PRINTED: 12/20/20..
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF020	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 11/22/2011

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 This State Rules and Regulations is not met as evidenced by: A Life Safety Code survey was conducted at your facility on November 21, 2011 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, 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 record review and staff interview, the facility failed to ensure 1 of 2 emergency battery light tests were conducted in the past year. The	SALF	A. A 90 minute Annual Battery Test will be conducted and logged by staff and maintenance. This log will be signed and dated by maintenance. The facility maintenance manager will also monitor to make tests are being conducted and logged on an on going basis.	1/20/12

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Owner (X6) DATE 12-30

STATE FORM 6899 W87D11 If continuation sheet 1 o

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PoC accepted w/ Allan Merritt, owner on 1/23/12. [signature]

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SALF	Continued From page 1 findings were: Review of the emergency battery light testing records showed the facility had not conducted the annual 90 minute test in the past year. On 11/22/11 at 9:10 AM the owner reported he was unaware of the above mentioned testing requirement. 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. 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.	SALF		
	B. Based on observation and staff interview, the facility failed to ensure 1 of 4 exits was unobstructed and failed to ensure 1 of 3 exit discharge pathways was free of snow. The findings were: 1. Observation of the west exit discharge pathway/sidewalk on 11/21/11 at 4:06 PM showed the sidewalk was covered with 1 inch of snow. The snow storm had ended at 11 AM that same day. On 11/22/11 at 8 AM the owner had		B.1. Staff will be advised by Manager that when there is a snow storm that they will notify maintenance to remove snow from all exits and pathways. The maintenance manager will then have snow removed and continue to monitor clean and unobstructed exits on a daily basis.	

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SALF	Continued From page 2 still not removed the aforementioned snow. At that time he reported that he was aware snow was required to be removed in a timely manner to ensure exit discharge pathways were not obstructed in the event of a fire. He reported the snow was not removed because his personal snow removal company was too busy the day before. 2. Observation of the west exit on 11/21/11 at 4:08 PM showed an exercise bike was stored in the west corridor in front of the exit door. At the time of the observation certified nurse ' s aid #1 reported the bike was usually stored in this location. She was unaware items could not be stored in the corridor. Reference: 22-3.2.5.1; 5-5.1.1 Exits shall be located and exit access shall be arranged that exits are readily accessible at all times.	SALF	B.2 A new policy for staff will be written informing them that no obstacles can be placed in exits and hallways. Staff will each sign and date this policy. Also the residents will be shown this policy and advised that any and all objects must be kept in rooms and out of hallways, leaving all exits unobstructed. Maintenance manager and manager will monitor this policy on an ongoing basis.	1/23/12
	C. Based on observation and staff interview, the facility failed to ensure corridor walls were smoke resistant. The findings were: Observation of the corridor wall above resident room #4 on 11/21/11 at 4:27 PM showed a 2 inch square gap above the emergency battery light. On 11/22/11 at 9:10 AM the owner reported the corridor walls were not routinely inspected to ensure they were smoke resistant and staff members were supposed to report any holes or gaps. Reference: 22-3.3.6.2 Sleeping rooms shall be separated		C. A log will be created for maintenance so that staff may inform maintenance of any gaps, holes, ect., that need to be fixed. Staff will log on form to show, when the problem was found and where the problem is located. Maintenance will then log how and when the problems were fixed to meet life safety codes. Maintenance manager will monitor this log on a daily basis.	1/23/12

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SALF	Continued From page 3 from corridors and other common spaces by fire barriers complying with 322-3.3.6.3 through 22.3.3.6.6. 22-3.3.6.6 Walls and doors required by 21-3.3.6.1 and 21-3.3.6.2 shall be constructed to resist the passage of smoke.... D. Based on observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace the permanent fixed wiring in 3 of 14 resident rooms. The findings were: Observation of the electrical system on 11/21/11 between 3:30 PM and 4:30 PM showed the television set in resident room #5 was plugged into a 3-way electrical adapter. The television sets in resident room #10 and #9 were plugged into extension cords. On 11/22/11 at 9:10 AM the owner reported he was aware electrical adapters were prohibited. He could not explain why the adapter had not been noticed and removed during the monthly inspections. Reference: 22-3.6.1 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 (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings	SALF	1/22/12 D. A new policy will be written informing staff, that they will each sigh, that state that the use of extension cords and 3 way adapters are prohibited. Family members and residents will also be advised and shown this policy. Staff, residents and family members will be informed by Maintenance manager that surge protectors may be used. Staff will help to monitor this policy on a weekly basis. Maintenance manager will monitor staff, residents and family members compliance to the policy on an on going basis.	1/22/12

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SALF	Continued From page 4 (4) Where attached to building surfaces Wyoming Department of Health Aging Division Rules Program Administration of Assisted Living Facilities Chapter 12 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; (Z) Portable space heaters shall not be used, (e.g. electric or kerosene). This regulation was NOT MET as evidence by: E. Based on observation and staff interview, the facility failed to ensure portable space heaters were prohibited in 2 of 14 resident rooms. The findings were: Observation on 11/21/11 between 3:30 PM and 4:30 PM showed a portable space heater was in use in resident room #5 and #9. On 11/22/11 at 9:10 AM the owner reported he was aware space heaters were restricted, but though infrared radiant heaters were allowed.	SALF	E. Maintenance Manager will re-advise staff, residents and family members to our policy on the use of portable space heaters, as they are not allowed per State Regulations. Staff will monitor this existing policy regularly. Maintenance manager and manager will monitor staff, residents and family members for compliance on an on going basis	1/24/12