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
	ALF009	A. BUILDING _____ B. WING _____	02/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSAROKA ASSISTED LIVING COMMUNITY	2401 COUGAR AVENUE CODY, WY 82414

(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 February 10, 2011 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 2003. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze system and an addressable fire alarm system. The facility had a capacity of 51 licensed beds with a census of 34 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, 2000 Edition, unless otherwise noted. This regulation was NOT MET as evidenced by: ---	SALF		

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 D0TY11 If continuation sheet 1 of 3

Janet R Cdredge, Executive Director 2/25/11

RECEIVED
Wyoming Dept of Health
FEB 28 2011
Office of Healthcare Licensing and Surveys

POC ACCEPTED W/ JANET BUSBRIDGE, ED, ON 3/04/11

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3/04/11

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SALF	Continued From page 1 A. Based on observation and staff interview the facility failed to ensure 1 of 4 double smoke barrier doors had adequate headroom. The findings were: Observation of the southwest smoke barrier double doors on 2/10/11 at 8:55 AM showed they were equipped with a magnetic locking device. Furthermore the bottom of the magnetic device was not 6 foot 8 inches above the floor. The bottom of the device measured 6 foot 4 inches above the floor. At the time of observation the maintenance manager reported he was not aware of the headroom requirement. Reference: 32.3.3.6.4 Doors in walls required by 32.3.3.6.1 or 32.3.3.6.2 shall have a fire protection rating of not less than 20 minutes. 32.3.3.6.5 Walls and doors required by 32.3.3.6.1 and 32.3.3.6.2 shall be constructed as smoke partitions in accordance with 8.2.4 ... --- B. Based on observation and staff interview the facility failed to ensure temporary electrical adapters did not replace fixed permanent wiring and failed to ensure electrical outlets in wet locations had ground fault circuit interrupter (GFCI) protection in 2 of 3 smoke compartments. The findings were: 1. Observation of the electrical system on 2/10/11 at 8:34 AM showed the lamp in resident room #29 was plugged into an extension cord. At the time of observation the maintenance manager reported he was aware extension cords were prohibited. He further reported the electrical system was not inspected on a routine basis.	SALF	**A. Failure to ensure 1 of 4 double smoke barrier doors has adequate headroom.** • The facility will ensure that all 4 smoke barrier doors have adequate headroom of at least 6 foot 8 inches above the floor. • The facility maintenance director will remove the magnetic locking device from the southwest smoke barrier double doors. • Required headroom on all smoke barrier doors will be checked annually by the maintenance director. • A quality monitoring tool will be implemented to ensure compliance with the annual check for headroom requirement. **B. Failure to ensure temporary electrical adapters did not replace fixed permanent wiring and failed to ensure electrical outlets in wet locations had ground fault circuit interrupter (GFCI) protection in 2 of 3 smoke compartments.** **1. Lamp in resident room #29 was plugged into an extension cord.** • The facility will ensure that temporary electrical adapters do not replace fixed permanent wiring in all parts of the building. • The facility maintenance director will remove the extension cord from room #29. • All resident rooms and other areas of the building will be checked monthly to ensure temporary electrical adapters	2/23/11 2/23/11

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SALF	Continued From page 2 2. Observation of the electrical system on 2/10/11 between 9 AM and 10 AM showed the four electrical outlets in the main laundry room behind the washing machines did not have GFCI protection. The outlets were located 24 inches or less from the water supply lines for the washers. Further review showed the outlet in the employee toilet room was located 10 inches from the sink and did not have GFCI protection. At 9:10 AM the maintenance manager reported he had not inspected the electrical system to ensure outlets in wet locations had GFCI protection. Reference: 32.3.6.1 Utilities. Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. NFPA 70, National Electrical Code, 1999 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 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection....	SALF	are not used to replace fixed permanent wiring. • A quality monitoring tool will be implemented to ensure that monthly checks will be documented in writing to the Safety Committee at their monthly meetings. **2. Failure to ensure that four electrical outlets in the main laundry room behind the washing machines did not have GFCI protection. Failure to ensure that the electrical outlet in the employee toilet room did not have GFCI protection.** • The facility will ensure that all receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection. • The facility maintenance director will replace the four electrical outlets in the laundry room and the employee toilet room with GFCI protection. • Wet locations in the building will be checked to ensure that outlets located 72 24 inches or less from the water supply lines have GFCI protection and that GFCI protection is operating properly. • A quality monitoring tool will be implemented to ensure that monthly checks will be documented in writing to the Safety Committee at their monthly meetings.	2/23/11