PRINTED: 03/09/2015
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
	ALF019	A. BUILDING: _____ B. WING _____	02/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNDANCE ASSISTED CARE	108 ABBY LANE SUNDANCE, WY 82729

(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 February 24, 2015 by the office of Healthcare Licensing and Surveys (HLS). The facility was a single-story, fully sprinkled building of Type II (111) construction built in 2001. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 15 licensed beds and a census of 14. 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, 2000 Edition, unless otherwise noted.	S 000		
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 doors that were readily accessible at all times in 2 of 3	S8008		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE owner/ADMINISTRATOR — (X6) DATE 4/1/15

Linda Q. Johnson RD

STATE FORM 6899 UKOO11 If continuation sheet 1 of 4

RECEIVED
WY Dept of Health
APR 06 2015
Healthcare Licensing and Surveys

POC Accepted Via Phone Call with Administrator Linda Johnson on 4/16/15 at 2:26pm

34354

Healthcare Licensing and Surveys

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

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S8027	Continued From page 3 9:30 AM revealed no record of fire drills were available for the month of December 2014. At the time of the record, review the Facility Director of Nursing acknowledged the missing documentation for the month of December. Ref: WDH Chapter 8 Rules, Section 14 (c)(iv)	S8027		

WAYNE JOHNSON OWNER
3-15-15
Linda Johnson manager
Linda A. Johnson 3-15-15