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WY Dept of Health
Healthcare Licensing and Surveys

PRINTED: 03/28/2013
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF020	A. BUILDING: _____ B. WING _____	03/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOMES ASSISTED LIVING	2391 MUDDY STRING RD THAYNE, WY 83127

(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 Life Safety Code survey was conducted at your facility on March 12, 2013 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a fully sprinklered, single-story building of Type V (000) construction built in 1997. The building was equipped with a supervised, automatic wet 13R sprinkler system with a fire pump and a hard wired fire alarm system. The facility had a capacity of 16 licensed beds with a census of 11 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4 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, New Board and Care, 1994 Edition, unless otherwise noted. This regulation was NOT MET as evidence by: A. Based on observation and staff interview, the facility failed to ensure walls were smoke	SALF	The facility will ensure the Life Safety 101 Code of the NFPA Chapter 4 Section 10, Chapter 3 of the requirements for Construction Rules for Health Facilities will be met by:	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Owner/administrator — (X6) DATE: 4-5-13

POC ACCEPTED W/EILEEN MERRITT, OWNER, ON 4/15/13.

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SALF	Continued From page 1 resistant in 1 of 17 rooms. The findings were: Observation of the laundry room on 3/12/13 at 1:06 PM showed a 1 foot by 3 foot section of the wall was missing. At the time of the observation the owner could not explain why the sheetrock was not replaced after the water pipes were repaired. Reference NFPA 101, 1994 Edition; 22-2.3.2 Hazardous Areas. Any hazardous area shall be protected in accordance with the following: (a) Any hazardous area that is on the same floor as, and is in or abuts a primary means of escape or a sleeping room, shall be protected by either: 1. An enclosure with a fire resistance rating of at least 1 hour ... 2. Automatic sprinkler protection, in accordance with 22-2.3.5, of the hazardous area and a separation that will resist the passage of smoke between the hazardous area and the sleeping area or primary escape route. Any door in such separation shall be self-closing or automatic-closing in accordance with 5-2.1.8. B. Based on policy review and staff interview, the facility failed to provide a fire watch policy for the impairment of the sprinkler system or fire alarm system. The findings were: Review of the facilities emergency policies showed they did not have a fire watch policy for the impairment of the sprinkler system or fire alarm system. On 3/12/13 at 12:38 PM the owner confirmed the facility did not have a fire watch policy to review. He further reported that he was unaware a policy was required. Reference NFPA 101, 1994 Edition;	SALF	(A) All subcontractors having to remove sheetrock or cut any holes in walls will be responsible to repair holes to safety standards immediately upon completion of service. Building maintenance will be responsible or follow up to make sure code has been met. The facility will ensure the NFPA 101 Life Safety Code Sections 9.7.6, 9.6.1.8, Section 11-6, 11-5, A11-5(c) 2, this will be met by: (B) The facility will create a Fire Watch Policy that is in the guidelines of the Life Safety 101 code. A policy, that in the event of a fire alarm system failure for more than 4 hours in a 24 hr period, the management will initiate a fire watch.	4/30/13 4/5/13

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SALF	Continued From page 2 22-2.3.5.2 Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 7-7 .... 7-7.5 ...Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the building shall be evacuated or an approved fire watch shall be provided for all portions left unprotected by the shutdown until the sprinkler system has been returned to service. C. Based on observation and staff interview, the facility failed to ensure damaged electrical equipment was repaired and failed to ensure temporary electrical adapters did not replace permanent fixed wiring in 5 of 14 resident rooms. The findings were: 1. Observation of resident room #4 on 3/12/13 at 12:47 PM showed the electrical receptacle near the corridor door had char marks between the blade ports. At the time of the observation certified nurse assistant #1 could not explain why the char marks were not noticed and the receptacle replaced during the weekly room checks. 2. Observation of the electrical system on 3/12/13 between 12:30 PM and 1:30 PM showed the following resident rooms had temporary electrical adapters replacing fixed permanent wiring: a. The piano in room #3 was plugged into a 6-way power tap without surge protection. b. The television set in room #5 was plugged into two surge protectors in-line. c. The lamp in room #6 was plugged into a 3-way power tap without surge protection. d. The television set in room #9 was plugged into a 6-way power tap without surge protection. On 3/12/13 at 12:52 PM the certified nurse	SALF	(C 1) Maintenance personnel will do regular monthly checks on all electrical equipment. Making note of equipment to be repaired, then contacting a licensed electrician to repair equipment to code. All staff will also do weekly checks and make note in maintenance log for maintenance personal. (C 2) Residents and family members will be notified of policy, which states: that electrical adapters must be surge protected. And that electrical adapters cannot be piggy backed. Personnel will be trained to recognize the difference between a surge protector and non-protected electrical adaptors. These checks will be made weekly with cleaning schedules.	4/15/13 4/15/13

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SALF	Continued From page 3 assistant #1 could not explain why the aforementioned electrical adapters had not been noticed and removed during the weekly room inspections. Reference NFPA 101, 1994 Edition; 22-2.5.1 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. 110-27. Guarding of Live Parts. (b) Prevent physical damage. In locations where electric equipment would be exposed to physical damage, enclosure of guards shall be so arranged and of such strength so to prevent such damage. 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 Wyoming Department of Health Aging Division Rules Program Administration of Assisted Living Facilities Chapter 12 Effective December 12, 2007 Section 7. Assisted Living Facility (ALF) Core Services. (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (i) Evacuation Capability.	SALF		

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SALF	Continued From page 4	SALF		

(A) The evacuation capability rating for the group of residents, as defined by the Life Safety Code, in accordance with licensure rules, shall meet prompt or slow for facilities with nine (9) or more residents, and the rating shall meet prompt for facilities of eight (8) or fewer residents. The facility shall be responsible for maintaining evacuation capability ratings by timed fire exit drills.
(i) Exception shall be a facility where the construction meets the impractical evacuation capability rating.
(B) Evacuation Capability Ratings:
(I) Prompt - maximum of three (3) minutes
(II) Slow - between three (3) and thirteen (13) minutes
(III) Impractical - more than thirteen (13) minutes
(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 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

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SALF	Continued From page 5 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 evidence by: D. Based on record review and staff interview, the facility failed to ensure fire drills were held on each shift during 3 of the past 4 quarters. The findings were: Review of the fire drill records showed the first shift occurred between 7 AM and 7 PM and the second shift occurred between 7 PM and 7 AM. Further review showed a fire drill had not been conducted on the first shift during the third quarter of 2012. Review also showed a fire drill had not been conducted on the second shift during the first and fourth quarters of 2012. Records showed a fire drill had been held during each month of the past year, but not on each shift. On 3/12/13 at 1:40 PM the owner confirmed fire drills had not been conducted on the aforementioned shifts. He also reported that he was unaware fire drills had to be held on each shift during each quarter.	SALF	The facility will ensure that fire drills will be held on each shift for every quarter. This will be met by: (D) A chart will be created and placed in staff area showing the times, dates and shift per quarter of each completed fire drill. Making sure that a fire drill is done every shift per quarter. Management will do regular checks and updating of this chart to assure compliance is met.	4/5/13