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
	ALF003	A. BUILDING _____ B. WING _____	11/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNITY	3955 EAST 12TH STREET CASPER, WY 82609

(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	SALF		

A survey was conducted at your facility on November 18, 2010 by the Office of Healthcare Licensing and Surveys, (OHLS).

The facility was a one story fully sprinkled building of Type V (111) construction built in 1998. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 75 licensed beds.

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, 2000 Edition, unless otherwise noted.

This regulation was NOT MET as evidence by:

A. Based on observation and staff interview the facility failed to ensure hazardous areas were

JEFF L. BRYDEN — E.V.S. DIRECTOR. — 1/10/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

RECEIVED
Wyoming Dept of Health
JAN 11 2011
Office of Healthcare Licensing and Surveys

POC ACCEPTED W/ ROBERT FORD, EXECUTIVE DIRECTOR, ON 1/18/11

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SALF	Continued From page 1 separated from use areas by smoke resistant partitions in 1 of 4 smoke compartments. The findings were: Observation of the main mechanical room on 11/18/10 at 9:11 AM showed there were four unsealed pipe penetrations. The largest gap was 2 inches wide. At the time of observation the maintenance manager reported he was aware of the smoke resistant requirement. Furthermore, he reported the hazardous areas were not routinely inspected to ensure they were smoke resistant. 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 record review and staff interview the facility failed to ensure emergency battery lights were properly tested in 4 of 4 smoke compartments. The findings were: Review of the emergency battery light testing records showed the corridor emergency battery lights had not been tested for 90 minutes in the	SALF	A. The gap around the pipe has been fixed by maintenance according to life safety guidelines. 1. The maintenance Dept will do a complete building inspection to ensure no other gaps exist, SEMI-ANNUALLY 2. Immediate inspections will be conducted if any 'new" construction is put in place. 3. All findings will be reviewed by maintenance and QA staff monthly.	12/15 2010

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1/18/11

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SALF	Continued From page 2 past year. The last 90 minute test was performed on 9/15/2009. On 11/18/10 at 10:30 AM the maintenance manager confirmed the aforementioned test had not been completed. He further reported he was aware of the testing requirement, but could not explain why the test had been not been completed. 31-1.3.7 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test shall be conducted for the 1 2 hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. --- C. Based on observation and staff interview the facility failed to ensure the central station certificate was a current certificate and failed to ensure visual alarm notification appliances where synchronized in 1 of 4 smoke compartments. The findings were: 1. Observation of the main fire alarm control panel on 11/18/10 at 9:32 AM showed the central station certificate was posted within 36 inches, but had expired on 3/31/2010. At the time of observation the maintenance manager reported he was aware of the requirement. He could not explain why the certificate had not been updated. 2. Observation of the fire alarm strobes during the fire drill on 11/18/10 at 10:34 AM showed five strobes were visible in the 200 hall smoke compartment. Further review showed the strobes	SALF	B. The 90 minute test was performed on Nov, 30 2010. 1. The maintenance dept will create a new calendar for 30 sec and 90 minute light tests for the 2011 year. 2. The scheduled Calendar will be reviewed monthly to insure 30 second : 90 minute light tests have been performed by maintenance and QA staff monthly. C.1. A new UL Certificate is in place as of 1/5/2011. 1. A new UL Certificate is due in April of 2011 2. Maintenance and administrator will QA this as it has been posted on the 30 : 90 min test Calendar.	11/30 2010 1/5/2011

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SALF	Continued From page 3 were not synchronized. At the time of observation the maintenance manager reported he was not aware that when more than two strobes are in the same field of view they must be synchronized. 22-3.3.4.1 General. A fire alarm system in accordance with Section 7-6 shall be provided. 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. NFPA 72, National Fire Alarm Code, 1993 Edition. 4-4.4.1.1 Strobe Spacing Shall be: 4. More than two in the same field of view shall be synchronized. 5-2.2.3.1.1 Fire alarm systems providing services that complies with all the requirements of this code shall be certified by the organization that has listed the central station, and a document attesting to this certification shall be located on or within 36 in. of the fire alarm system control unit or, if no control unit exists, on or within 36 in. of a fire alarm system component. --- D. Based on observation and staff interview the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 4 smoke compartments. The findings were: 1. Observation of the electrical system on 11/18/10 at 8:41 AM showed the hair drier and heating blanket in resident room #319 were plugged into extension cords. At the time of observation the maintenance manager reported he was aware extension cords were prohibited. Furthermore, he reported the electrical system was inspected on a monthly basis by the	SALF	C.2. Maintenance Dept has spoken with Comtronix concerning strobe problem. An appointment is scheduled for January. ~~1/30/2011~~ 1/17/11 1. Maintenance Dept. will check strobes monthly during fire drill. 2. Maintenance and QA staff will review monthly. D1.,2.,3., Facility will insure no extension cords will be used throughout the building. 12/15 2010 1. The maintenance dept. will conduct ~~weekly~~ Monthly checks in all areas. 2. In-services will be done with all residents. 3. All findings will be reviewed by QA Committee monthly.	

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SALF	Continued From page 4 housekeeping staff. 2. Observation of the electrical system on 11/18/10 between 8:30 AM and 9:30 AM showed the television sets in resident room #206 and #111 were plugged into extension cords. 3. Observation of the electrical system on 11/18/10 at 9:26 AM showed the computer in the dry storeroom/kitchen office was plugged into an extension cord. At the time of observation the maintenance manager reported electrical equipment was not routinely inspected in offices. 22-2.5.11 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; (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....	SALF		