PRINTED: 08/14/2012
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF008	A. BUILDING _____ B. WING _____	07/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

(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 Life Safety Code survey was conducted at your facility on July 30-31, 2012 by the office of Healthcare Licensing and Surveys, (HLS).

The facility was a two story fully sprinkled building of Type V (111) construction built in 1997. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 100 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 fire barriers between floors

Sarah Ufen
Lee Anderson
08-25-2012

POC ACCEPTED W/ SARAH GREEN, ED, ON 9/5/12.

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SALF	Continued From page 1 were maintained in 2 of 6 smoke compartments. The findings were: Observation of the second floor corridor on 7/30/12 at 2:40 PM showed the two, 2-hour fire rated roll-down fire shutters were not functional. The shutters separated the second floor from the dining room. The environmental service manager was able to retract and replace the fire shutters manually without activation of the fire alarm. The activation cables for the shutters were loose and were not connected to the activation control boxes in the second floor mop/supply room. At the time of the observation the environmental service manager reported he was unaware that the fire shutters were not operational. He further reported the shutters have not been serviced in more than two years. Reference NFPA 101, 1994 Edition, 22-3.3.1.1 (Protection of Vertical Openings); 6-2.4.4 The minimum fire resistant rating for the enclosure of floor openings shall be as follows ... (b) Other enclosures in new construction - 1-hour fire barriers. --- B. Based on observation and staff interview, the facility failed to ensure walls were smoke resistant in 2 of 6 smoke compartments. The findings were: Observation on 7/30/12 between 2 PM and 3:30 PM showed the walls in the first floor mop room and the telephone room had unsealed cable penetrations. The largest gap measured 2 inches across. At 2:07 PM the environmental service manager reported the aforementioned penetrations were part of a computer project that	SALF	A. Front Range Raynor Door Company was contracted made repairs to the fire shutters. The fire shutters will be tested on an annual basis by a certified fire door/curtain contractor This will be monitored by the environmental services manager's quarterly quality assurance; and issues will be documented, corrected and reported to the QA program B. Holes were filled with 3M fire barrier caulking. Environmental services manager will follow up with all contractor visits to ensure that all penetrations are sealed at completion of tasks. This will be monitored by the environmental services manager's quarterly quality assurance; and issues will be documented, corrected and reported to the QA program	8/8/12 7/31/12

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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SALF	Continued From page 2 was completed in June of this year. He could not explain why the holes had not been filled after the project was completed. Reference NFPA 101, 1994 Edition; 22-3.1.3.1 Construction requirements for large facilities shall be as required by this section. Where noted as fully sheathed, the interior shall be covered with a lath and plaster or material providing a 15-minute thermal barrier. 22-3.2.1 All means of egress shall be in accordance with Chapter5. C. Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas in 2 of 6 smoke compartments. The findings were: 1. Observation of the maintenance shop/office on 7/30/12 at 2:10 PM showed the self-closing device had been removed from the corridor door. At the time of the observation the environmental service manager reported he was unaware the self-closing device was required on all hazardous areas. 2. Observation of the second floor mop/supply room on 7/30/12 at 2:43 PM showed the arm had been removed to the self-closing device for the corridor door. 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:	SALF	C. 1. & 2. Closure device installed on maintenance office and arm re-installed on 2nd floor mop room. Environmental services manager will inspect doors to hazardous areas monthly to ensure door have proper working closures devices. This will be monitored by the environmental services manager's quarterly quality assurance; and issues will be documented, corrected and reported to the QA program	8/8/12

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SALF	Continued From page 3 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. D. Based on observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace fixed permanent wiring in 2 of 6 smoke compartments. The findings were: Observation of the electrical system on 7/30/12 between 2:30 PM and 3:30 PM showed a hand held vacuum in resident room #224 was plugged into an extension cord. Further observation showed the phone in resident room #133 was plugged into a surge protector which was, itself, plugged into an extension cord. At 2:46 PM the environmental service manager could not explain why the aforementioned extension cords had not been noticed and removed during the monthly safety inspections. Reference NFPA 101, 1994 Edition, 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	SALF	D. Apartment 224 extension cord was removed and resident was educated on our extension cord policy. Apartment 133 table was moved closer to receptacle so the extension cord was not needed and resident was educated on our extension cord policy. Environmental services director will monitor rooms during monthly safety inspections and ensure that the policy is followed and issues will be documented, corrected and reported to the QA program.	7/31/12

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