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 _____	02/28/2012

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	SALF		
	A Life Safety Code survey was conducted at your facility on February 28, 2012 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a single story fully sprinkled building of Type V (111) construction built in 2006. The building was equipped with a supervised automatic wet 13 R sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 11 residents. 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, 2000 Edition, unless otherwise noted. This regulation was NOT MET as evidence by: A. Based on observation and staff interview, the	(A)	The facility will ensure window coverings are flame retardant. A) Manager will monitor compliance monthly and ensure that residents are not hanging improper coverings.	03/24/12

RECEIVED
WY Dept of Health
APR 02 2012
Healthcare Licensing and Surveys

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President — (X6) DATE: 3/23/12

ITATE FORM 6899 — POC ACCEPTED W/ ACTION BY LEWIS, ASST. MANAGER ON 4/11/12. — 801J11

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SALF	Continued From page 1 facility failed to ensure window curtains were flame retardant in 1 of 14 resident rooms. The findings were: Observation of resident room #3 on 2/28/12 at 11:45 AM showed the white lace window curtains did not have flame retardant documentation attached to them. At the time of the observation the manager reported she was aware loose hanging fabrics were required to be flame retardant. She confirmed theses curtains were not flame retardant and had not been sprayed with a flame retardant solution. Reference, 32.7.5.1 New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities shall be in accordance with the provisions of 10.3.1. --- B. Based on record review, observation, and staff interview, the facility failed to ensure sprinkler heads were unobstructed and failed to ensure 3 of 5 sprinkler system components were tested. The findings were: 1. Observation of the activity closet on 2/28/12 at 11:32 AM showed a cardboard box filled with medical supplies had been placed in front of the sidewall sprinkler head. The box was wedged between the top of the shelf and the ceiling. At the time of the observation the manager reported she was unaware sprinkler heads required a minimum spacing of 18 inches below the head. 2. Review of the sprinkler system testing records showed the waterflow and supervisory signal devices had not been tested during the fourth	SALF		

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SALF	Continued From page 2 quarter of 2011. On 2/28/12 at 1:35 PM the manager reported she assumed the tests had been conducted, but she did not have any records to review. 3. Review of the sprinkler testing records showed the main drain test had been conducted, but the static (pressure before the test) and residual (flow pressure) had not been documented. On 2/28/12 at 1:35 PM the manager reported the testing was conducted by the owner's construction company and she assumed they had met all of the needed requirements. 4. Review of the sprinkler testing records showed the waterflow test had been conducted, but the time to activate the fire alarm system had not been collected to ensure it occurred in less than 90 seconds. On 2/28/12 at 1:35 PM the manager reported the testing was conducted by the owner's construction company and she assumed they had met all of the needed requirements. Reference, 32.2.3.5.2, 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 Edition. 2-7. Maintenance. The owner shall be responsible for the condition of a sprinkler system and shall keep the system in normal operating	SALF (B1) (B2,3)	The facility will ensure that all sprinkler heads are unobstructed within 18 inches of the sprinkler head. A) Manager will ensure compliance by conducting monthly checks of all sprinkler heads. 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 testing, supervisory signal, and main drain devices on a quarterly basis and provide documentation. B) Manager will ensure compliance and maintain documentation.	03/24/12 03/24/12

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SALF	Continued From page 3 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. A 2-7 The responsibility for properly maintaining a sprinkler system is that of the owner or manager, who should understand the sprinkler system operation. A minimum monthly maintenance program should include the following. (1) Visual inspection of all sprinkler heads to ensure against obstruction of spray. (2) Inspection of all valves to ensure that they are open. (3) Testing of all waterflow devices (4) Testing of the alarm system, where installed. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition. 9-2.6* Main Drain Test. A main drain test shall be conducted annually 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 manufacture's instructions. NFPA 72, National Fire Alarm Code, 1999 Edition. 2-6.2 Initiation of the alarm signal shall occur within 90 seconds of waterflow and the alarm-initiating device when flow occurs that is equal to or greater than from a single sprinkler of the smallest orifice size installed in the system. Movement or water due to waste, surges, or variable pressure shall not be indicated. C. Based on observation and staff interview, the	SALF		

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SALF	Continued From page 4 facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 14 resident rooms. The findings were: Observation of the electrical system on 2/28/12 between 11:30 AM and 12:30 PM showed the lamp in resident room #7 was plugged into a 3-way electrical adapter. Further observation showed the AAA battery recharger in resident room #6 was plugged into two surge protectors, connected in-line. On 2/28/12 at 11:36 AM the manager reported she was aware electrical adapter were prohibited. She could not explain why the adapters had not been noticed and removed during the monthly inspections. Reference, 18.5.1.1, 9.1.2, NFPA 70, 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 Wyoming Department of Health Aging Division Rules 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	SALF (C)	The facility will ensure temporary electrical wiring does not replace fixed wiring. A) Manager will provide ongoing monitoring/education to ensure compliance.	03/24/12

Healthcare Licensing and Surveys

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SALF	Continued From page 5 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. (I) 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 regulation 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 each quarter 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	SALF (D)	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. B) Manager will ensure compliance and maintain documentation.	3/24/12

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SALF	Continued From page 6 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 first shift during the second quarter of 2011. The review also showed a drill had not been conducted on the third shift during the third and fourth quarters of 2011. On 2/28/12 at 1:35 PM the manager reported she was aware fire drills are required to be held on each shift during each quarter. She also reported she assumed the monthly drills had been conducted on each shift. 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; (M) The facility shall be maintained so that it is free of hazards, such as loose or broken window glass, loose or cracked floors or floor coverings, or cracked or loose plaster on wall or ceilings; This regulation was NOT MET as evidenced by: E. Based on observation and staff interview, the facility failed to ensure the oxygen storage locations had adequate safety signs. The findings were: Observation of the oxygen storeroom on 2/28/12 at 1:15 PM showed the door was not posted with a sign stating Caution, Oxidizing Gases Stored	SALF (E)	The facility will ensure that areas where portable oxygen is stored will have adequate safety signs. A) Manager will ensure that all areas with portable oxygen storage have proper signage.	03/24/12

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SALF	Continued From page 7 Within, No Smoking. At the time of the observation the manager reported she was unaware of the aforementioned requirement. Reference, 4.6.12.1, 2.1.1, NFPA 99, Healthcare Facilities, 1999 Edition; 8-3.1.11.3 Signs. A precautionary sign, readable from a distance of 5 ft, shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING	SALF		