PRINTED: 01/09/2015
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Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF006	A. BUILDING: _____ B. WING _____	12/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

(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	General Comments A Life Safety Code survey was conducted at your facility on December 30, 2014 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a two story, fully sprinkled building of Type V (111) construction built in 1997. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 100 licensed beds and a total census of 74 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 operation 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, New Board and Care, 1994 Edition, unless otherwise noted.	S 000		
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide doors in the means of egress that did not exceed 15 lbf to open the door	S8004	S8004 The concrete pad will be removed and the subgrade will be replaced with compacted material that does not heave with freezing. The work will be completed by an outside contractor. Review all exterior discharge pathways on a quarterly basis to insure a transvers able surface. Correction Date 2/20/15	2/20/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: EXECUTIVE DIRECTOR — (X6) DATE: 1/16/15

STATE FORM 6899 SQIC11 If continuation sheet 1 of 7

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WY Dept of Health
JAN 16 2015
Healthcare Licensing and Surveys

POC Accepted VIA Phone Call with Administrator Jason Jensen on 1/29/15 @ 218pm

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S8004	Continued From page 1 to the minimum required width. The finding were: Observation of the North Stairwell first floor exit to the exterior of the building on 12/30/14 at 8:52 AM revealed the door was incapable of swinging to the open position to the full use of the opening in which it was installed. Further observation revealed the exterior concrete stoop had heaved upward which obstructed the full swing of the door. The Facility Maintenance Manager acknowledged the door obstruction at the time of the observation. Ref: 1994 NFPA 101, Sections 22-3.2.2.2, 5-2.1.4.1, and 5-2.1.4.4	S8004		
S8008	NFPA Life Safety - Nfpa Arrange of Means of Egress NFPA 101 Arrangement of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide exit access that was readily accessible at all times. The findings were: Observation of the Wellness Center exit on 12/30/14 at 9:32 AM revealed a medication cart being stored directly in front of the exit. The medication cart obstructed over 50% of the exit door. The Facility Maintenance Manager at the time of the observation acknowledge the location of the medication cart. Ref: 1994 NFPA 101, Sections 22-3.2.1 and 5-5.1.1	S8008	S8008 Review of the blue prints shows the nurses' station exterior door is not a designated exit. The 2 inch by 5 inch exit sticker will be removed. The environmental services director will review all exit door and interior pathways on a monthly basis to insure they are not obstructed. Correction Date 2/20/15	2/20/15

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S8014	NFPA Life Safety - Nfpa Prot of Vertical Openings NFPA 101 Protection of Vertical Openings This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a 1-hour fire resistant rating for 2 of 2 enclosed stair towers and failed to ensure vertical sliding fire doors were tested in accordance to NFPA 80. The findings were: 1. Observation of the north and south stair towers on 12/30/14 at 9:20 AM and 9:50 AM revealed both enclosed stairwells had access hatches to the attic. The access hatches were unrated and did not service the stairwell. The Facility Maintenance Manager acknowledge the hatches located in the stairwells at the time of the observations. Ref: 1994 NFPA 101, Sections 22-3.3.1.1, 6-2.4.4, 5-1.3.1 (e) and 5-2.2.6.1 2. Document review and staff interview on 12/30/14 between 10:30 AM and 11:10 AM revealed that no documentation was available to indicate that the vertical sliding fire doors on the second floor were being tested on a annual basis in accordance with NFPA 80. Interview with the Facility Maintenance Manager and the Facility Administrator at the time of document review acknowledged the missing documentation. Ref: 1994 NFPA 101, Sections 22-3.2.2.2 and 5-2.1.14 (e) Ref: 1992 NFPA 80, Section 15-2.4.3	S8014	S8014 1. The attic access hatch in the north and south stairwells will be replaced with 90 minutes hatches by the environmental service director. Stairwell attic access hatches will be reviewed annually to insure they are fire rated for the listed assembly. Correction Date 2/20/15 2. The fire rated accordion door will be tested by an outside contractor to insure proper operation. The accordion door will be tested on an annual basis to insure compliance. Correction Date 2/20/15	2/20/15
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm	S8017		

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SIERRA HILLS ASSISTED LIVING COMMUNITY	4000 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

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S8017	Continued From page 3 Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on document review, the facility failed to provide documentation identifying that the fire alarm systems have been tested in accordance with NFPA 72. The findings were: Document review of the testing and maintenance of the fire alarm system on 12/30/14 from 10:30 AM to 11:10 AM revealed the lack of testing and maintenance of the following aspects of the fire alarm system: 1. Smoke detector sensitivity - bi-annual tests (1993 NFPA 72, 7-3.2.1): Documentation was not provided to demonstrate that sensitivity tests have been performed within the past 24 months. 2. Semi-annual - Battery load voltage - semi annual test (1993 NFPA 72, Table 7-3.1 section 2d.) Documentation was not provided to demonstrate that testing had been completed for the first half of 2014.	S8017	S8017 1. The bi-annual smoke detector sensitivity test will be completed by a fire alarm contractor. This test will be conducted bi-annually in the future and reviewed by the environmental service director to insure compliance. Correction Date 1/12/15 2. The semi-annual fire alarm panel battery load voltage test will be completed annual by a fire contractor and semi-annually by the environmental service director. This test will be added to the Tels testing software to insure it is completed on time. Correction Date 1/12/15	1/12/15
S8021	NFPA Life Safety - Nfpa Smoke Resistant Barriers NFPA 101 Smoke Resistant Barriers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 4 of 4 smoke barriers were	S8021		

