NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
SUNDANCE ASSISTED CARE	108 ABBY LANE SUNDANCE, WY 82729	04/09/08
	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
An annual Health and Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 4/9/08. 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). **Chapter 12, Section 6. Personnel and Staffing Requirements.** (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 of tuberculin testing; (I)I-9 (Employment Eligibility Verification); (K)Licensure, Certification or Credentials (RN, LPN, CNA) etc; and, (L) Documentation of all completed background and Central Registry background checks. **This REGULATION was not met as evidenced by:** Based on employee file review and staff interview, the facility failed to ensure five (#1, #2, #3, #4, #5) of eight employee records were complete. The findings were: Employee #1, hired 4/2/08, lacked the following information in her file: a. Tuberculosis testing prior to employment. b. I-9 verification. c. A Department of Family Service	Chapter 12, Section 6. All employees will have documentation of TB testing, I-9 (eligibility documentation), copy of license, certification or credentials and background and Central Registry background checks in their employee files as evidenced by the following: 1. A quality assurance monitoring tool is being implemented to insure that all personnel files will be complete with copies of licensure or credentials necessary, prior to employment. 2. A quality assurance monitoring tool is being implemented to insure that all personnel files are complete and have copies of DFS screening being done prior to employment. # 1. Employee is no longer in our employment. (Sec. Ch 125.6)	5-23-08

Darlene Barthel RN Manager
Provider Representative's Signature/Title

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Wyoming Dept of Health
Licensure and Surveys

7-9-08
Date

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Screen (DFS) or a Division of Criminal Investigation (DCI) screen prior to employment. Employee #2, hired 1/3/08, did not have the following information in her file: a. I-9 verification. b. A copy of her CNA license. c. A DFS screen or a DCI screen prior to employment. Employee #3, hired on 4/1/02, who at times performed nursing functions, did not have the following information in her file: a. An updated RN license. Employee #4, hired 4/1/02 as a staff nurse, did not have the following in her file: a. An updated RN license. Employee #5, hired 5/15/07, did not have the following in her file: a. A DFS screen conducted prior to employment. Interview with the facility administrator on 4/9/08 at 4 PM confirmed the facility did not have the above documentation. **Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.** (b)Resident Assessment and Services. (i)The completion of the ALF 102. (IV) A new ALF 102 shall be completed at least annually. (ii)Admission orders. A resident shall be admitted only if accompanied by a history and physical completed by a physician or physician extender within 90 days prior to admission. (e)Resident Records and Reports. (i)Each folder shall include the following:	#2. Employee worked 1 month and returned to CCMSD (Crook County Medical Services District) LTC #3 & 4. Both nursing licenses are in personnel files. #3. & 4. see copies Chapter 12, Section 6. All employees will have documentation of TB testing, I-9 (eligibility documentation), copy of license, certification or credentials and background and Central Registry background checks in their employee file as evidenced by the following: a. A quality assurance monitoring tool will be implemented to insure that all personnel will have files complete with TB testing, I-9 verification and background checks done. #5. Employee has left our employment. Chapter 12, Section 7. Assisted Living Facilities Care Services b. Resident Assessment and Services (IV) A new ALF 102 shall be completed at least annually.	5-23-08

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(F) A signed copy of the resident's rights.

This REGULATION was not met as evidenced by:

Based on record review and staff interview, the facility failed to ensure 2 (#1, #3) of 3 sample records were complete with an annual ALF 102, a history and physical, and/or a signed copy of the resident's rights. The findings were:

Review of resident record #1 revealed the most recent ALF 102 was signed on 7/10/06. The ALF 102 for 2007 was not found in the resident's file.

Review of resident record #3 revealed the resident was admitted 9/9/06, but the file did not contain the resident's history and physical or a signed copy of the resident's rights.

Interview with the administrator on 4/09/08 at 4 PM confirmed the documentation was lacking.

Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.

(o) Evacuation Capability, Emergency Procedures, and Fire Safety
(iii) Fire Safety.
(A) Portable fire extinguishers shall be installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers.

This REGULATION was not met as evidenced by:

1. Based on observation and record review, the facility failed to inspect and maintain

IV. A quality assurance tool is in place to assure that the ALF assessment tool is done on at least a yearly basis and upon any change in condition. (The ALF was found in a purged file.)

