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WY Dept of Health
MAY 22 2015
Healthcare Licensing and Surveys

PRINTED: 05/11/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF002	A. BUILDING: ~~Healthcare Licensing~~ and Surveys B. WING	04/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN SQUARE OF CASPER	1950 SOUTH BEVERLY STREET CASPER, WY 82601

(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 28, 2015 by the office of Healthcare Licensing and Surveys (HLS). The facility was a one story, fully sprinkled building of Type V (111) construction built in 1996. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and a zoned fire alarm system. The facility had a capacity of 48 licensed beds with a census of 46. 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, 1994 Edition, unless otherwise noted.	S 000	**S8004 NFPA Life Safety - Nfpa Doors** **NFPA 101** **Doors** *The corrective action(s) that will be accomplished for those residents found to have been affected by the deficient practice, will be to arrange exit access so that exits are readily accessible at all times. *The corrective action that has been taken to prevent other residents from being affected by the same deficient practice is to replace the door knobs identified during the State Life Safety Code Licensure survey conducted at our facility with door knobs that when locked do not require special knowledge or effort for operation from the egress side. *Measures that will be put into place to ensure the deficient practice(s) does not recur will be to include all locking door knobs to be checked as part of our monthly Quality Assurance checks. All deficiencies found will be reported immediately to the Maintenance Director and Administrator for correction. *The effectiveness of this practice will be evaluated monthly, and documented on the Quality Assurance Community Review Worksheet, as well as the Quality Assurance Resident Apartment Review Worksheet. *This corrective action will be completed by ~~6.30.15~~ 6/26/15 XS 6/4/15	
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 arrange exit access so that exits are readily accessible at all times. The findings	S8004		

Modified POC Accepted with Administrator Jill Tucker on 6/4/15 at 1:03pm
JLee 34354

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S8004	Continued From page 1 were: Observation of the restroom adjacent to the nurse station, and the Whirlpool Room on 04/28/15 from 1:58 PM to 2:45 PM revealed door locks that required special knowledge or effort for operation from the egress side. When locked the doors required more than one releasing operation. At the time of the observations, the Facility Administrative Assistant acknowledged the locking mechanisms on the doors. Ref: 1994 NFPA 101, Section 5-2.1.5.3	S8004	S8021 NFPA Life Safety - Nfpa Smoke Resistant Barriers NFPA 101 Smoke Resistant Barriers *The corrective action(s) that will be accomplished for those residents found to have been affected by the deficient practice will be to ensure that smoke barrier walls are indeed smoke resistant. *The corrective action that will be taken to prevent other residents from being affected by the same deficient practice is to repair the penetrations identified during the State Life Safety Code Licensure survey conducted at our facility. *Measures that will be put into place to ensure the deficient practice(s) does not recur will be to include smoke barrier walls to be checked during our monthly Quality Assurance checks. All deficiencies found will be reported immediately to the Maintenance Director and Administrator for correction. *The effectiveness of this practice will be evaluated monthly and documented on the Quality Assurance Community Review Worksheet. *This corrective action will be completed by ~~6.30.15~~ 6/26/15 6/4/15	
S8021	NFPA Life Safety - Nfpa Smoke Resistant Barriers NFPA 101 Smoke Resistant Barriers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure smoke barrier walls were smoke resistant in 1 of 4 smoke compartments. The findings were: Observation of the smoke barrier wall above the north side storage room on 04/28/15 at 2:55 PM revealed a 1 ft X 3 ft hole and two 1 inch unsealed pipe penetrations. At the time of the observation, the Facility Administrative Assistant acknowledged the penetrations. Ref: 1994 NFPA 101, Section 22-3.3.6.5	S8021		

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S8022	Continued From page 2	S8022		
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 #18 on 04/28/15 at 2:35 PM revealed extension cords plugged into a massage chair and a light hanging in the resident's closet. The Facility Administrative Assistant at the time of the observations acknowledged the use of the extension cords. Ref: 1994 NFPA 101, Sections 22-3.6.1 and 7-1.2 Ref: 1993 NFPA 70, Article 305	S8022	**S8022 NFPA Life Safety – Nfpa Electric** **NFPA 101** **Electric** *The corrective action(s) that will be accomplished for those residents found to have been affected by the deficient practice will be to ensure that the electrical wiring and equipment is in accordance with NFPA 70. *The corrective action that will be taken to prevent other residents from being affected by the same deficient practice will be to review the Resident Handbook with residents which specifically states that extension cords are not to be used in the facility. *Measures that will be put into place to ensure the deficient practice(s) does not recur will be to address this issue at our next Resident Council meeting, add this to the Resident Apartment Worksheet which will be utilized to inspect the resident apartment upon move-in and on a quarterly basis during Quality Assurance checks. All deficiencies found will be reported immediately to the Maintenance Director and Administrator for correction. *The effectiveness of this practice will be evaluated monthly and documented on the Quality Assurance Resident Apartment Review Worksheet. *This corrective action will be completed by ~~6-30-15~~ 6/26/15 DCS 6/4/15	
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, document review and interview, the facility failed to demonstrate compliance with flame propagation performance per NFPA 701 in 4 of 4 smoke compartments. The findings were: Observation and document review of flame spread data for all draperies, curtains, and full	S8029		

