PRINTED: 10/15/2010
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
	ALF011	A. BUILDING _____ B. WING _____	10/05/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEART ASSISTED LIVING FACILITY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(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 survey was conducted at your facility on October 5, 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 2000. The building was equipped with a supervised automatic wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 16 licensed beds. Wyoming Department of Health Aging Division 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 requirement was NOT MET as evidence by: _____ A. 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:	SALF	The facility will ensure emergency battery light testing will be completed on a monthly basis. Testing will be done for at least 30 seconds and documented. A) Licensed contractor will complete testing for at least 30 seconds on each emergency battery. Documentation will be completed and retained. B) Manager will monitor compliance and maintain binder with LSC information.	11/30/10

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

STATE FORM 6899 39Q311 If continuation sheet 1 of 8

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Wyoming Dept of Health
OCT 26 2010
Office of Healthcare Licensing and Surveys

POC ACCEPTED W/ ALTERATIONS WILLIAMS, MANAGER, ON 11/03/10

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SALF	Continued From page 1 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 9:15 AM the owner reported he was not aware of the above mentioned testing requirements. Reference: 4.6.12.1 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 in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. B. Based on record review and staff interview the facility failed to ensure 2 of 7 fire alarm system components were properly tested and failed to ensure the central station was posted with required documentation (see reference below). The findings were: 1. Observation of the fire alarm control panel on 10/05/10 at 9:50 AM showed the central station certificate was not posted within 36 inches of the panel. At the time of observation the owner reported he was not aware of this requirement. 2. Review of the fire alarm system testing records showed the fire alarm system receiver had not been tested on a monthly basis during October 2009 and September 2010. On 10/05/10 at 9:15 AM the owner confirmed the system had not	SALF	The facility will ensure a central station certificate is posted within 36 inches of the panel. A) Licensed contractor will obtain central station certificate and post within 36 inches of the panel. B) Manager will ensure compliance The facility will ensure the fire alarm system will be tested and documented on a monthly basis. A) Licensed contractor will test the fire alarm system receiver on a monthly basis and provide documentation. B) Manager will ensure compliance and maintain documentation.	11/30/10 11/30/10

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SALF	Continued From page 2 been tested during the above mentioned months. 3. Review of the fire alarm system testing records showed the supervisory signal device attached to the sprinkler system had not been tested on a quarterly basis since the facility was opened in 2006. On 10/05/10 at 9:15 AM the owner reported he was not aware of this testing requirement. Reference: 32.2.3.4.1 Fire Alarm Systems. A manual fire alarm system shall be provided in accordance with Section 9.6. 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction. NFPA 72, National Fire Alarm Code, 1993 Edition. 5-2.2.3.1.1 Fire alarm systems providing services that complies with all the requirements of this code shall be certified by the organization that has listed the central station, and a document attesting to this certification shall be located on or within 36 in. of the fire alarm system control unit or, if no control unit exists, on or within 36 in. of a fire alarm system component. Table 7-3.2 Testing Frequencies. 23. Receivers, monthly C. Based on record review, observation, and staff interview the facility failed to ensure 4 of 5 sprinkler system components were tested for 4 of	SALF	The facility will ensure the supervisory signal device attached to the sprinkler system will be tested on a quarterly basis and documented. A) Licensed contractor will complete testing on the supervisory signal device attached to the sprinkler system quarterly. B) Manager will ensure compliance and maintain documentation.	11/30/10

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SALF	Continued From page 3 the past 4 quarters. The findings were: 1. Review of the sprinkler system testing records showed the waterflow, supervisory signal, and main drain devices were not tested as required. 2. Review of the sprinkler system testing records showed the backflow prevention device had not been tested on an annual basis since the facility was opened in 2006. On 10/05/10 at 9:15 AM the owner reported he was not aware of the above mentioned testing requirement. Reference: 32.2.3.5.1 All facilities shall be protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.2. Quick-response or residential sprinklers shall be provided. 32.2.3.5.2* Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply shall be documented to the authority having jurisdiction. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Exception No. 1: NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, shall be permitted for use as specifically referenced in Chapters 24 through 33 of this Code. NFPA 13R Standard for the Installation of sprinkler systems in Residential Occupancies up to and including Four Stories in Height, 1999	SALF	The facility will ensure the sprinkler system components will be tested on a quarterly basis. A) Licensed contractor will test the sprinkler system water flow, supervisory signal, and main drain devices on a quarterly basis and provide documentation. B) Manager will ensure compliance and maintain documentation. The facility will ensure the backflow prevention device will be tested on an annual basis and document. A) Licensed contractor will complete testing on the backflow prevention device on the sprinkler system annually and provide documentation.. B) Manager will ensure compliance and maintain documentation.	11/30/10 11/30/10

