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 _____	01/12/2015

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
S 000	General Comments A Life Safety Code survey was conducted at your facility on January 12, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a single story, fully sprinklered building of Type V (111) construction built in 2006. The building was equipped with a supervised, automatic wet 13R 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 12 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 and Regulations for Healthcare 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, 2006 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 that would remain closed per latches or other mechanisms. The	S8004	A. The facility will ensure that all doors will remained closed per latches in accordance with NFPA 101, 2006 Edition. Manager will routinely inspect all doors to ensure that latching mechanisms are working appropriately. Manager will monitor for compliance. 01/13/2015	

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

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

Owner — 1/23/15

STATE FORM 6899 NIK411 If continuation sheet 1 of 5

RECEIVED
WY Dept of Health
JAN 29 2015
Healthcare Licensing and Surveys

POC Accepted Via Phone Call with Administrator Cheri Willard on 2-10-15 at 4:32pm 24354

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S8004	Continued From page 1 findings were: Observation of the hallway bathroom on 01/12/15 at 1:08 PM revealed that the door would not latch, close completely into the door frame and remain closed. At the time of the observation, the Facility Manager acknowledged the door would not latch into nor remain closed in the frame. Ref: 2006 NFPA 101, Section 32.2.3.6.4	S8004		
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on documentation review, the facility failed to complete testing of required emergency lighting per NFPA 101. The finding were: Documentation review of emergency lighting testing on 01/14/15 from 9:00 AM to 9:30 AM revealed documentation was not provided for the annual 90 minute emergency lighting test. Ref: 2006 NFPA 101, Sections 32.3.2.9 and 7.9.3.1.1	S8012	The facility will ensure that the battery powered emergency egress lights illuminate once the test button is depressed, and that testing is completed for 90 minute testing annually. Reports of the testing will be kept on file at the facility Manager will monitor for compliance.	01/13/2015
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm 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	S8017		

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S8017	Continued From page 2 provide documentation identifying that the fire alarm systems had been tested in accordance with NFPA 72. The finding were: Document review of the testing and maintenance of the fire alarm system on 01/14/15 from 9:00 AM to 9:30 AM revealed that no documentation was provided for the semi-annual battery load voltage test for the second half of 2014. The last test was completed January 21, 2014. Ref: 2002 NFPA 72, Table 10.4.3 (6d)	S8017	A. The facility will ensure that the documentation of fire alarm testing, which is completed annually, in filed in the facility documentation Changes in current process will include two copies of documentation, one for accounting and one for facility documentation. Manager will monitor for compliance.	01/13/2015
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on document review, the facility failed to provide documentation indicating that portable fire extinguishers were inspected monthly per NFPA 10. The findings were: Based on document review on 01/14/15 from 9:00 AM to 9:30 AM of the portable fire extinguishers inspection and maintenance records it was revealed that documentation was not provided for monthly inspections. Ref: 2002 NFPA 10, Section 6.2.1	S8019	A. The facility will ensure that the documentation of monthly fire extinguisher inspections is on file at the facility. Manager will monitor for compliance.	01/13/2015
S8020	NFPA Life Safety - Nfpa Corridors & Sep of Slpg Rm NFPA 101 Corridors and Separation of Sleeping Rooms	S8020		

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S8020	Continued From page 3 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide corridor protection resisting fire for not less than 1/2 hour. The findings were: Observation of the hallway storage room on 01/12/15 at 1:07 PM revealed a 1/2 inch circular penetration in the wall around the sprinkler head. At the time of the observation, the Facility Manager acknowledged the penetration. 2006 NFPA 101, Section 32.2.3.6.1	S8020	A. The facility will ensure that all pipe penetrations will be properly filled in accordance with NFPA 101, 2006 Edition. Manager will routinely inspect sprinkler areas to ensure penetrations remain sealed. Manager will monitor for compliance.	01/13/2015
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and 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 #7 on 01/12/15 at 1:12 PM revealed an extension cord plugged into a nebulizer machine. At the time of the observation, the Facility Manager acknowledge the use of the extension cord. Ref: 2006 NFPA 101, Sections 32.2.5.1 and 9.1.2 Ref: 2005 NFPA 70, Article 590	S8022	A. The facility will ensure that temporary electrical wiring does not replace permanent fixed wiring in accordance with NFPA 101, 2006 Edition. Manager will monitor and educate residents/families on the unauthorized use of extension cords in the facility. Manager will monitor for compliance.	01/13/2015

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S8999	Continued From page 4	S8999		
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 were provided to protect oxygen cylinders from accidental damage or dislocation in accordance with NFPA 99. The findings were: Observation of the Oxygen Storage Room on 01/12/15 at 1:02 PM revealed 5 D cylinders stored on the floor without racks or fastenings. At the time of the observation, the Facility Manager acknowledged the unsecured cylinders. Ref: 2005 NFPA 99, Section 9.7.2.3	S8999	A. The facility will ensure that all oxygen cylinders are placed in racks to protect from accidental damage or dislocation. Manager will monitor for compliance.	01/13/2015