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S8029	Continued From page 3 length window coverings on 4/28/15 from 2:15 PM to 2:43 PM revealed that flame spread documentation was not available at the time of the survey, nor were the items provided with an identifying tag indicating the flame spread information. Interview with the Facility Administrative Assistant at the time of the observation revealed that this documentation was not available. Ref: 1994 NFPA 101, Sections 31-1.4.1 and 31-1.4.6	S8029	**S8029 NFPA Life Safety – Nfpa Furnishings, Bedding and Decorations** **NFPA 101** **Furnishings, Bedding, and Decorations** *The corrective action(s) that will be accomplished for those residents found to have been affected by the deficient practice, of failing to demonstrate compliance with flame propagation performance per NFPA 701 in 4 of 4 smoke compartments.	
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed (1) to provide an adequate liquid oxygen transfill location per NFPA 99, (2) to ensure that racks or fastenings are provided to protect oxygen cylinders from accidental damage or dislocation. The findings were: Observation of resident rooms #11, #15, and #48 on 04/28/15 from 1:25 PM to 1:35 PM revealed stationary liquid oxygen tanks being utilized to transfill to small portable devices in residents' rooms. Further observation revealed the rooms were carpeted and equipped with only 20 minute doors. At the time of the observations, the Facility Administrative Assistant acknowledged that CNA's were filling the portable units for the residents in their rooms. Ref:	S8030	*The corrective action that will be taken to prevent other residents from being affected by the same deficient practice will be to inspect all apartments to ensure that all draperies, curtains, and full length window coverings are provided with an identifying tag indicating the flame spread information. *Measures that will be put into place to ensure the deficient practice(s) does not recur will be to address this issue at our next Resident Council meeting, add this to the Resident Apartment Worksheet which will be utilized to inspect the resident apartment upon move-in and on a quarterly basis during Quality Assurance checks. All deficiencies found will be reported immediately to the Maintenance Director and Administrator for correction. *The effectiveness of this practice will be evaluated monthly and documented on the Quality Assurance Resident Apartment Review Worksheet. *This corrective action will be completed by ~~6.30.15~~ 6/26/15 RD 6/4/15	

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S8030	Continued From page 4 WDH Chp. 3 Construction Rules, Section 7 (a) (ii) 2005 NFPA 99, Section 9.6.2.3.1 Observation of residents' rooms #34 and #45 on 04/28/15 from 1:55 PM to 2:10 PM revealed two unsecured C tanks in each resident room. At the time of the observations, the Facility Administrative Assistant acknowledged the unsecured oxygen tanks. Ref: 1996 NFPA 99, Section 4-3.1.1.2 (a) 3	S8030	**S8030 NFPA Life Safety – Nfpa Miscellaneous** **NFPA 101 Miscellaneous** *The corrective action(s) that will be accomplished for those residents found to have been affected by the deficient practice, will be to discontinue transfilling small portable devices in locations such as resident rooms, and additionally, ensure that racks or fastenings are provided to protect oxygen cylinders from accidental damage or dislocation.	
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 Janitor Closet and the Housekeeping Closet on 04/28/15 from 2:20 PM to 2:30 PM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a 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 Administrative Assistant at the time of the observation acknowledged that the connection	S8032	*The corrective action that will be taken to prevent other residents from being affected by the same deficient practice will be to notify the residents identified in the findings that we do not have an adequate location in the facility to transfill the portable tanks, and assist them to obtain alternate devices for portable use, and ensure that racks or fastenings are provided to protect oxygen cylinders from accidental damage or dislocation. *Measures that will be put into place to ensure the deficient practice(s) does not recur will be to include staff training to communicate that we may not transfill liquid oxygen to portable oxygen tanks in resident rooms, and also that racks or fastenings are to be provided to protect oxygen cylinders from accidental damage or dislocation. Additionally, all residents who utilize oxygen, will be checked during our monthly Quality Assurance checks. All deficiencies found will be reported immediately to the Health Services Coordinator and the Administrator for correction. *The effectiveness of this practice will be evaluated monthly and documented on the	

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S8032	Continued From page 5 was not provided with an acceptable means of backflow prevention. Ref: 2006 IPC, Sections, 411, 608.6, and 608.13	S8032	Quality Assurance Resident Apartment Review Worksheet. *This corrective action will be completed by 7.10.15 **S8032 IPC Life Safety – International Plumbing Code** *The corrective action(s) that will be accomplished for those residents found to be affected by the deficient practice of failing to connect a chemical dispensing system which is connected to a faucet with a pressure bleeding device on the outlet. *The corrective action that will be taken to prevent other residents from being affected by the same deficient practice will be to ensure that all chemical dispensing systems are installed with a means of backflow prevention. *Measures that will be put into place to ensure the deficient practice(s) does not recur will be to include Chemical Dispensing Systems to be added to the Quality Assurance Community Review Worksheet. All deficiencies will be reported immediately to the Maintenance Director and the Administrator for correction. *The effectiveness of this practice will be evaluated monthly and documented on the Quality Assurance Community Review Worksheet *This corrective action will be completed by ~~7.10.15~~ 6/20/14 gs 6/4/15	