Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF004	A. BUILDING: _____ B. WING _____	06/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1930 EAST 12 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 June 10, 2015 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a three story, fully sprinklered building of Type V (111) construction built in 1987. The building was equipped with a supervised, automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 116 licensed beds with a current census of 59 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, 1994 Edition, unless otherwise noted.	S 000		
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 4 smoke	S8004	Ref: 2006 NFPA 101, Section 22-3.2.2.2 and 5-2.1.8 The Maintenance Director has removed the door block at the door of the nursing station and notified staff that the door was not to be blocked. The maintenance director then adjusted the closure of the door so that it would properly fit into the frame and latch. This is now complete as of 6/22/15.	

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

Executive Director 6/29/15

RECEIVED
WY Dept of Health
JUN 26 2015
Healthcare Licensing and Surveys

Modified POC Accepted VIA Phone Call with Administrator Robert Lempka on 6/29/15 @ 3:28 pm

34354

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S8004	Continued From page 1 compartments. The findings were: Observation of the nurses station door on 6/10/15 at 9:09 AM revealed that the door was blocked open, and when activated would not latch and close completely into the door frame. At the time of the observation the facility maintenance manager acknowledged the door blocked open and would not latch into the frame. Ref: 2006 NFPA 101, Section 22-3.2.2.2 and 5-2.1.8	S8004	A. The maintenance director and administrator will continue to monitor doors throughout the facility to assure that they properly fit into the frames and latch on a monthly basis and added into TELS Building Management Data Base.	
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 self-closing doors to hazardous areas in 2 of 4 smoke compartments. The findings were: 1. Observation of the mechanical room door on 6/10/2015 at 9:25 AM revealed the door was equipped with a self-closing device, but when activated the door would not fully close and latch into the frame. At the time of the observation the facility maintenance manager acknowledged the door would not latch into the frame. 2. Observation of the 2nd floor electrical room door on 6/10/15 at 9:46 AM revealed the door was equipped with a self-closing device, but when activated the door would not fully close and latch into the frame. At the time of the observation the facility maintenance manager acknowledged the	S8015	Ref: 1994 NFPA 101, Section 22-3.3.2.2 1. The door on the mechanical room closure was adjusted to make sure that it had proper fit in to the door frame and latch. This has been performed and is complete as of 6/22/15. A. The maintenance director and administrator will continue to monitor doors throughout the facility to assure that they properly fit into the frames and latch on a monthly basis and added into TELS Building Management Data Base. 2. The 2nd floor electrical room closure was adjusted along with the door frame to make sure that it fit properly into the frame and was latching properly. This had been completed as of 6/22/15.	

Healthcare Licensing and Surveys

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S8015	Continued From page 2 door would not latch into the frame. Ref: 1994 NFPA 101, Section 22-3.3.2.2	S8015	A. The maintenance director and administrator will continue to monitor doors throughout the facility to assure that they properly fit into the frames and latch on a monthly basis and added into TELS Building Management Data Base.	
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 maintain and inspect the automatic sprinkler system. The findings were: Observation of resident room #301 on 6/10/2015 at 9:52 AM revealed boxes stacked on the top shelf of residents' closet obstructing the sprinkler head in the room. At the time of the observation the facility maintenance manager acknowledged the obstructed sprinkler head. Ref: 1994 NFPA 101, Sections 22-3.3.5 and 7-7.5 1994 NFPA 25, Section 2-2.1.1	S8018	Ref: NFPA 101. Sections 22-3.3.5 and 7-7.5 1994 NFPA 25, 2-2.1.1 Room #301 had boxes that were blocking an automatic sprinkler system. These boxes have been removed and resident has been educated on not storing boxes on the top shelf. A. The maintenance director and administrator will continue to monitor clearance of the automatic sprinkler heads according to NFPA regulations, on a monthly basis and added into TELS Building Management Data Base. 6/22/15 gg	
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:	S8022	Ref: 1994 NFPA 101. Sections 22-3.6.1 and 7-1.2 and 1993 NFPA 70. Article 305 Rooms #104, #015 and #301 Extension cords that were removed and proper power strips of 10 amps were put into place. This is complete as of 6/22/15. We also educated all residents during resident council that no extension cords of any sort are acceptable and to please contact us for if they need a power strip.	

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S8022	Continued From page 3 Observation of resident rooms #104, #105, and #301 on 6/10/2015 from 9:15 AM to 9:52 AM revealed extension cords being utilized by residents. At the time of the observations the facility maintenance manager acknowledged the use of the extension cords in the resident rooms. Ref: 1994 NFPA 101, Sections 22-3.6.1 and 7-1.2 1993 NFPA 70, Article 305	S8022	A. The maintenance director and administrator will continue to monitor rooms throughout the facility to assure that residents are not using extension cords on a monthly basis and added into TELS Building Management Data Base.	
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure that racks are provided to protect oxygen cylinders from accidental damage or dislocation in accordance with NFPA 99. The findings were: 1. Observation of resident room #124 on 6/10/2015 at 9:33 AM revealed oxygen cylinders being stored on the floor without racks or fastenings. At the time of the observation the facility administrator acknowledged the unsecured cylinders. Ref: 1993 NFPA 99, Section 4-6.2.2.1	S8030	Ref: 1993 NFPA 99, Section 4-6.2.2.1 Room #124 has oxygen bottles not properly stored. We contacted the supplier and they have provided a calendar stand that will properly store the oxygen tanks. This was complete by 6/22/15. A. The maintenance director and administrator will continue to monitor storage of oxygen bottles throughout the facility to assure that when deliveries are made that all oxygen is properly stored on a monthly basis and added into TELS Building Management Data Base.	