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S8021	Continued From page 4 resistant to the passage of smoke. The findings were: 1. Observation of the north 1st floor smoke barrier on 12/30/14 at 9:16 AM revealed an approximate 4 in square hole in the smoke barrier wall just above the doors in the corridor. The Facility Maintenance Manager acknowledged the hole at the time of the observation. 2. Observation of the south 2nd floor smoke barrier doors on 12/30/14 at 9:58 AM revealed the doors would not fully close to resist the passage of smoke. The Facility Maintenance Manager acknowledged the doors not fully closing at the time of the observation. 3. Observation of the north 2nd floor smoke barrier doors on 12/30/14 at 10:08 AM revealed the doors would not fully close to resist the passage of smoke. The Facility Maintenance Manager acknowledged the doors not fully closing at the time of the observation. 4. Observation of the south 1st floor smoke barrier doors on 12/30/14 at 10:13 AM revealed the doors would not fully close to resist the passage of smoke. The Facility Maintenance Manager acknowledged the doors not fully closing at the time of the observation. Ref: 1994 NFPA 101, Sections 1-7.2, 6-3.2, and 6-3.4.1	S8021	S8021 1. The north 1st floor smoke barrier penetration will be sealed with sheetrock that is installed by the environmental service director. All smoke barrier walls will be inspected quarterly to insure they are sealed and intact. Correction Date 1/15/15 2/3/4. The south 2nd floor, south 1st floor and north 2nd floor smoke barrier door were adjusted to insure it fully latched into the door frame. The environmental services director will inspected all smoke barrier doors on a quarterly basis to insure proper latching. Correction Date 1/13/15	
S8022	NFPA Life Safety - Nfps Electric NFPA 101 Electric	S8022		1/15/15

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S8022	Continued From page 5 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the electrical wiring and equipment was in accordance with NFPA 70. The findings were: Observation of resident room #125 on 12/30/14 at 9:02 AM revealed an extension cord plugged into a surge protector that was then plugged into two decorative lights on the resident's entertainment center. The Facility Maintenance Manager at the time of the observation acknowledge the use of the extension cord. Ref: 1994 NFPA 101, Sections 22-3.6.1 and 7-1.2 Ref: 1993 NFPA 70, Article 305	S8022	S8022 The extension cord in resident room #125 was removed by the environmental services director. We will continue to conduct monthly electrical inspection on all resident rooms as well as train all staff members to look for extension cords. Correction Date 12/31/14	12/31/14
S8031	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Based on document review & staff interview, the facility failed to ensure that HVAC systems are tested per the requirements of NFPA 90A. The findings were: Document review and staff interview on 12/30/14 between 10:30 AM and 11:10 AM revealed that no documentation was available to indicate that fire dampers are being tested on a 4-year basis in accordance with NFPA 90A, Section 3-4.7. Interview with the Facility Maintenance Manager and the Facility Administrator at the time of document review acknowledged the missing documentation.	S8031	S8031 All fire dampers will be tested on a 4 year cycle to insure proper operation. The environmental services director will test the dampers by removing the fusible link and allowing the damper arms to close. The 4 year fire damper test will be added to the Tels testing system to insure future compliance. Compliance Date 2/20/15	2/20/15

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S8031	Continued From page 6 Ref: 1994 NFPA 101, Sections 22-3.6.2.1 and 7-2.1 Ref: 1993 NFPA 90A, Section 3-4.7	S8031		
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure that racks are provided to protect oxygen cylinders from accidental damage or dislocation in accordance with NFPA 99. The findings were: Observation of rooms #125 and #218 on 12/30/14 from 9:00 AM to 9:54 AM, had oxygen cylinders stored on the floor without racks or fastenings. At the time of the observations, the Facility Maintenance Manager was not aware the cylinders were being stored without racks. Ref: 1993 NFPA 99, Section 4-3.1.1.1	S8999	S8999 Oxygen cylinder storage racks were added to resident room #125 and #128 to allow storage for all oxygen cylinders. A monthly oxygen audit will be completed monthly and reviewed by the clinical service director to insure there are no unrestrained oxygen cylinders. Oxygen contractors will be contacted if any free standing cylinders are found and the cylinders will be removed or additional racks will be added. Correction Date 1/14/15	1/14/15