/1/10 at 2:14 PM showed the attic smoke barrier wall near the nurses' station had three unsealed pipe penetrations. 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 2 of 4 smoke compartments had complete sprinkler coverage. The findings were: 1. Observation on 6/1/10 at 12:05 PM showed the corridor sprinkler between the south and center courtyard was more than 7 ½ feet from the opposite wall. The sprinkler was located 12 feet from the opposite wall. At the time of observation the maintenance director reported he was unaware of the spacing requirement. He further reported the system was inspected annually by an outside contractor and the above mentioned deficiency was not noted on the last report.	SALF	Section 10. Life Safety and Electrical Safety. A)The facility will ensure that smoke barrier walls are smoke resistant. This will be accomplished by: The Environmental Services Director will repair unsealed pipe penetrations in noted areas. The Environmental Services Director will maintain a smoke barrier wall inspection log and will perform inspections annually. The Administrator and quality assurance team will monitor for compliance annually during quarterly audit reviews.	7/31/10

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SALF	Continued From page 2 2. Observation on 6/1/10 at 1:31 PM showed the corridor sprinkler near resident room #106 was located more than 15 feet from the sprinkler near the laundry room. The sprinklers were 29 feet apart. 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 .... 5-6.2.2 (b) Protection areas and maximum spacing (Standard Spray Upright/Pendent) for Ordinary hazard Maximum Spacing 15 feet. 5-6.3.1 Maximum Distance from Walls. The distance from the sprinklers to walls shall not exceed one-half of the allowable distance between sprinklers as indicated in Table 5-6.2.2 (a) through (d) ... C. Based on observation and staff interview, the facility failed to ensure sprinklers were not obstructed in 3 of 4 smoke compartments and failed to ensure two spare heads were available for each type installed. The findings were: 1. Observation of the sprinkler system on 6/1/10 between 10:30 AM and 12 PM showed the sprinklers in the women's public restroom, men's public restroom, in the corridor by the nurses' station, in the corridor by the whirlpool room, in the records storeroom and the main electrical	SALF	B) The facility will ensure 4 of 4 smoke compartments have complete sprinkler coverage. This will be accomplished by: The Environmental Services Director in conjunction with Phoenix fire Protection will relocate and/or add additional sprinkler heads in noted locations to provide complete coverage. Environmental Services Director will inspect form the floor level annually and maintain a sprinkler inspection log. Administrator and quality assurance team will monitor for compliance annually during quality audit reviews. C)The facility will ensure that all sprinklers are not obstructed. This will be accomplished by: Phoenix Fire Protection will install sprinkler heads at the appropriate length for the ceiling mounted light fixtures. The Environmental Services Director will ensure the facility has two spare heads available for each type installed.	7/31/10 7/31/10

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SALF	Continued From page 3 room were obstructed. The sprinklers were installed within 12 inches of ceiling mounted lights and the bottom of the lights were installed below the bottom of the sprinklers deflectors. At 10:43 AM the maintenance director reported he was aware of the spacing requirement. He further reported that the system was inspected annually by an outside contractor and they had not noted any obstructed sprinklers on their last report. 2. Observation of the sprinkler system on 6/1/10 between 11:30 AM and 2:30 PM showed 165 degree upright sprinkler heads were installed in the central mechanical room and in the attic spaces. Review of the spare sprinkler cabinet showed the facility did not have any spare upright heads. At 11:41 AM the maintenance director reported he was not aware the facility was required to have two spare heads for each type installed. 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.	SALF	Sprinklers will be inspected annually by the Environmental Services Director. The Administrator and quality assurance team will review at the quarterly audit review.	

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SALF	Continued From page 4 5-6.5.1.2 Distance from sprinkler to side of obstruction with the related maximum deflector distance above the bottom of the 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 are painted, corroded, damaged or loaded with foreign material. D. Based on record review and staff interview, the facility failed to ensure 3 of 4 sprinkler system components were tested. The findings were: Review of the sprinkler system testing reports showed the waterflow alarm device, supervisory signal and main drain had not been tested on a quarterly basis over the past year. On 6/1/10 at 4 PM the administrator reported she did not have any other records to review. After contacting the facilities sprinkler contractor the administrator confirmed the system had not been tested in the past year. 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	SALF	D)The facility will ensure that sprinkler system components are inspected quarterly. This will be accomplished by: Phoenix Fire Department will inspect the sprinkler system components, including the waterflow alarm device, supervisory signal and main drain, on a quarterly basis. The Administrator and quality assurance team will review quarterly inspections at the quarterly audit reviews. The Administrator will ensure that the inspection records are maintained at the facility.	7/31/10

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SALF	Continued From page 6 7-6. 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. 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 25, Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 Edition. 9-2.6* Main Drain Test. A main drain test shall be conducted quarterly at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. 9-2.7 Waterflow alarm. All waterflow alarms shall be tested quarterly in accordance with manufacture's instructions. NFPA 72, National Fire Alarm Code, 1993 Edition. Table 7-3.2 Testing Frequencies. 15. Initiating Devices j. Supervisory Signal Devices, quarterly E. Based on observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring. The facility also failed to ensure electrical outlets in wet locations were protected with ground fault circuit interrupter (GFCI) outlets. In addition, the facility failed to ensure electrical cords were not run through door frames in 4 of 4 smoke compartments. The findings were: 1. Observation of the electrical system on 6/1/10	SALF	E)The facility will ensure that temporary electrical wiring does not replace permanent fixed wiring, that all electrical outlets in wet locations will be protected with ground fault circuit interrupter (GFCI) outlets, and that electrical cords are not run through door frames in all smoke departments. This will be accomplished by: The Environmental Services Director will replace noted outlets with approved GFCI protected outlets. The Environmental Services Director will inspect Resident apartments, offices and common areas for temporary flexible wiring monthly and to ensure that electrical cords are not run through door frames. Environmental Services Director removed temporary flexible wiring from noted resident's rooms 204,112, 119. Environmental Services Director will maintain an inspection log for temporary flexible wiring, door frames and GFCI outlets. The Administrator and quality audit team will review and monitor for compliance quarterly ~~during quality review audits.~~	6/21/10