IV. A quality assurance tool is in place to assure that a resident's H & P and a signed copy of the resident's rights is in their chart (file). (resident right sign-off sheet in this chart behind Activities history)

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portable fire extinguishers in accordance with NFPA 10. The findings were: Review of facility documentation revealed the last annual fire extinguisher maintenance procedure was conducted on 7/23/03. In addition, observation of all facility extinguishers revealed the monthly inspections were not being conducted.		
4-3.1 Inspection Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30 day intervals. *4-4.1 Maintenance Frequency. Extinguishers shall be subjected to maintenance not more than one year apart.*	4-3.1 A quality assurance monitoring tool will be implemented to assure that fire extinguishers will be inspected on a monthly basis and recorded. 4-3.1 This has been added to our monthly fire drill documentation.	5-24-08
Chapter 4, Section 10. Life Safety and Electrical Safety **This REGULATION was not met as evidenced by:** **1.** Based on record review and staff interview, the facility failed to maintain, test, and document the installed fire alarm system in accordance with the provisions of NFPA 72. The findings were: Record review showed the 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 devices, one supervisory signal and one water flow device. Record review also revealed the last testing of any 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. Interview with the facility administrator on 4/9/08 at 4 PM confirmed the fire alarm system had not	4-4.1 A quality assurance monitoring tool will be implemented to assure that fire extinguishers are inspected and serviced on a yearly basis.	5-24-08

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been tested 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"* *"j. Supervisory Signal Devices, tested quarterly"* *"k. Waterflow Devices, tested quarterly"* *"19. Alarm Notification Appliances"* *"a. Audible Devices, tested annually"* *"c. Visible Devices, tested annually"* 2. Based on record review, the facility failed to maintain the installed sprinkler system in accordance with NFPA 25. The findings were: Record review revealed the main drain had not been tested in the past year. Record review also revealed that the water flow alarm device and supervisory signal device had also not been tested in the past year. *Reference NFPA 101 Life Safety Code, 1994 Edition* *"NFPA 101, Chapter 32 Referenced Publications:"* *"NFPA 25, Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 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*	Table 7-32 #14. A maintenance program will be set up to test the remote annunciators annually. #15. A maintenance program will be set up to test the initiating devices annually. a. A maintenance program will be set up to test: e. duct detectors - annually f. heat detectors - annually h. all smoke detectors - annually i. smoke detector sensitivity will be tested biannually j. supervisory signal devices will be tested quarterly. k. water flow devices will be tested quarterly. #19. A maintenance program will be set up for alarm notification appliances. a. Audible devices will be tested annually. b. Visible devices will be tested annually.	7-2-08

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water supply piping and control valves." *"9-2.7 Waterflow alarm. All waterflow alarms shall be tested quarterly in accordance with manufacturer's instructions."* 3. Based on record review and staff interview, the facility failed to perform, collect and record needed testing information and procedures. The findings were: Interview with the facility administrator on 4/9/08 at 2:48 PM revealed she was unaware of how to test the facility's emergency lighting. In addition, no documentation was provided to indicate that the monthly 30 second testing of emergency battery lights had been recorded. Nor was documentation provided to indicate that the annual 90 minute testing of emergency battery lights had been recorded. Further interview with the administrator at 4 PM revealed she was unaware if the emergency lights had ever been tested. *Reference NFPA 101 Chapter 31 Operating Features* *31-1.3.7: A functional test shall be conducted on every required (battery-operated) emergency lighting system at 30-day intervals for a minimum of thirty seconds. An annual test shall be conducted for the one and one-half hour duration. Equipment shall be fully operational for the duration of the test. Written records of testing shall be kept by the owner for inspection by the authority having jurisdiction.* 4. Based on observation, the facility failed to provide an electrical system installed in accordance with NFPA 70. The findings were: Observation on 4/9/08 at 8:48 AM revealed an electrical outlet box over the door leading from the dining room onto the patio did not have a protective cover and two exposed	9-2.7. A maintenance quality assurance tool will be set up to assure that all water flow alarms shall be tested quarterly in accordance with manufacturers instructions. 31-1.3.7. A maintenance quality assurance tool providing a test be conducted on each battery operated emergency lighting system on 30 day intervals for a minimum of thirty seconds, and an annual test to be conducted for an hour and a half duration, with a written record of such testing being kept by the owner for inspection by the authority having jurisdiction.	7-2-08 7-2-08

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wires were protruding from the box approximately two inches. *Reference NFPA 101 Life Safety Code, 1988 Edition:* *"NFPA 101, Chapter 32 Referenced Publications:"* *"NFPA 70, National Electrical Code. 1999 edition:"* *"370-28. Pull and Junction Boxes.* *(3)(c) Cover. All pull boxes, junction boxes and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use...."*	3-C. A cover box will be provided for the wires that are protruding from the box, that is suitable for the conditions of use.	6-27-08