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SALF	Continued From page 4 Edition. 2-7. Maintenance. The owner shall be responsible for the condition of a sprinkler system and shall keep the system in normal operating condition. Sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. 9-2.6* Main Drain Test. A main drain test shall be conducted quarterly at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. 9-2.7 Waterflow alarm. All waterflow alarms shall be tested quarterly in accordance with manufacturer's instructions. Wyoming Department of Health Aging Division Program Administration of Assisted Living Facilities Chapter 12 Section 7. Assisted Living Facility (ALF) Core Services. (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (iii) Fire Safety. (E) Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility.	SALF		

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SALF	Continued From page 5 (l) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following: (1.) Date of drill; (2.) Time of day; (3.) Type of drill (Practice, Announced, Surprise); (4.) Residents who participated including staff and family members; (5.) Time required (minutes and seconds) to evacuate all residents (including staff) from the occupied areas to a point of assembly as defined in the Life Safety Code; (6.) List of anyone, including staff and family members, who did not evacuate in the required time allowed by the evacuation capability rating of the facility. Evacuation capability rating for each facility shall be listed on the form; (7.) Comments on the factors that contributed to each individual ' s inability to evacuate successfully and any corrective actions recommended; and (8.) Signature and date of the person completing the form. This requirement was NOT MET as evidenced by: D. Based on record review and staff interview the facility failed to ensure fire drills were conducted on each shift on a quarterly basis during 3 of the past 4 quarters. The findings were: Review the fire drill records showed the first shift occurred between 7 AM and 3 PM, the second shift occurred between 3 PM and 11 PM, and the third shift occurred between 11 PM and 7 AM. Further review showed a fire drill had not been conducted on the third shift during the fourth quarter of 2009 and the first quarter of 2010. Review also showed a drill had not been	SALF	The facility will ensure fire drills are conducted on each shift on a quarterly basis and document evaluation. A) Manager will ensure that fire drills are conducted on each shift on a quarterly basis. B) These fire drills will include date, time, type of drill, residents who participated, staff and/or family that participated, and signed by the manager and/or staff completed the form. C) Manager will ensure compliance and maintain documentation.	10/05/10

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SALF	Continued From page 6 conducted on the first and second shift during the third quarter of 2010. On 10/05/10 at 9:15 AM the owner confirmed the above mentioned fire drills had not been conducted. Furthermore, he could not explain why the drills had been missed. Wyoming Department of Health Aging Division Program Administration of Assisted Living Facilities Chapter 12 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. This requirement was NOT MET as evidenced by: E. Based on observation and staff interview the facility failed to ensure 2 of 2 portable fire extinguishers were inspected on an annual basis and failed to ensure 1 of 2 extinguishers was properly mounted. The findings were: 1. Observation of the portable fire extinguishers on 10/05/10 between 9:30 AM and 10 AM showed the extinguisher near resident room #12 and in the copy room had not received an annual inspection by a certified contractor. At 9:40 AM	SALF	The facility will ensure that portable fire extinguishers are inspected on an annual basis and properly mounted. A) Licensed contractor will inspect and service fire extinguishers on an annual basis. 11/30/10 B) Manager will ensure that portable fire extinguishers are properly mounted. 10/29/10	

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SALF	Continued From page 7 the owner reported he was not aware of the testing requirement. 2. Observation of the east corridor on 10/05/10 at 9:43 AM showed a portable fire extinguisher bracket was mounted to the corridor wall near resident room #5 but the extinguisher was missing. Further review showed the extinguisher had been moved to the copy room because the handle had been damaged. At the time of observation the owner was not sure how long the extinguisher had been relocated. 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.	SALF		