PRINTED: 10/29/2010
FORM APPROVED

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 |
|---|---|---|---|
| | ALF020 | A. BUILDING _____ B. WING _____ | 10/05/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LEGACY HOMES ASSISTED LIVING | 2391 MUDDY STRING RD THAYNE, WY 83127 |

| (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 | | 11/08/10 |

This State Rules and Regulations is not met as evidenced by:
A survey was conducted at your facility on October 05, 2010 by the Office of Healthcare Licensing and Surveys, (OHLS).

The facility was a single story fully sprinkled building of Type V (000) construction built in 1997. The building was equipped with a supervised automatic wet sprinkler system with a manual fire alarm system. The facility had a capacity of 16 licensed beds.

Wyoming Department of Health Aging Division Rules
Rules and Regulations for Licensure of Assisted Living Facilities
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 observation and staff interview the facility failed to ensure construction projects had plan approval from the Wyoming department of

**Facility will meet the Assisted Living Facilities Safety Code of the National Fire Protection Association regulation by:**

**A. The facility will ensure that all other construction or alterations will be approved, by submitting for a plan of approval from Wyoming Dept of Health before changes or construction is begun.**



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 11-8-10

STATE FORM 6899 EMZD11 If continuation sheet 1 of 5

RECEIVED
Wyoming Dept of Health
NOV 10 2010
Office of Healthcare Licensing and Surveys

FOC ACCEPTED W/ ALAN MORRATT, OWNER ON 11/12/10

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 |
|---|---|---|---|
| | ALF020 | A. BUILDING _____ B. WING _____ | 10/05/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LEGACY HOMES ASSISTED LIVING | 2391 MUDDY STRING RD THAYNE, WY 83127 |

| (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 | Continued From page 1 | SALF | | |

health pursuant to Wyoming Statute 35-2-906. The findings were:

Observation of resident room #4 on 10/06/10 at 2:30 PM showed the doorway to the living room had been filled with sheetrock. The sheetrock had a ¼ inch gap at the top of the door frame. Further review shows the separated living room had been converted into the facility's television room. At the time of observation the owner reported she was not aware that all construction alterations required plan approval from the Wyoming Department of Health.

Reference:

23.2.3.6.1 The separation walls of sleeping rooms shall be capable of resisting fire for at least 20 minutes, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 16-minute thermal barrier. Sleeping room doors shall be substantial doors, such as those of 13/4-in. (4.4-cm) thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels shall be of wire glass not exceeding 1296 in.2 (0.84 m2) each in area and installed in approved frames.

B. Based on record review and staff interview the facility failed to ensure the emergency battery lights were tested during 12 of the past 12 months. The findings were:

Review of the emergency battery light testing records showed the corridor lights had not been tested for 30 seconds on a monthly basis for the past year. On 10/05/10 at 3:30 PM the owner reported she was not aware of these testing

**Partition wall in room #4 will have sheetrock installed on both sides of wall to meet, 20 minute fire protection. The ¼" gap will be repaired to meet these standards as well.**

11/08/10

**The Facility will ensure that the Emergency Lighting Equipment be tested to meet Code by:**

**B. A plan was adopted and form made to show monthly checks on battery lighting systems, lights to be tested at time of monthly fire drills for 30 seconds as stated.**

PRINTED: 10/29/2010
FORM APPROVED

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 |
|---|---|---|---|
| | ALF020 | A. BUILDING _____ B. WING _____ | 10/05/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LEGACY HOMES ASSISTED LIVING | 2391 MUDDY STRING RD THAYNE, WY 83127 |

| (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 | Continued From page 2 | SALF | | |

requirements.

Reference:

1-7.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained unless the Code exempts such maintenance. 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. ... 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 a temporary electrical system did not replace the permanent fixed electrical system in 1 of 1 smoke compartment. The findings were:

Observation of the electrical system on 10/05/10 between 2:30 PM and 3 PM showed the lamps in resident room #14 and #9 were plugged into extension cords. Further review showed the television sets in resident room #14 and #3 were plugged into extension cords. At 2:50 PM the owner reported she was not aware extension cords were prohibited. She further reported the electrical system was not routinely inspected.

Reference:

22-3.6.1 Utilities. Utilities shall comply with

11/08/10

The Facility will ensure that all rooms and residents comply with the National Electrical Code by:

C. It is now stated in our admittance policy that no extension cords are to be used in the facility. Also will be checked by staff on an on going basis. Residents advised that surge power strips are acceptable.

PRINTED: 10/29/2010
FORM APPROVED

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 |
|---|---|---|---|
| | ALF020 | A. BUILDING _____ B. WING _____ | 10/05/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LEGACY HOMES ASSISTED LIVING | 2391 MUDDY STRING RD THAYNE, WY 83127 |

| (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 | Continued From page 3 | SALF | | |

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
(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 Rules
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.
(A) Portable fire extinguishers shall be installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers.
(I) State of Wyoming certified individuals shall inspect and service the extinguishers. All extinguishers shall have a tag or label securely attached that indicate the month and year the maintenance was performed and that identifies the person performing the service.

D. Based on observation and staff interview the facility failed to ensure 3 of 3 portable fire extinguishers' were inspected on a monthly basis. The findings were:

11/08/10

**The Facility will ensure that The NFPA 10 Standard for the installation of Portable Fire Extinguishers be met by:**

**D. Plan implemented and charts developed to check and document fire extinguishers and inspections will be preformed on a monthly basis.**

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 |
|---|---|---|---|
| | ALF020 | A. BUILDING _____ B. WING _____ | 10/05/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LEGACY HOMES ASSISTED LIVING | 2391 MUDDY STRING RD THAYNE, WY 83127 |

| (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 | Continued From page 4 | SALF | | |

Observation of the portable fire extinguishers on 10/05/10 between 2:30 PM and 3 PM showed the three extinguishers had not received monthly inspections since the annual service during April 2010. At 2:41 PM the owner reported she was not aware of this requirement.

Reference:

NFPA 10 Standard for the Installation of Portable Fire Extinguishers, 1990 Edition.
4-3 Inspection.
4-3.1 Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals ....
4-4 Maintenance.
4-4.1 Frequency. Fire Extinguishers shall be subjected to maintenance at intervals of not more than 1 year, ant the time of hydrostatic test, of when the specifically indicated by an inspection.