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
	BH008	A. BUILDING _____ B. WING _____	10/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS	106 EAST MAIN NEWCASTLE, WY 82701

(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
SBH	LIC REGS FOR BOARDING HOMES	SBH		

This State Rules and Regulations is not met as evidenced by:
A survey was conducted at your facility on October 12, 2010 by the Office of Healthcare Licensing and Surveys, (OHLS).

The facility was a single story fully sprinkled building with a basement of Type II (111) construction built in 1949. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and a zoned fire alarm system. The facility had a capacity of 23 licensed beds.

Wyoming Department of Health, Rules and Regulations for Licensure of Boarding Homes
Chapter 7
Section 6. Building and Physical Plant.
(o) ... Facilities licensed 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 a boarding home. Multi-storied wood frame buildings shall be sprinklered.
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 an emergency battery light was provided for 1 of 1 emergency generator.
The findings were:

Review of the emergency corridor lighting system

Diane Band Hudson — Director — 12/7/10
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

POC ACCEPTED W/ DIANE BAND HUDSON, DIRECTOR ON 12/10/10

RECEIVED
Wyoming Dept of Health
DEC 09 2010
Office of Healthcare Licensing and Surveys

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SBH	Continued From page 1 revealed the power was supplied by a backup emergency generator. Observation of the emergency generator on 10/12/10 at 9:12 AM showed the area was not supplied with an emergency battery light. At the time of observation the owner reported he was not aware of the requirement. Reference: 23.3.2.9 Emergency Lighting. Emergency lighting in accordance with Section 5-9 shall be provided ... 5-9.2.3 Emergency Generators used to provide power to Emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems ... NFPA 110, Standard for Emergency and Standby Power Systems, 1993 Edition. 5-3.1 The Level 1 or Level 2 EPS equipment location shall be provided with battery-operated emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch. 8.4.2 Generator sets in level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using the following methods: (1) Under operating conditions and at not less than 30 percent of the EPS nameplate KW rating .... --- B. Based on record review and staff interview the facility failed to ensure 4 of 9 fire alarm system components had been properly tested. The findings were:	SBH	A. The facility will ensure that an emergency battery light will be provided for the emergency generator area and for the power transfer switch location in accordance with 23.3.2.9 Emergency Lighting, Section 5-9, by the following actions overseen by the owner: • The new Emergency Battery Operated Lights will purchased and installed in the above identified areas. • The newly installed Emergency Battery Operated Lights will be tested at least monthly when the regularly scheduled Generator Test is conducted. • The results will be recorded on the Mondell Heights Emergency Generator Maintenance and Testing documentation. • The Generator Run Test results will be reviewed annually for completeness as a part of the Quality Enhancement Plan for the facility.	12/10/10

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SBH	Continued From page 2 Review of the fire alarm system testing records showed the smoke detectors sensitivity test had not been performed in the past two years. Review also showed the alarm notification appliances (horns/strobes) had not been tested during the last annual test. Review also showed the annunciator panel battery load voltage test had not been performed in the past six months. Review also showed the sprinkler supervisory signal device had not been tested during the second and first quarters of 2010 and the fourth quarter of 2009. On 10/12/10 at 9 AM the owner reported there were no other records to review. He further reported the facility had been under new management since July 2010, and he had not had time to review the previous testing records. Reference: 23-2.3.4.1 Fire Alarm Systems. A manual fir 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. 1. Control Equipment-Buildings Not Connected to a Supervising Station a. Functions, quarterly b. Fuses, quarterly c. Interfaced Equipment, quarterly d. Lamps and LED ' s, quarterly e. Primary Power Supply, quarterly f. Transponders, quarterly 6. Batteries-Fire alarm systems d. Sealed Lead-Acid Type 3. Load Voltage Test, semi-annually	SBH	B. The facility will ensure that the fire alarm system components are properly tested and documentation will be maintained by the owners with the following actions: • Copies of the testing conducted by contract between the former owners and Rocky Mountain Fire Systems will be obtained and forwarded to OHLS to document the testing that was conducted prior to July 1, 2010. • The current owners will obtain a contract for service with Rocky Mountain Fire Systems to test and maintain the fire alarm system. • All testing that is required between the testing/maintenance visits of Rocky Mountain Fire Systems will be conducted by Mondell Heights owners and staff on a scheduled basis which will be documented in a quarterly test log. • The first contracted testing will occur on 12/16/10 which will include all legally mandated testing including a) smoke detector sensitivity, b) alarm notification appliances, c) annunciator panel battery load voltage, and d) sprinkler supervisory signal device.	12/10/10

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SBH	Continued From page 3 15. Initiating Devices i. Smoke Detectors-Sensitivity, bi-annually j. Supervisory Signal Devices, quarterly 19. Alarm Notification Appliances a. Audible Devices, annually c. Visible Devices, annually --- C. Based on observation and staff interview the facility failed to ensure curtains were flame retardant in 1 of 4 smoke compartments. The findings were: Observation of resident room #15 on 10/12/10 at 9:24 AM showed flame retardant documentation was not attached to the curtains. At the time of observation the owner confirmed he did not have flame retardant documentation for the curtain in question. He further reported curtains were not routinely inspected to ensure they were flame retardant. Reference: 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 temporary wiring did not replace permanent fixed wiring in 1 of 4 smoke compartments. The findings were: 1. Observation of the electrical system on 10/12/10 at 9:20 AM showed the lamp in resident room #5 was plugged into a 3-way adapter and	SBH	C. The facility will ensure that all curtains, draperies and other loosely hanging furnishings and decorations shall be flame retardant consistent with NFPA701 requirements. This will be accomplished by the owners: • Acquiring and applying "No Burn" Fabric Fire Guard spray to all window coverings and other relevant decorations. • Applying date labels to required window coverings and other relevant decorations. • Providing training to housekeeping and maintenance staff members to reapply flame retardant and labels to window coverings and other relevant decorations after laundering. • Documentation will be on the relevant fabrics. 12/10/10	

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SBH	Continued From page 4 the telephone power cord was plugged into another 3-way adapter. At the time of observation the owner reported he was aware electrical adapters were prohibited. He further reported the electrical system was inspected monthly during safety rounds. 2. Observation of the electrical system on 10/12/10 at 9:41 AM showed the computer in resident room #10 was plugged into a surge protector which was plugged into a 6-way electrical adapter. Reference: 23-3.6.1 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 (4) Where attached to building surfaces	SBH	D. The facility will assure that electrical wiring and equipment installed shall be in accordance with NFPA 70, National Electrical Code. This will be accomplished by the owners: • Removal of all unpermitted extension cords or adaptors; • Acquiring and installing approved corded surge protectors in resident rooms, public areas and offices. • All residents and staff will be educated in the use of these surge protectors and further instructed to not use unapproved temporary wiring. • The owners, maintenance and housekeeping staff will be responsible for monitoring for the appropriate use of these devices. • Regular observation and documentation will be a part of the Resident Suite Quality Assurance log. MONTHLY	12/10/10