Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF026	A. BUILDING: _____ B. WING _____	11/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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
S7016	NFPA Life Safety - Nfpa Medical Gases NFPA 101 Medical Gases This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure that freestanding oxygen cylinders were properly chained or supported in a proper stand or cart in accordance with NFPA 99. The findings were: Observation of the following rooms on 11/17/14 from 3:30 PM to 4:30 PM, #117, #118, #123, #128, and #141 all had freestanding oxygen cylinders not properly secured. At the time of the observations, the Facility Maintenance Manager was not aware the cylinders were not properly secured. Ref: 2006, NFPA 101, Section 18.3.2.4, 6.1.14.3.2, and 2005, NFPA 99, Section 9.7.2.3	S7016	S7016 - The facility will a) enact a policy that requires any resident using and storing oxygen bottles, be properly secured in storage racks, or cart, and will revise the Residency Agreement, Resident Handbook and establish a policy to conform to the regulation. b) All existing residents will be informed of the new policy; all new residents will be instructed about the policy and required to counter sign the Residency Agreement acknowledging their responsibility. c) Facility staff will inspect resident apartments on a routine basis to verify compliance, and d) the new policy will be in effect, and inspections will occur on a monthly basis no later than ~~02/02/2015~~. 1-13-15	1-18-15 ~~02/02/2015~~
S8001	NFPA Life Safety - Nfpa Mixed Occupancies NFPA 101 Mixed Occupancies This State Rule and Regulation is not met as evidenced by: A Life Safety Code Survey was conducted at your facility on November 17-18, 2014 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, dry sprinkler system, and an addressable fire alarm system. The facility had a capacity of 62 licensed beds and a total census of	S8001	S8001 – The building was built in 2011/2012 not 2006 as referenced in the deficiency statement. This issue re: "Mixed Occupancies" has been previously addressed and resolved. Please refer to the letter of acceptance of plans by Wyoming Dept. of Health dated 04/16/2012 2012-0299, re: Submittal Plans for Fire Diagram FDI for Project 2011-005, "Reviewed and Accepted by Wyoming Dept. of Health 04/17/12. Please see the attached letter of further clarification.	02/02/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: RBlaugh — TITLE: Manager — (X6) DATE: 12/3/14

STATE FORM 6899 8Z3111 If continuation sheet 1 of 11

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Healthcare Licensing and Surveys

Revised POC Accepted VIA Phone Call with the Administrator JEFF Smith on 12/31/14 @ 8:43AM.

Healthcare Licensing and Surveys

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S8001	Continued From page 1 54 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, New Health Care with mixed occupancy of New Board and Care, 2006 Edition, unless otherwise noted. The mixed occupancy is required because the facility does not have a 2-hour rated separation wall between the assisted living (Board and Care Occupancy) and the memory care (Health Care Occupancy) portions of the building.	S8001		
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure hazardous areas were protected from the corridor with a one hour fire rated barrier and doors equipped with self closing or automatic closing devices in 4 of 4 smoke compartments. The findings were: 1. Observation of storage room #211 in the	S8015	S8015 - The facility will a) ensure that hazardous areas are protected from the corridor, by installing self-closers on doors in rooms 211, 204, 114, 123, 138, 147, 103B, 150, and all corridor closets containing fuel fired furnaces seal three unsealed conduit penetrations in mechanical room #103B. b) The work will be completed by qualified workmen,	

