PRINTED: 08/17/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF004	A. BUILDING: _____ B. WING _____	C 06/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1930 EAST 12 STREET CASPER, WY 82601

(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
S 000	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/26/2001 SALF LIC REGS FOR ASSISTED LIVING FACILITIES A Life Safety Code complaint survey was conducted at your facility on June 6, 2014 by Healthcare Licensing and Surveys (HLS) to investigate complaint (#LIC-14-027). The facility was a fully sprinklered, three-story building of Type V (111) construction built in 1987. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 116 licensed beds with a census of 66. All references are based on the requirements of the NFPA 101 Life Safety Code, New Board and Care, 1994 edition, unless otherwise noted. The facility must also meet the following Wyoming Department of Health Aging Division requirements: Chapter 4 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 12 Rules for Program Administration of Assisted Living Facilities, and Chapter 3 Construction Rules and Regulations for Healthcare Facilities. 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	S 000	Compliance Date of August 1st 2014	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Executive Director	6/26/14

STATE FORM 6899 UKTD11 If continuation sheet 1 of 8

PLAN OF CORRECTION (POC) ACCEPTABLE WITH ROBERT LEMPKA ON 08/20/14 JWyatt

RECEIVED
WY Dept of Health
AUG 21 2014
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S 000	Continued From page 1	S 000		

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.

Wyoming Department of Health Aging Division, Rules for Program Administration of Assisted Living Facilities Chapter 12
Section 7. Assisted Living Facility (ALF) Core Services.
(o) Evacuation Capability, Emergency Procedures, and Fire Safety.
(i) Evacuation Capability.
(A) The evacuation capability rating for the group of residents, as defined by the Life Safety Code, in accordance with licensure rules, shall meet prompt or slow for facilities with nine (9) or more residents, and the rating shall meet prompt for facilities of eight (8) or fewer residents. The facility shall be responsible for maintaining evacuation capability ratings by timed fire exit drills.
(I) Exception shall be a facility where the construction meets the impractical evacuation capability rating.
(B) Evacuation Capability Ratings:
(I) Prompt - maximum of three (3) minutes
(II) Slow - between three (3) and thirteen (13) minutes
(III) Impractical - more than thirteen (13) minutes
(ii) Emergency Procedures.
(A) Disaster and Emergency Preparedness.
(I) The facility shall have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents. A copy of the plans shall be

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S 000	Continued From page 2	S 000		

available at all times within the facility.
(1.) Emergency plans in the event of a fire shall be in accordance to the Life Safety Code Operating Features sections.
(II) The facility shall train all employees in the emergency procedures. New staff shall be trained within the first week of employment. The facility shall review the procedures with all staff at least every twelve (12) months. A training record shall be kept in each personnel file.
(iii) Fire Safety.
(C) Clearly readable floor diagrams reflecting the actual floor arrangement showing the exit locations and evacuation routes shall be posted in conspicuous places. Each resident shall be instructed with its use on the first day of admission.
(D) Resident training for the fire emergency plan shall be in accordance with the Life Safety Code Operating Features sections.
(I) On the first day of admission, each resident shall be instructed in the proper action of the fire emergency plan, including the location of all the exits. A record of this instruction shall be in each resident file
(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.
(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);

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(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.

Section 9. Contractual Services Provided Outside Assisted Living Facility Authority.
Residents in an assisted living facility may receive services from an outside entity for care beyond that provided for or specified in the Assisted Living Program Administration Rules. These services must be arranged by the appropriate professional and be incorporated into the resident's assistance plan. The resident's choice of providers must be honored.
(a) Components of the outside service(s) contract:
(i) Who will provide service(s);
(ii) What service(s) will be provided;
(iii) When the service(s) will be provided;
(iv) Where the service(s) will be provided;
(v) How the service(s) will be provided; and
(b) Life Safety Code Responsibilities for Outside Contractual Services.
A contract between the resident, the ALF, and all outside service providers in the ALF must be in place prior to the time of service delivery. This contract must identify the clear delineation of

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S 000	Continued From page 4 services. (i) The contract must specifically articulate the responsibilities of the resident, the ALF, and all service providers to comply with the Evacuation Capability, Emergency Procedures and Fire Safety requirements in these rules. (ii) All residents regardless of the type of service must be able to evacuate, or be evacuated, in accordance with the Life Safety Code. These regulations were NOT MET as evidenced by: Based on observation, staff and resident interview, and documentation review, the facility failed to conduct fire drills meeting the licensure requirements. The findings were: 1. An entry interview was conducted with the facility's administrator at 9:15 AM on 6/6/14. The administrator was informed that this survey was to investigate life safety code complaint. Interview with the administrator at that time revealed that fire drills consisted of "full evacuation" only if the exterior temperature was above freezing. In cases when the exterior temperature is below freezing, the administrator acknowledged residents were instructed to exit to the stair on their rooms' floor during monthly fire drills. The administrator was asked to perform a fire drill. The administrator asked the surveyors if a "full-evacuation" fire drill was required. The surveyor responded that a "compliant" fire drill was required. At 9:20 AM on 6/6/14, the administrator informed the director of nursing to perform a "full evacuation" fire drill. 2. The facility initiated the fire alarm system from Room 302, which was vacant, at 9:25 AM on 6/6/14. The following observations were made by the (2) surveyors who were positioned at the (2)	S 000	Page 5 Park Place will conduct fire exit drills and they shall be conducted in accordance with the Life Safety Code for Assisted Living facilities. The minimum number of drills shall be held; at least twelve times per year on a monthly basis with a minimum of one drill conducted each quarter, on each shift. Drills will be conducted by the Environmental Services Director; announced and unannounced. We will have a minimum of two fire drills in the month of July to educate every resident on the procedure that is required by the Life Safety Code.	

