Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF016	A. BUILDING: _____ B. WING _____	04/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	639 AVENUE H POWELL, WY 82435

(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 April 30, 2013 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a fully sprinklered, single story building of Type V (111) construction built in 1999. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 24 licensed beds with a census of 23 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 record review and staff interview, the facility failed to ensure 3 of 7 fire alarm system	SALF	**Chapter 4: Section 10. iii NFPA 72** (A) The facility shall maintain the fire alarm system as prescribed by NFPA 72 and NFPA 101. This will be accomplished by, A. 1. The Plant Operations technician has completed testing on the fire alarm receiver and has provided written documentation of same to the Director of Plant Operations. A. 2. The Plant Operation technician completed the fire alarm control panel battery test, semi-annual load voltage test, annual charger test and annual discharge test and provided written documentation of same to the Director of Plant Operations. B. All residents, visitors, and staff have the potential to be affected by failing to maintain the fire alarm system component testing as prescribed in NFPA 72 and 101. C. The Plant Operations Director or designee will complete monthly testing of the alarm receiver, as well as semi-annual testing of the load voltage annual charger tests, and annual discharge tests.	

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

VP Resident Care Services
TITLE

5/22/13
(X6) DATE

POC ACCEPTED W/ MICHELLE HOYT, INTERIM DIRECTOR, ON 5/31/13.

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SALF	Continued From page 1 components were tested. The findings were: 1. Review of the fire alarm system testing records showed the fire alarm receiver was not tested during the months of December 2012 and March 2013. On 4/30/13 at 4:07 PM the plant operations technician #1 could not explain why the receiver had not been activated on a monthly basis. 2. Review of the fire alarm system testing records showed the fire alarm control panel battery semi-annual load voltage, annual charger test, and annual discharge tests had not been tested since 11/12/11. On 4/30/13 at 4:07 PM the plant operations technician #1 could not explain why the battery tests had not been performed as required. Reference, NFPA 101, 1994 Edition, 22-3.3.4.1, 7-6.1.4, NFPA 72, 1993 Edition; Table 7-3.2 Testing Frequencies. 6. Batteries-Fire alarm systems d. Sealed Lead-Acid Type 1. Charge Test (Replace batteries every 4 years.), annually 2. Discharge Test (30 minutes), annually 3. Load Voltage Test, semi-annually 23. Receivers, monthly B. Based on record review and staff interview, the facility failed to ensure 3 of 7 sprinkler system tests were completed. The findings were: 1. Review of the sprinkler system testing records showed the waterflow and supervisory signal devices were not tested during the third quarter of 2012. On 4/30/13 at 4:07 PM the plant operations technician #1 reported the attic dry sprinkler pipes were being replaced between July and August of 2012, but he could not provide an acceptance	SALF	Cont. D. The Plant Operations Director will aggregate monthly data and report results to the Administrator, the Safety Committee monthly, and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date (B) A. Rapid Fire Sprinkler Systems will conduct an acceptance and reacceptance test of the sprinkler system as mandated in NFPA 101, 72, 25. B. All residents, staff, and visitors have the potential to be affected by failure to complete the acceptance test as required. C. The Plant Operations Director or designee will ensure that a main drain test is conducted quarterly, waterflow and supervisory signal device will be tested quarterly, dry pipe valve/quick opening device will be tested every 3 years and whenever alterations are made to the system.	06/24/2013

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SALF	Continued From page 2 test after the pipes were installed. 2. Review of the sprinkler system testing records showed the facility did not have record of the last time the three year dry system full flow trip test was performed. On 4/30/13 at 4:07 PM the plant operations technician #1 reported the attic dry sprinkler pipes were being replaced between July and August of 2012, but he could not provide a reacceptance test after the pipes were installed. The three year full flow trip test should have been performed during the reacceptance test. Reference, NFPA 101, 1994 Edition, 22-3.3.5.1, 7-7.5, NFPA 25, 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. 9-4.4 Dry Pipe Valves/Quick-Opening Devices. 9-4.4.2.2.1* Every 3 years and whenever the system is altered, the dry pipe valve shall be trip tested with the control valve fully open and the quick-opening device, if provided, in service. NFPA 72, 1992 Edition; Table 7-3.2 Testing Frequencies. 15. Initiating Devices j. Supervisory Signal Devices, quarterly k. Waterflow Devices, quarterly --- Wyoming Department of Health Aging Division Rules Program Administration of Assisted Living Facilities Chapter 12	SALF	**Cont.** D. The Plant Operations Director or designee will aggregate monthly data and report results to the Administrator, Safety Committee monthly, Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date **Wyoming Department of Health Aging Division Rules** (D) The facility shall provide full evacuation fire drills per the Program Administration of Assisted Living Facilities Chapter 12. A. A full evacuation fire drill was conducted on April 30, 2013. B. All residents, staff, and visitors have the potential to be affected by failure to conduct full evacuation fire drills as mandated. C. The Plant Operations Director or designee will conduct full evacuation fire drills on each shift once a quarter and maintain written documentation of the same. Staff and residents will also be educated regarding the need to conduct full evacuation	06/24/2013

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SALF	Continued From page 3 Effective December 12, 2007 Section 7. Assisted Living Facility (ALF) Core Services. (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (i) Evacuation Capability. (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	SALF	**Cont.** drills each shift once a quarter. D. The Plant Operations Director or designee will aggregate monthly data and report results to the Administrator, Safety Committee monthly, Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date	06/24/2013

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SALF	Continued From page 4 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 evidence by: --- D. Based on record review and staff interview the facility failed to ensure full evacuation fire drills were held on 2 of 3 shifts. The findings were: Review of the fire drill records showed the first shift occurred between 8 AM and 3:30 PM, the second shift occurred between 3:30 PM and 12 AM and the third shift occurred between 12 AM and 8 AM. Further review showed a full evacuation fire drill had not been held on the third shift in the past year. Staff training drills were held on 12/27/12 and 3/08/13, but residents were not evacuated. Review also showed a fire drill was not held on the first shift during the fourth quarter of 2012. On 4/30/13 at 4:07 PM the plant operations technician #1 reported he was unaware a full evacuation fire drill was required on each shift on a quarterly basis.	SALF		