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SALF	Continued From page 6 at 11:54 AM showed the oxygen concentrator in resident rooms #204 was plugged into a thin wire extension cord. The extension cord was run through the restroom door frame and plugged into a restroom electrical outlet. At the time of observation the maintenance director reported the electrical system was inspected quarterly. He further reported that the above mentioned extension cord was not noted during the last inspection. 2. Observation of the electrical system on 6/1/10 at 12:19 PM showed the lamp in resident room #112 was plugged into a 3-way adapter. 3. Observation of the electrical system on 6/1/10 at 12:29 PM showed the power chair in resident room #119 was plugged into a thin wire extension cord. 4. Observation of the laundry electrical system on 6/1/10 at 12:33 PM showed the three electrical outlets behind the clothes washing machines were not GFCI protected. At the time of observation the maintenance director reported he was aware electrical outlets located within 6 feet of a water source are required to be GFCI protected. He could not explain why the above mentioned outlets were not identified on his quarterly electrical inspections. 5. Observation of the electrical system on 6/1/10 at 1:25 PM showed the television set in the staff break room was plugged into two extension cords and a surge protector in-line. At the time of observation the maintenance director reported the extension cords were used because the room was not designed with a single electrical outlet. He was aware extension cords were prohibited for permanent applications.	SALF		

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SALF	Continued From page 7 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 (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (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	SALF		

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SALF	Continued From page 8 period shall be available upon request at the facility. (l) 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: F. Based on record review, observation, and staff interview, the facility failed to ensure residents were evacuated during fire drills on 3 of 3 shifts. The findings were: 1. Review of the fire drill records showed the fire drills held on the third shift did not include resident participation. The maintenance director reported he would enter the facility during the night shift and conduct an in-service, but not activate the fire alarm system or evacuate the residents. He further reported he was not aware	SALF F	Section 7. Assisted Living Facility (ALF) Core Services. The facility will ensure residents are evacuated during fire drills on 3 of 3 shifts. This will be accomplished by: E)The Environmental Services Director will ensure resident evacuation will occur with every conducted fire drill. The documented drill will be reviewed and monitored for compliance by the Administrator and quality review team at the quarterly audit reviews.	6/30/10

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SALF	Continued From page 9 that residents were required to evacuate to a point of assembly during every drill. 2. Observation of the fire drill on 6/1/10 at 2:39 PM showed the residents all stopped at the exit doors. At 2:49 PM the administrator reported she believed the residents were only required to evacuate the facility once a year and stopping at the exit doors every other time was acceptable. 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. " Wyoming Department of Health Aging Division Rules Rules and Regulations for Licensure of Assisted Living Facilities Section 6. Furnishings, Building, Physical Plant. (i) All drapery and curtains shall be flame retardant. This regulation was NOT MET as evidence by: Based on observation and staff interview, the facility failed to ensure window curtains were flame retardant in 2 of 4 smoke compartments. The findings were: Observation on 6/1/10 between 11 AM and 12:30 PM showed the window curtains in resident room #311 and #103 did not have flame retardant documentation attached to them. At 12:33 PM the maintenance director reported he did not have flame retardant documentation for the above mentioned curtains.	SALF 9	Section 6. Furnishings, Building, Physical Plant. The facility will ensure window curtains are flame retardant. This will be accomplished by: The Environmental Services Director will spray all drapery and curtains in noted apartments and common areas with flame retardant. Environmental Services Director will maintain a fire retardant treatment log and attach tags to window curtains noting the date of application of the flame retardant. Administrator and quality assurance team will monitor for compliance quarterly during quality audit reviews.	7/31/10

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SALF	Continued From page 10 22-3.5 Operating Features. (See Chapter 31.) 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 NFPA701 ... --- Wyoming Department of Health Aging Division Rules Program Administration of Assisted Living Facilities Chapter 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; (Z) Portable space heaters shall not be used, (e.g. electric or kerosene). This regulation was NOT MET as evidence by: Based on observation and staff interview, the facility failed to prohibit space heaters in 2 of 4 smoke compartments. The findings were: Observation on 6/1/10 between 11:30 AM and 12:30 PM showed wall mounted space heaters were installed in resident room #209 and #117. At 11:47 AM of the upholstered chair in room #209 showed the fabric was charred where it made	SALF	Section 7. Assisted Living Facility (ALF) Core Services The facility will ensure that space heaters are prohibited. This will be accomplished by: The wall mounted space heaters in resident room #209 and #117 were removed by the Environmental Services Director. The Environmental Services Director will inspect Resident apartments, offices and common areas for space heaters monthly. Environmental Services Director will maintain an inspection log for space heaters. The Administrator and quality audit team will review and monitor for compliance quarterly during quality review audits. The Administrator will review with current residents at the Town Hall meeting June 28th.	6/21/10

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SALF	Continued From page 11 contact with the heater. At this time the maintenance director reported he was unaware space heaters were prohibited.	SALF		