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S8015	Continued From page 2 memory care unit on 11/17/14 at 1:53 PM, resident laundry room in the memory care unit at 2:12 PM, house keeping room directly in front of room #121 at 2:41 PM, storage room 123 at 2:52 PM, resident laundry room on the west hall at 3:19 PM, storage/electrical room #147 at 4:15 PM, mechanical rooms 103B and 150 at 4:34 PM, and all corridor closets containing fuel fired furnaces through out the facility from 1:30 PM to 4:40 PM showed the doors to the corridor were not self-closing in areas classified as hazardous. At the time of the observations, the Facility Maintenance Manager acknowledged the missing or non-functioning automatic closing devices. 2. Observation of mechanical room #203 on 11/17/14 at 2:10 PM revealed a 1 inch hole penetration in the ceiling, mechanical room #217 at 2:17 PM revealed a 12in X 12in penetration in the ceiling, room #121 at 2:34 PM revealed two 1/2 inch penetrations in the ceiling and one 1/2 inch penetration in the wall with vinyl tubing running through it into the adjacent room, and mechanical room #145 revealed a 1/2 inch penetration in the ceiling. At the time of the observations, the Facility Maintenance Manager acknowledged the penetrations through the fire barriers. Ref: 2006 NFPA 101, Section 18.3.2.1, 18.3.6.3.9, 32.3.3.2.2, and 32.3.3.6.5	S8015	c) Facility maintenance staff will regularly inspect all mechanical, storage, furnace and other rooms entering common corridors rooms, to verify functionality, and d) such completed work shall be completed no later than ~~02/02/2015~~ 1-18-15 and inspections of self-closers shall be on a quarterly basis. 1-18-15 ~~02/02/2015~~ 2. a) The facility will ensure that all penetrations in ceilings or walls are sealed or repaired in mechanical rooms 203, 217, 121 and 145, and b) retain qualified workmen to complete the work. c) The facility maintenance staff will inspect the completed work and verify the integrity of the work repairs are completed in accordance with these requirements, and d) all work herein will be completed by no later than ~~02/02/2015~~ 1-18-15 and the policy and requirement that all contractors entering the building will be required to sign an agreement stipulating that all penetrations will be resealed to facility (and OHLS) standards, will be implemented immediately. 1-18-15 ~~02/02/2015~~	
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems	S8017	S8017 - The facility will ensure that all testing and inspections of the fire alarm systems are completed - signed dated as required per regulations, and are	

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S8017	Continued From page 3 This State Rule and Regulation is not met as evidenced by: Based on document review and facility staff interview, the facility failed to provide documentation to indicate that the fire alarm systems have tested in accordance with NFPA 72. The findings were: Document review and interview with the Facility Maintenance Manager regarding the testing and maintenance documentation on 11/18/14 from 10:15 AM to 11:10 AM revealed the lack of testing for the following aspects of the fire alarm system: 1. Fire Alarm Activation - monthly (2002, NFPA 72 Table 10.4.3, 23) 2. Smoke Detector Sensitivity - bi-annual tests (2002, NFPA 72 10.4.3.2.2 3. Supervisory Signal Devices - quarterly tests (2002, NFPA 72 Table 10.4.3 4. Battery Load Voltage Test - semi-annual (2002, NFPA 72 Table 10.4.3 Interview with the Facility Maintenance Manager during the review of the documentation revealed that he was not aware of the testing requirements and acknowledged the lack of documentation.	S8017	maintained by the Facility Maintenance staff, being available onsite in the Administrators Office and available to the authority having jurisdiction. a) The facility will retain qualified workmen to complete the schedule as follows: 1) Fire Alarm Activation – monthly, 2) Smoke Detector Sensitivity – bi-annual basis, 3) Supervisory Signal Devices – quarterly, and 4) Battery Load Voltage Test – semi-annually, and b) facility staff will utilize the schedule log ~~(provided by Jeff Shahan of OHES)~~ to ensure the tests and inspections are completed and recorded. c) Records of each inspection or test are filed in facility log documents accordingly, whereby staff will periodically will review and inspect the log to verify compliance, and d) such inspections shall begin immediately, occur on the required inspection schedule basis and recorded and available for review, accordingly.	1-18-15 ~~02/02/2015~~
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on observation, document review, and facility staff interview the facility failed to ensure adequate sprinkler coverage was provided under exterior roofs exceeding 4 ft. in accordance with	S8018	S8018 - The facility will a) ensure adequate sprinkler under exterior roofs that exceed 4ft., and install sprinkler heads at the southwest and southeast vestibule exit exterior roof overhang at both locations, and ensure the sprinkler system is maintained per the requirements of NFPA 25,	

