Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF028	A. BUILDING _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

(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 June 09, 2015 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a single story fully sprinkled building of Type V (111) construction built in 2012. The building was equipped with a supervised automatic wet sprinkler system with dry and anti-freeze branches and an addressable fire alarm system. The facility had a capacity of 48 licensed Level I beds and 14 licensed Level II beds with a current census of 41 Level I and 12 Level II 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 Health Care, with mixed occupancy of New Board and Care, 2006 Edition, unless otherwise noted. The mixed occupancy is required because the facility does not have a 2-hour fire rated separation wall between the assisted living and memory care portions of the building.	S 000	Maintenance will repair gate to open with less than 15 lbf. 6-10-15	
S8003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101	S8003	**Tag:** S8003 **Correction:** Mountain Plaza Assisted Living (MPAL) will monitor the	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kenyne Schlager — TITLE: Administrator — (X6) DATE: 6/23/15

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WY Dept of Health
JUN 26 2015
Healthcare Licensing and Surveys

Modified POC Accepted via Phone Call with Administrator Kenyne Schlager on 6/29/15 at 3:41 pm.

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S8003	Continued From page 1 Means of Egress Components This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure exits were per NFPA 101. The findings were. Observation on 06/09/15 at 1:10 PM revealed the Memory Care court yard gate required more than 15lbf to release the latch, and more than 30lbf to put the gate in motion. At the time of the observation the facility maintenance manager acknowledge the difficulty of opening the gate. Ref: 2006 NFPA 101, Sections 18.2.2.2.1 and 7.2.1.4.5	S8003	courtyard gate to ensure proper opening and closing on a monthly basis. **Responsibility:** Maintenance department.	
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 resist the passage of smoke in 1 of 5 smoke compartments. The findings were: Observation of the Resident Room #4 on 06/09/15 at 12:55 PM revealed that the door would not latch and close completely into the door frame. At the time of the observation the Facility Manager acknowledged the door would not latch into the frame.	S8004	Maintenance will adjust All doors to resist the passage of smoke. 7-9-15 gg **Tag:** S8004 **Correction:** MPAL will inspect resident doors on a monthly basis to ensure proper latching of the door to the frame. **Responsibility:** All staff will participate in door inspections and report back to the maintenance department.	

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S8004	Continued From page 2 Ref: 2006 NFPA 101, Section 32.3.3.6.4	S8004		
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 facility staff interview, the facility failed to ensure hazardous areas were protected from the corridor with a one hour fire rated barrier and doors equipped with self closing or automatic closing devices. The findings were: Observations on 06/09/15 from 12:50 PM to 2:10 PM revealed self-closing devices were not installed on corridor closets containing fuel fired furnaces in the following rooms: 203, 212, 103b, 150, 145, 137, and 131. At the time of the observations the facility maintenance manager and the facility administrator acknowledged the lack of self-closing devices. Ref: 2006 NFPA 101, Section 18.3.2.1 and Table 18.3.2.1	S8015	**Tag:** S8015 **Correction:** MPAL will ensure self-closing devices are installed on any room containing an hazardous area. MPAL will purchase and install these self-closers in 203, 212, 103b, 150, 145, 137, and 131. **Responsibility:** Maintenance department. Maintenance will Conduct Monthly check of all Doors to Hazadous Areas gs 7-9-15	
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that automatic sprinkler systems are continuously maintained per the requirements of NFPA 13. The findings were:	S8018	**Tag:** S8018 (1) **Correction:** A sprinkler wrench will be purchased by MPAL and stored in	

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S8018	Continued From page 3 1. Based on observation and staff interview on 06/09/15 at 12:40 PM revealed no special sprinkler wrench was provided and kept in the cabinet to be used in the removal and installation of sprinklers. At the time of the observation the facility maintenance manager stated he was not aware of this requirement. Ref: 2000 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 3-2.9.2 2. Observation and staff interview on 06/09/15 at 12:45 PM revealed a missing escutcheon in mechanical room #121. At the time of the observation the facility maintenance manager acknowledged the missing escutcheon. Ref: 2000 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 3-2.7.2	S8018	the cabinet dedicated to sprinkler parts. MPAL will ensure a wrench is available at all times. **Responsibility:** Maintenance department. 8CS 7-9-15 **Tag:** S8018 (2) **Correction:** MPAL will restore the missing escutcheon in mechanical room 121 and ensure all sprinklers have the part properly installed. **Responsibility:** Maintenance department. 7-9 6-22-15	
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 equipment was in accordance to NFPA 70. The findings were: 1. Observations on 06/09/15 at 12:58 PM revealed an extension cord being utilized in resident room #6. At the time of the observation the facility maintenance manager acknowledged	S8022	**Tag:** S8022 **Correction:** MPAL maintains a policy that extension cords are not to be utilized. MPAL will send a memo to all residents and family reminding them of this policy and will continue	

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S8022	Continued From page 4 the use of the extension cord. Ref: 2006 NFPA 101, Sections 32.2.5.1 and 9.1.2 Ref: 2005 NFPA 70, Article 590.3	S8022	to remind residents on a frequent basis. **Responsibility:** Administrator. GJ 6-10-15	