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WY Dept of Health
JUL 26 2013
Healthcare Licensing
and Surveys

PRINTED: 07/03/2013
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
	ALF004	A. BUILDING: _____ B. WING _____	06/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1930 EAST 12 STREET CASPER, WY 82601

(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 June 19, 2013 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a three story, fully sprinklered building of Type V (111) construction built in 1987. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 116 licensed beds and a total census of 61 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 1 of 3 smoke barrier	SALF	A. 1. The facility will ensure that all smoke compartments are fully are smoke resistant. 2. The maintenance director will be responsible for the fixing of the fire door. 3. The maintenance director will shave the side of the door that is catching so it will have the clearance to close. 4. The Maintenance director will round the building each fire drill to ensure ~~closures are working properly.~~ 5. Any doors found not to closing correctly will be written and documented in both our TELS system and a work order completed for correction.	6/19/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 7/26/13

POC ACCEPTED w/ MATTHEW GUERTIMAN, E.D., ON 7/26/13.

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6ALF	Continued From page 1 double doors were smoke resistant. The findings were: Observation of the first floor north smoke barrier on 6/19/13 at 9:32 AM showed the double doors would not latch into the door frame, with the power from the installed self-closing devices. Further observation showed the meeting edges of the two doors would bind against each other when the doors were closed. At the time of the observation, the maintenance director could not explain why the doors had not been noticed and repaired during the monthly safety inspections. Reference NFPA 101, 1994 Edition; 22-3.3.6.4 Doors in fire barriers required by 22-3.3.6.1 or 22-3.3.6.2 shall have a fire protection rating of not less than 20 minutes. B. Based on record review and staff interview, the facility failed to ensure 1 of 7 fire alarm system components was tested. The findings were: Review of the fire alarm system testing records showed the fire alarm battery semi-annual load voltage test was last performed on 10/25/12, more than six months ago. On 6/19/13 at 11 AM, the maintenance director reported he was unaware the load voltage test was a semi-annual requirement. 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, ...annually (Replace batteries every 4 years.) 2. Discharge Test, ... annually (30 minutes)	6ALF	B. 1. It is the policy of this Community to have a back-up electrical system in case of power failure/outage.. 2. The maintenance director will be responsible for ensuring the charge and load voltage test are completed on an semi-annual basis,. 3. Fire-alarm company contacted to complete test and educate on how to conduct tests. 4. The maintenance director will conduct and document the tests on an annual basis. 5. Our TELS system has been updated to include a reminder to complete this test semi-annually.	7/10/13

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SALF	Continued From page 2 3. Load Voltage Test, ... semi-annually C. Based on record review and staff interview, the facility failed to ensure the sprinkler system tests were properly performed during 3 of the past 4 quarters. The findings were: 1. Review of the sprinkler system testing records showed the waterflow alarm device was not tested during the first and second quarters of 2013 and the fourth quarter of 2012. The waterflow device was last tested on 7/26/12. On 6/19/13 at 11 AM, the maintenance director reported he assumed the waterflow test was being completed during the quarterly sprinkler tests. Review of the 4/17/13 test document showed the waterflow device was not indicated as being tested. 2. Review of the sprinkler system testing records showed the supervisory signal device was not tested during the fourth quarter of 2012. On 6/19/13 at 11 AM, the maintenance director could not explain why the previous maintenance director had not tested the sprinkler system during the fourth quarter of 2012. Reference NFPA 101, 1994 Edition, 22-3.3.5.1, 7-7.5, NFPA 25, 1993 Edition; 9-2.7 Waterflow alarm. All waterflow alarms shall be tested quarterly in accordance with manufacturer ' s instructions. Reference NFPA 101, 1994 Edition, 22-3.3.4.1, 7-6.1.4, NFPA 72, 1993 Edition; Table 7-3.2 Testing Frequencies. 15. Initiating Devices j. Supervisory Signal Devices, ... quarterly k. Waterflow	SALF	C. 1) 1. It is the policy of this community to have fire safety systems monitored and serviced regularly according to state and local requirements, to maintain the safest possible environment for residents, staff and visitors. Contracts will be maintained with licensed, trained and qualified personal for inspection and monitoring of sprinkler systems. 2. The maintenance director will be responsible for contacting the sprinkler company to perform and properly document these tests. 3. Sprinkler company contacted and the will complete the water-flow test and record times needed to activate alarm. 4. Maintenance director will review reports to ensure all necessary information is included. 5. Update Tels system to include the review of reports. 2) 1. It is the policy of this community to have fire safety systems monitored and	7/10/13