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S8018	Continued From page 4 NFPA 13, and that the automatic sprinkler system was maintained per the requirements of NFPA 25. The findings were: Observation of the southwest and southeast vestibule exits on 11/17/14 from 3:30 PM to 3:54 PM revealed that the exterior roof overhang on both exits exceeded 4 ft. in width and sprinklers were not installed. At the time of the observation the Facility Maintenance Manager acknowledged the lack of sprinkler coverage. Ref: 2006 NFPA 101, Section 18.3.5.1, 9.7.1.1, and 2002 NFPA 13, Section 8.14.7.1 Document review and staff interview of the testing and maintenance documentation on 11/18/14 from 10:15 AM to 11:10 AM revealed the lack of testing of the following aspects of the automatic sprinkler system: 1. Main Drain - quarterly testing (2002, NFPA 25, 12.2.6.1) 2. Back Flow Preventer - annual test (2002, NFPA 25, 12.6.2.1) 3. Water Flow Alarm Devices - quarterly testing (2002, NFPA 25, 5.3.3.1) 4. Priming Water Valve - quarterly testing (2002, NFPA 25, Table 12.1) 5. Low Air Alarm - quarterly testing (2002, NFPA 25, Table 12.1) 6. Quick Opening Devices - quarterly testing (2002, NFPA 25, Table 12.1) 7. Fire Pump Pressure Relief Valve Inspection - weekly (2002 NFPA 25, Table 12.1) Interview with the Facility Maintenance Manager during the review of the documentation revealed that he was not aware of the required testing and acknowledged the lack of documentation.	S8018	b) The facility will retain qualified workmen to complete the work. c) facility staff will inspect to ensure the work is completed pre requirements, and d) such work shall be completed no later than ~~02/02/2015~~ 1/13/15 and inspections of the sprinkler system will occur per regulations, recorded and available for review. The facility will a) ensure that all testing and inspections of the automated fire alarm systems are completed - signed dated as required per regulations, and are maintained by the Facility Maintenance staff, being available onsite in the Administrators Office and available to the authority having jurisdiction. b) The facility will retain qualified workmen to complete the schedule as follows: 1) Main Drain – quarterly, 2) Back Flow Preventer – annual basis, 3) Water Flow Alarm Devices – quarterly, 4) Priming Water Valve – quarterly, 5) Low Air Alarm – quarterly, 6) Quick Opening Devices – quarterly, and 7) Fire Pump Pressure Relief Valve Inspection – weekly. b) facility staff will utilize the schedule log ~~(provided by Jeff Shahan of OHLS)~~ to ensure the tests and inspections are completed and recorded. c) Records of each inspection or test are filed in facility log documents accordingly, whereby staff will periodically will review and inspect the log to verify compliance, and	1-19-15 ~~02/02/2015~~

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S8020	NFPA Life Safety - Nfpa Corridors & Sep of Slpg Rm NFPA 101 Corridors and Separation of Sleeping Rooms This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to provide corridor protection that resisted the passage of smoke in 2 of 4 smoke compartments. The findings were: 1. Observation of resident room #107 on 11/17/14 at 3:12 PM revealed that the door was warped within the frame and when fully closed and latched, a 1/4 inch gap from the door knob to the floor was observed preventing resistance to the passage of smoke. Interview with the Facility Maintenance Manager at the time of the observation verified the findings. 2. Observation of the smoke barrier doors adjacent to room #143 on 11/17/14 at 4:32 PM revealed that the doors would not close completely into the frame to resist the passage of smoke. Interview with the Facility Maintenance Manager at the time of the observation verified the findings. Ref: 2006 NFPA 101, Section 32.3.3.6.4	S8020	d) such inspections shall begin immediately, occur on the required periodic basis and recorded and available for review. 1-18-15 ~~02/02/2015~~ S8020 - The facility will a) ensure that corridor protection that resists passage of smoke in all smoke compartments is installed and functioning properly, and install a new door in room 107 and eliminate a ¼" gap, and adjust the doors and closers to closely completely and meet regulations. b) The facility will retain qualified workmen to complete the work. c) Facility staff will inspect to ensure the work is completed per requirements, and d) such work shall be completed no later than ~~02/02/2015~~ 1-18-15 and inspections of the smoke doors will occur on a monthly basis thereafter. 1-18-15 ~~02/02/2015~~	
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview,	S8022	S8022 - The facility will a) ensure compliance with NFPA 70 in all smoke compartments, and will 1) remove any and all extension cords in any apartment, 2) remove any and all extension cords, 3) install covers on open electrical boxes above administration and life enrichment areas, and	