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S 000	Continued From page 5 exit stairs: a. 9:27 AM: Residents in rooms 202, 205, & 206 were observed standing in their room's doorway to corridor. Interviews with the residents revealed they were awaiting further instruction from the staff. b. 9:30 AM: Nursing staff informed the (3) residents standing in their room's doorway that this was a "full evacuation" fire drill and that the residents were to proceed to the elevator or to use the stairs. c. 9:32 AM: (2) residents (one in a wheelchair and one in a walker) were observed waiting for the elevator on Level 3. d. 9:33 AM: An "all-clear on 2" was overhead from one of the nursing staff's walkie-talkie. e. 9:34 AM: (5) residents on Level 3 were loaded on to the elevator and it was sent to Level 1. (3) residents remained on Level 3 waiting for the next elevator. f. 9:35 AM: Nursing staff was observed assisting residents down the (2) stairs. g. 9:37 AM: (7) residents and (2) nursing staff on Level 2 were observed waiting for the elevator. h. 9:40 AM: (5) residents and (1) nursing staff on Level 3 were loaded on to the elevator. i. 9: 41 AM: The remaining (2) residents and (1) nursing staff on Level 3 were loaded on to the elevator. j. 9:42 AM: The resident in room 203 was observed through the open door to the corridor sitting in a recliner chair, still in his/her room. k. 9:45 AM: The fire alarm was silenced. The fire drill took (18) minutes for full evacuation of residents and staff. The resident in room 203 never left the room. l. 9:46 AM: A housekeeping cart was observed in the corridor outside room 319. m. 9:47 AM: Residents and staff re-entered the facility.	S 000	Page 6 We will continue to meet the requirements given to us by the state in the past; we will have the smoke compartment cleared in less than 13 minutes. The Environmental Services Director and Executive Director will continue to time and monitor all fire drills to make sure this goal is being met. Park Place will conduct fire exit drills and they shall be conducted in accordance with the Life Safety Code for Assisted Living facilities. All residents will be thoroughly educated on the fire drill procedure. Those residents that *do* meet compliance guidelines but refuse to participate in the fire drill procedure will be given an eviction notification.	

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3. An interview with resident #1 was conducted at 10:15 AM on 6/6/14. Resident #1 resided on Level 2 and stated s/he had been at the facility for 3-4 months. When asked what the proper fire alarm drill procedure was, resident #1 stated s/he was to remain in their room until staff provided them with further instruction. When asked what this instruction was, resident #1 stated s/he was to go to the elevator and take it down to Level 1. When asked how many drills included full evacuation, resident #1 stated s/he recalled (2) drills in the last 3-4 months, (1) was full evacuation.

4. An interview with resident #2 was conducted at 10:30 AM on 6/6/14. Resident #2 resided on Level 2 and stated s/he had been at the facility for 9 months. When asked what the proper fire alarm drill procedure was, resident #2 stated s/he was to go to the stair on Level 2 and stay there until the drill was completed. When asked how many drills included full evacuation, resident #2 stated s/he could not recall a full evacuation drill per the (5) drills in which s/he participated.

5. An interview with resident #3 was conducted at 10:45 AM on 6/6/14. Resident #3 resided on Level 1 and stated s/he had been at the facility for 2 months. When asked what the proper fire alarm drill procedure was, resident #3 stated s/he was to "run outside". When asked how many drills included full evacuation, resident #3 stated s/he could not recall a full evacuation drill except for the one that day.

6. An interview with resident #4 was conducted at 10:55 AM on 6/6/14. Resident #4 resided on Level 1 and stated s/he had been at the facility for 5 years. When asked what the proper fire alarm

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S 000	Continued From page 7 drill procedure was, resident #4 stated she was instructed to go outside when it was "nice" and to wait in the stair or the chapel by the stair when it was "cold". 7. An interview with Nurse Staff #1 was conducted at 11:15 AM on 6/6/14. She had been with the facility since April 2014 and worked the morning shift (6 AM - 2 PM). In the (2) months since her start, Nurse Staff #1 had participated in (2) fire drills in which (1) was full evacuation. Nurse Staff #1 was assigned to Level 2 and assisted (3) residents to the elevator during the fire drill on 6/6/14. 8. An interview with the environmental service tech and documentation review was conducted at 10:25 AM on 6/6/14 showed the last (2) years of fire drill documentation indicated all residents fully evacuated during previous drills. The environmental service tech acknowledged that the last full evacuation occurred in October 2013. 9. Review of the signed and dated (6/6/14) Fire Drill Record offsite at 11:30 AM on 6/13/14 revealed the facility's evacuation capability rating was listed as "slow" which requires 3-13 minutes to evacuate. The record noted (1) resident on Level 1 refused to participate. Attached to the Record were individual "Fire Drill Evacuation Lists", identifying each apartment on each floor. Other than the (1) resident on Level 1 who refused to participate, all other residents were noted to have evacuated, including the resident in room 203 who was observed to have never left his/her room during the drill.	S 000	Page 8 All staff will be re-educated on the fire drill procedure. Park Place will conduct fire exit drills and they shall be conducted in accordance with the Life Safety Code for Assisted Living facilities. The minimum number of drills shall be held; at least twelve times per year on a monthly basis with a minimum of one drill conducted each quarter, on each shift. Employee education will be conducted by the Environmental Services Director and the Executive Director. A fire drill policy will be handed out to all employees of Park Place and discussed at our next all-staff meeting. We will also have them sign that they have received the policy and have been educated on our procedure.	