PRINTED: 04/15/2015
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
	ALF009	A. BUILDING _____ B. WING _____	04/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS CORP DBA/EMERITUS AT ABSARC	2401 COUGAR AVENUE CODY, WY 82414

(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 April 07, 2015 by the office of Healthcare Licensing and Surveys (HLS). The facility was a fully sprinklered, single story building of Type V (111) construction built in 2003. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 51 licensed beds with a census of 33 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, 2000 Edition, unless otherwise noted.	S 000	RECEIVED WY Dept of Health MAY 13 2015 Healthcare Licensing and Surveys	
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 staff interview, the facility failed to provide protection of hazardous areas from adjacent corridors and non-hazardous rooms in 1 of 3 smoke compartments. The	S8015	A) Correction Action: Self closing device on a door located in North East Mechanical Room does not fully latch. B) Systematic Change: Pins for spring mechanism for door hinges replaced by Maintenance Director to ensure door would latch properly.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kelly Van Deer TITLE: Executive Director (X6) DATE: 4-24-15

STATE FORM 6899 LSP611 If continuation sheet 1 of 4

Modified POC Accepted with Administrator Kelly VanDeer VIA Phone Call on 5/14/15 @ 9:45AM. LSC 34354

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S8015	Continued From page 1 findings were: Observation of the North East Mechanical Room on 04/07/15 at 8:35 AM revealed that the room had a self-closing device that would not fully latch the door into the frame. At the time of the observation, the Facility Maintenance Manager acknowledged the door would not latch into the frame. Ref: 2006 NFPA 101, Sections 32.3.3.2.1, 8.2.4.3.5, and 7.2.1.8.1	S8015	C) Monitoring: Maintenance Director will implement bi-annual checklist to monitor that all doors with self closing devices are working properly. D) Date of Completion: April 30, 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 #34 on 04/07/2015 at 8:37 AM and the South TV Lounge on 04/07/2015 at 9:15 AM revealed extension cords being utilized in place of permanent wiring. At the time of the observations, the Facility Maintenance Manager acknowledged the use of the extension cords. Ref: 2000 NFPA 101, Sections 32.3.6.1 and 9.1.2 1999 NFPA 70, Article 305	S8022	A) Corrective Action: Extension cords in room #34 and in south TV lounge need to be removed and replaced with proper power strip. B) Systematic Change: Extension cords in room #34 and south TV lounge have been replaced with proper power strips C) Monitoring: Housekeeping weekly monitoring checklist will be implemented to ensure resident rooms do not have extension cords. Maintenance Director will add to Quality Assurance a monthly checklist to monitor all common areas in building to ensure no extension cords being used. D) Date of Completion: April 30, 2015.	

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S8031	Continued From page 2 S8031 IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure continuous mechanical exhaust ventilation is provided in bath and tub rooms. The findings were: Observation of the NW Corridor Bathroom and the NW Corridor Spa Room on 04/07/2015 from 8:50 AM to 8:55 AM could not establish that continuous mechanical exhaust ventilation was provided within the spaces. Interview with the Facility Maintenance Manager at the time of the observation acknowledged that exhaust airflow could not be established. Ref: WDH Chapter 3 Guidelines, Section 5(b)(iii)(B)	S8031 S8031	A) Corrective Action: Continuous mechanical exhaust ventilation in NW corridor bathroom and spa room not working properly and/or could not be established. B) Systematic Change: An HVAC licensed contractor has been contacted for repairs in the NW corridor bathroom and spa room to re establish continuous mechanical exhaust ventilation. Currently waiting on inspection, estimate and date of completion. C) Monitoring: Maintenance Director will implement on Quality Assurance bi annual checklist to ensure ventilation working properly in all areas of building. HVAC contractor will be contacted again if upon inspection found to be not working properly. D) Date of Completion: ~~July 31, 2015~~ 4/30/2015 BCS	5/14/15
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were: Observation of the Housekeeping Closet on 04/07/15 at 9:42 AM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a	S8032		

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S8032	Continued From page 3 means of backflow prevention. The chemical dispensing system was connected to the faucet discharge via a hose connection which had the ability to be under constant pressure. This can disabled the atmospheric vacuum breaker creating a potential means for cross connection. The Facility Maintenance Manager at the time of the observation acknowledged that the connection was not provided with an acceptable means of backflow prevention. Ref: 2006 IPC, Sections, 411, 608.6, and 608.13	S8032	A) Corrective Action: A plumbing contractor will be contacted to install backflow preventer in the housekeeping closet. B) Systematic Change: Plumbing contractor did install a backflow preventer connection in housekeeping closet. C) Monitoring: Maintenance Director will add to Quality Assurance bi annual checklist to ensure faucet backflow preventer working properly. D) Date of Completion: April 30, 2015.	