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S8022	Continued From page 6 the facility failed to ensure electrical wiring was in accordance with NFPA 70 in 2 of 4 smoke compartments and failed to provide documentation of weekly maintenance inspections of the facility generator. The findings were: 1. Observation of resident room #105 on 11/17/14 at 3:07 PM revealed an electric blanket was plugged into an extension cord. At the time of the observation the Facility Maintenance Manager could not explain why the cord had not been noticed and removed during monthly inspections. 2. Observation of resident room #109 at 3:23 PM revealed a lamp was plugged into an extension cord. At the time of the observation the Facility Maintenance Manager could not explain why the cord had not been removed during monthly inspections. 3. Observation of the facility attic on 11/18/14 from 9:25 AM to 9:35 AM revealed open electrical boxes above the administration office and the life enrichment office areas. At the time of the observation the Facility Maintenance Manager could not explain why the electrical boxes did not have a cover plate in place. Ref: 2006 NFPA 101, Section 9.1.2 and 2005 NFPA 70, Section 400-8 4. Document review and interview on 11/18/14 from 10:15 AM to 11:10 AM revealed the records for the weekly generator inspections were not available at the time of the survey. Interview with the Facility Maintenance Manager at the time of the review acknowledged the lack of documentation for the weekly inspections.	S8022	4) ensure weekly generator inspections are completed, and are maintained by the Facility Maintenance staff, being available onsite in the Administrators Office and available to the authority having jurisdiction. b) Facility staff will inspect each apartment during monthly inspections to ensure compliance and remove extension cords; have a qualified workmen install electrical covers on open junction boxes; and implement weekly generator tests. c) Facility staff will inspect each apartment regularly and will document completed generator tests, and d) such work shall begin immediately, completed no later than ~~02/02/2015~~ 1-18-15 and inspections shall occur on a monthly or weekly basis as required upon completion.	1-18-15 ~~02/02/2015~~

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S8027	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr NFPA 101 Emergency Egress and Relocation Drills This State Rule and Regulation is not met as evidenced by: Based on document review and facility staff interview, the facility failed to provide fire drills 12 times per year, at unexpected times, and at least quarterly on each shift. The finding were: Based on document review and staff interview on 11/18/14 from 10:15 AM to 11:10 AM, the facility failed to provide a record of a fire drill, May 2014. In addition no record of a third shift fire drill was provided for the third quarter. A majority of the drills did not record the time the drill occurred. Interview with the Facility Maintenance Manger at the time of the review acknowledge the lack of documentation. Ref: 2006 NFPA 101, Section 18.7.1.6, 6.1.14.3.2, and WDH Chapter 12 for Assisted Living, Section (iii) Fire Safety, Sub-section (E).	S8027	S8027 - The facility will a) ensure compliance with State regulations and execute 12 fire drills per year, at unexpected times, and at least quarterly on each of two shifts (2 - 12 hours shifts) scheduled for staff at the facility. b) The facility will retain detailed records, indicating date and time for each fire drill and such records will be maintained by the Facility Maintenance staff, being available onsite in the Administrators Office and available to the authority having jurisdiction. c) Facility staff will inspect such head to ensure it remains as specified, and d) such fire drills shall begin immediately and occur 12 times per year, at unexpected times, and at least quarterly on each shift; and will be recorded and available for review.	1-18-15 ~~02/02/2015~~
S8029	NFPA Life Safety - Nfpa Furnishings, Bedding & Dec NFPA 101 Furnishings, Bedding and Decorations This State Rule and Regulation is not met as evidenced by: Based on observation, documentation review, and facility staff interview, the facility failed to ensure that combustible decorations were flame-retardant in 4 of 4 smoke compartments. The findings were:	S8029	S8029 - The facility will ensure 1) that any and all combustible decorations are flame-retardant throughout the building: a) The curtains in MC 12 have been removed by facility staff. b) The facility will revise the Residency Agreement, Resident Handbook and establish a policy to restrict the installation curtains or draperies to conform to the regulation of only flame retardant material	

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S8032	Continued From page 10 tubing that was routed through a hole in a 1 hour rated wall to an adjacent room in the kitchen were another fuel fired furnace was located. The vinyl tubing was not terminated at an approved waste receptor or stand pipe. At the time of the observation the Facility Maintenance Manager acknowledged the findings. Ref: Wyoming Department of Health Chapter (3) Construction Rules and Regulations for Healthcare Facilities, and International Plumbing Code (IPC) 2006, Section 102.3, Table 702.1 and 802.1.5.	S8032	b) The facility will retain qualified workmen to complete the work. c) Facility staff will inspect to ensure the work is completed per requirements, and d) such condensate line and exhaust work shall be completed no later than ~~02/02/2015~~ 1-18-15 and inspections of same will occur on a monthly basis.	~~02/02/2015~~ 1-18-15