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
	ALF002	A. BUILDING _____ B. WING _____	12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY 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	SALF	A)	

A survey was conducted at your facility on December 16, 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 1996. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and a zoned fire alarm system. The facility had a capacity of 48 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, 1994 Edition, unless otherwise noted.

This regulation was NOT MET as evidenced by:

A. Based on record review and staff interview the facility failed to ensure 2 of 7 fire alarm system

Fire Alarm had not been tested during June.Tranistion of new maintanence director. I have provided the documentation for June. This has been completed on 1/12/2011. This will be monitored by the Quality audit team on a quarterly basis. — 1/1/2011

2.) Maintenance director has scheduled smoke alarm testing for the 14th of January of 2011 with Rocky Mountain fire systems. Documentation has been sent with PoC. Quality audit team will review of for the future on yearly basis. — 1/14/2011

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

STATE FORM 6899 (TOQ11) If continuation sheet 1 of 8

RECEIVED
Wyoming Dept of Health
JAN 18 2011
Office of Healthcare Licensing and Surveys

Administrator 1/14/11

PoC ACCEPTED W/ DAN MATHEWS, ADMINISTRATOR, ON 1/21/11

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SALF	Continued From page 1	SALF	B.	

components were properly tested. The findings were:

1. Review of the fire alarm system testing records showed the central station receiving equipment had not been tested during the month of June 2010. On 12/16/10 at 9 AM the maintenance manager reported he was not aware of the requirement to activate the system on a monthly basis.

2. Review of the fire alarm system testing records showed the facility did not have record of the last biannual smoke detector sensitivity test. Each of the 1/18/10 and 1/20/09 fire alarm system testing records lacked the required sensitivity report. On 12/16/10 at 9 AM the maintenance manager reported he was not aware of this testing requirement.

Reference:

23-2.3.4.1 Fire Alarm Systems. A manual fire alarm system shall be provided in accordance with Section 7-6.
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.
Table 7-3.2 Testing Frequencies.
15. Initiating Devices
i. Smoke Detectors-Sensitivity, biannually
23. Receivers, monthly

B. Based on record review, observation and staff interview the facility failed to ensure sprinklers

1.) Observation of the 3 sprinkler heads in the mechanical room have corroded. Western Fire System has been contacted and scheduled for . Western Fire Systems has been notified that they missed this on their inspection in August. Walkthrough with the maintenance director will assist upon fire safety inspections. 2/1/2011

2.) Observation of the sprinklers in the Front lobby, Administrators and Administrators Assistant office obstructed and Western Fire Systems has visited building and are in the process of estimating replacement. Once replacement has been completed walkthrough with maintenance Director or qualified staff will be done with Western Fire Systems on their annual inspection 2/1/2011

3.) Testing records for the sprinkler system showing water flow device, supervisory signal and main drain. This will be tested by the maintenance director and will be reviewed by the Quality audit team on a quarterly basis. 1/19/2011

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SALF	Continued From page 2	SALF		

were not corroded, failed to ensure sprinklers were unobstructed in 2 of 3 smoke compartments, and failed to ensure the sprinkler system was tested during 2 of the past 4 quarters. The findings were:

1. Observation of the sprinkler system on 12/16/10 at 9:04 AM showed 3 of 3 sprinkler heads in the mechanical/electrical room were corroded. At the time of observation the maintenance manager reported the system was inspected annually by an outside contractor and the last inspection conducted on 8/17/10 did not indicate any heads were corroded.

2. Observation of the sprinkler system on 12/16/10 between 9 AM and 9:30 AM showed the sprinkler head in the front lobby, administrators office and the administrators assistants office were obstructed by the ceiling mounted lights. The sprinkler heads were located within 12 inches of and 2 inches above the bottom of the lights. At the time of the observation the maintenance director stated he was unaware sprinklers installed within 12 inches of ceiling-mounted obstructions must be at or below the bottom of the obstruction.

3. Review of the testing records for the sprinkler system showed the waterflow device, supervisory signal and main drain had not been tested during the second quarter of 2010 or the fourth quarter of 2009. On 12/16/10 at 9 AM the maintenance manager reported he did not have any other records to review. Furthermore, he reported the system was tested by an outside contractor and he was not sure of the frequency of their testing schedule.

