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: Linda Johnson RN — TITLE owner/ADMINISTRATOR — (X6) DATE 4/1/15

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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S8008	Continued From page 1 smoke compartments. The findings were: Observation of the two Corridor Exits on 02/24/15 at 8:50 AM and 8:55 AM revealed the doors where locked against the means of egress. At the time of the observation, both exits were locked and the Facility Director of Nursing acknowledged the doors where in the locked position. Ref: 2000 NFPA 101, Section 32.2.2.5.5	S8008	***S8008 Corrective actions:*** ***A contractor has been contacted and scheduled to begin (3-16-15) on a total change to all of the facility acess doors to allow ease of egress..*** This will affect all resident in the facility and the steps to corrective action will be posted for all resident to see. ***An inspection check list will be updated to include the review of the status of the ease of acess policy.*** The plan of correction will be integrated into the quality assurance system and follow procedures will be developed to ensure compliance with the required standards. ***Providing the contractor has no delays, the projected completion date is March 31, 2015***	
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to demonstrate an approved maintenance and testing program for emergency lighting. The finding were: Document review of the testing and maintenance of emergency lighting on 02/24/15 from 9:00 AM to 9:30 AM revealed documentation was not provided for testing of emergency lighting for the month of December 2014. At the time of the document review, the Facility Director of Nursing acknowledged the missing documentation. Ref: 2000 NFPA 101, Sections 4.6.12.1 and 4.6.12.3	S8012	**S8012 The emergency lighting documentation does not effect the resident exposure to a potential hazard in that this was a documentation violation and the lighting was in compliance** The emergency lighting testing and maintenance evidence corrective action will be posted on the bulletin board for all resident to see. **Corrective actions will include a change in the practice of retaining the records in more than one location in the facility. The manager will locate the records for fire drills and lighting in the same location.** The plan of correction will be integrated into the quality assurance system and follow procedures will be developed to ensure compliance with the required standards **Corrective actions will be completed by April 1, 2015**	
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards	S8015		

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S8015	Continued From page 2 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide self-closing doors to hazardous areas in 1 of 3 smoke compartments. The findings were: 1. Observation of the Storage Room on 02/24/15 at 8:40 AM revealed the door was provided with a self-closing device, but when activated, the door would not latch into the frame. At the time of the observation, the Facility Director of Nursing acknowledged the door would not latch. 2. Observation of the Kitchen Door on 02/24/15 at 8:50 AM revealed the door was provided with a self-closing device, but when activated, the door would not latch into the frame. At the time of the observation, the Facility Director of Nursing acknowledged the door would not latch. Ref: 2000 NFPA 101, Sections 32.2.3.2.2	S8015	***S8015 Corrective actions:*** ***A contractor has been contacted and schedualed to begin (3-16-15) on a total change to all of the facility acess doors to allow ease of closure to the storage room door and the kitchen door.*** This will affect all resident in the facility and the steps to corrective action will be posted for all resident to see. ***An inspection check list will be updated to include the review of the status of the ease of acess policy.*** The plan of correction will be integrated into the quality assurance system and follow procedures will be developed to ensure compliance with the required standards. ***Providing the contractor has no delays, the projected completion date is April 15, 2015***	
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 the facility failed to provide fire drills held at unexpected times and at least monthly per WDH Chapter 8 Rules. The findings were: Document review on 02/24/15 from 9:05 AM to	S8027	**S8027 The emergency Fire drills documentation will be made available to resident to view the corrective action.** The emergency fire drill testing and maintenance evidence corrective action will be posted on the bulletin board for all resident to see. ***Corrective actions will include a change in the practice of retaining the records in more than one location in the facility. The manager will locate the records for fire drills and lighting in the same location.*** The plan of correction will be integrated into the quality assurance system and follow procedures will be developed to ensure compliance with the required standards **Corrective actions will be completed by April 1, 2015**	

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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 A Johnson manager
Linda A. Johnson 3-15-15