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SALF	Continued From page 3 Devices, ... quarterly D. Based on observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 6 smoke compartments. The findings were: Observation of the electrical system on 6/19/13 between 9 AM and 10:30 AM showed the following locations had temporary electrical adapters in use: a. The television in resident room #108 was plugged into a 6-way power tap. b. The phone in resident room #108 was plugged into an extension cord. c. The nebulizer in room #310 was plugged into an extension cord. d. The television in resident room #326 was plugged into a 6-way power tap. On 6/19/13 at 9:22 AM, the maintenance director could not explain why the aforementioned electrical adapters had not been noticed and removed during the monthly electrical inspections. Reference, 22.3.6.1, 7.1.2, NFPA 70, 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 --- Wyoming Department of Health Aging Division	SALF	serviced regularly according to state and local requirements, to maintain the safest possible environment for residents, staff and visitors. Contracts will be maintained with licensed, trained and qualified personal for inspection and monitoring of sprinkler systems. 2. The maintenance director will be responsible for contacting the sprinkler company to perform and properly document these tests. 3. Upon further review we were between sprinkler companies and the test for the fourth quarter was not done. 4. Maintenance director will review reports to ensure tests are done. 5. Tels system includes reminders to complete supervisory signal tests. 7/2/13 D. 1. It is the policy of this facility that extension cords are not permitted within the facility. 2. The Maintenance director and executive director will be responsible for removing existing adaptors and extension cords. The business office manager will be responsible for billing residents for approved replacements. 3. All staff in rooms will be responsible for looking for extension cords and adaptors while in the rooms.	

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SALF	Continued From page 4 Rules Program Administration of Assisted Living Facilities Chapter 12 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 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 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.	SALF	4. An in-service will be done for all staff to ensure that nursing and housekeeping are looking for adaptors and extension cords every visit. In-Service was held on 7/12. 5. On-going checks will be conducted and reminders for all staff will and residents will be done every month.	

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SALF	Continued From page 6 This regulation was NOT MET as evidenced by: E. Based record review and staff interview, the facility failed to fire drills were held on 3 of 3 shifts on a quarterly basis. The findings were: Review of the fire drill testing records showed the second shift occurred between 2 PM and 10 PM and the third shift occurred between 10 PM and 6 AM. Further review showed a fire drill had not been conducted on the second shift during the second quarter of 2012. Review also showed fire drills had not been conducted on the third shift during the fourth quarter of 2012 and the first quarter of 2013. On 6/19/13 at 11 AM, the maintenance director could not explain why the previous maintenance director had not conducted the aforementioned fire drills. On 6/19/13 at 12:30 PM, the executive director could not explain why the fire drills had not been conducted. He also reported that fire drills were not part of the facilities Life Safety Code quality assurance quarterly agenda. 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. (n) Furnishings, Buildings, Physical Plant. (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below; (M) The facility shall be maintained so that it is	SALF	E. 1. Edgewood requires fire drills to be conducted on all shifts each quarter. 2. The administrator and maintenance director will be responsible drills and recording. 3. Fire drills will be executed and documented. Drills will occur the first week of every month, one per shift per quarter. 4. An in-service for all staff to re-educate on the fire drills will be completed and the drills will be double recording by both the maintenance director and administrator. 5. Drill log will be reviewed Quarterly by administrator and maintenance director and QA team.	ongoing 7/10/13

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SALF	Continued From page 6 free of hazards, such as loose or broken window glass, loose or cracked floors or floor coverings, or cracked or loose plaster on wall or ceilings; This regulation was NOT MET as evidenced by: --- F. Based on observation and staff interview, the facility failed to ensure oxygen cylinders were properly secured in 1 of 6 smoke compartments. Observation of the nurses' station on 6/19/13 at 9:15 AM showed 13 "E" sized oxygen bottles were being stored without restrains. At the time of the observation, the maintenance director reported he was unaware all oxygen cylinders needed to be restrained. Reference NFPA 101, 1994 Edition, 32-1.1, NFPA 99, 1993 Edition; 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a) Nonflammable Gases (any Quantity; In-storage, Connected, or Both) 3. Provisions shall be made for racks or fastening to protect cylinders from accidental damage or dislocation.	SALF	F. 1. It is the policy of this community to be committed to preventing accidents and ensuring the safety and health of all staff and residents. 2. The maintenance director and nurses will be responsible for contacting the oxygen company to ensure oxygen cylinders are properly secured. 3. All staff in rooms will be responsible for looking for loose oxygen cylinders while in the rooms and in the nursing office. 4. An in-service will be done for all staff to ensure that nursing and housekeeping are looking for loose oxygen cylinders throughout the facility including the nursing office. In-Service was held on 7/12. 5. On-going checks will be conducted and reminders for all staff will and residents will be done every month.	6/19/13