Reference:

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1/21/11

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SALF	Continued From page 3	SALF		

23.3.3.5.1 Automatic Extinguishing Systems. Where an automatic sprinkler system is installed either for total or partial building coverage, the system shall be installed in accordance with Section 7-7 ...
7-7.1.1 Each automatic sprinkler system required by another section of this Code shall be installed in accordance with NFPA 13 Standard for the Installation of Sprinkler Systems ....
7-7.5 Maintenance and Testing. All automatic sprinkler and stand pipe systems required by the Code shall be inspected, tested, and maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems ....
NFPA 13, Standard for the Installation of Sprinkler Systems, 1994 Edition.
5-6.5.1.2 Distance from sprinkler to side of obstruction.
Distance from sprinkler Maximum allowable distance from to side of obstruction deflector above bottom of obstruction
Less than 1 foot ... ...0 inch
1 foot to2 feet ... ...1 inch
2 feet to 2 ½ feet ... ...2 inches
2 ½ feet to 3 feet ... ...3 inches
3 feet to 3 ½ feet ... ...4 inches
NFPA 25. Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 Edition.
2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, obstructions to spray pattern, foreign materials, paint, and physical damage. Any automatic sprinklers shall be replaced that are painted, corroded, damaged or loaded with foreign material.
9-2.6* Main Drain Test. A main drain test shall be conducted quarterly at each water-based fire

C.) Room #7 wreath has been taken down and discarded appropriately. Staff has been notified that live wreaths are not allowed on premises. 12/16/~~2011~~ 2010

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SALF	Continued From page 4	SALF	D.) Observation of the Electrical system in N. Laundry had not been equipped with GFCI outlets. This has been completed on 12/30/2010. We have replaced all outlets with GFCI outlets in the laundry areas.	12/30/~~2011~~ 2010

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.

C. Based on observation and staff interview the facility failed to ensure decorations were flame retardant in 1 of 3 smoke compartments. The findings were:

Observation of the corridor system on 12/1/6/10 at 10:15 AM showed the wreath on the corridor door to resident room #7 was a live cut pine bough wreath. At the time of observation the maintenance manager reported he was aware live cut pine boughs and trees were prohibited by the code. Furthermore, he reported that he thought the wreath in question was artificial.

Reference:

31-7.5.1 New draperies, curtains and other similar loosely hanging furnishings and decorations in board and care facilities shall be in accordance with the provisions of 31-1.4.1.
31-1.4.1 Where required by the applicable provisions of this chapter, draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame retardant as demonstrated by passing both the small- and large-scale tests of NFPA701 ...

D. Based on observation and staff interview the facility failed to ensure electrical outlets in wet

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SALF	Continued From page 5	SALF		

locations had ground fault circuit interrupter (GFCI) protection in 1 of 3 smoke compartments. The findings were:

Observation of the electrical system on 12/16/10 at 10:08 AM showed the three electrical outlets in the north laundry room behind the clothes washing machine did not have GFCI protection. The outlets were located 24 inches from the water supply hoses. At the time of observation the maintenance manager reported he was aware of the requirement, but had not inspected these outlets in this wet location.

Reference:

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.
517-20. Wet Locations.
(a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection....

Program Administration of Assisted Living Facilities Chapter
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)

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SALF	Continued From page 6 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. This regulation was NOT MET as evidenced by: --- E. Based on record review and staff interview the facility failed to ensure a fire drill was held on each shift during 2 of the past 4 quarters and failed to ensure a fire drill was held each month. The findings were: Review of the fire drill records showed the first	SALF	E.) Fire drill had not been completed in the month of June. Fire drill has been competed on 2nd shift on the 2nd quarter; however, the record keeping had been placed in the wrong area of the yearly tracking sheet. The second shift on the second quarter had been completed at 1406 on April 19, 2010. Fire drill had been performed on 8/5/2010 at 22:15. Fire drill had not been performed in October a fire drill had been performed on 11/1/2010. In the future this will be reviewed by the audit team on a Quarterly basis.	1/1/2011

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nursing shift was 6 AM to 2 PM, the second shift was 2 PM to 11 PM and the third shift was 11 PM to 6 AM. Further review showed a fire drill was not conducted on the second shift during the second and third quarters of 2010. Records also showed a drill had not been conducted on the third shift during the second quarter of 2010. Records also showed a drill had not been performed during June, August and October of 2010. On 12/16/10 at 9 AM the administrator confirmed the fire drill had not been performed. He stated he was unaware of the reasons the drills were missed.