NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
GARDEN SQUARE ALF	1950 BEVERLY ST CASPER, WY 82601	06/04/08
	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
A Health and Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 6/4/08. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) and for Licensure (Chapter 4) of Assisted Living Facilities (ALF). **Chapter 12, Section 6. Personnel and Staffing Requirements.** (e)Personnel Policies and Procedures. (ii)A record for the manager and each employee shall be maintained and contain at a minimum, the following information: (G)Documentation of tuberculin testing; **This REGULATION was not met as evidenced by:** Based on employee file review and staff interview, the facility failed to ensure one (#4) of five employee records were complete. The findings were: Employee #4, hired on 6/1/05 as a dietary aide lacked documentation in her file that tuberculosis testing was done prior to employment. Review of employee records revealed TB testing was conducted 6/13/05 twelve days after start of her employment. **Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services.** (b)Resident Assessment and Services.	The facility will ensure that documentation of tuberculin testing will be completed prior to employment for all employees. This will be accomplished by: A) Staff nurse will obtain verification/documentation of TB skin testing if done within the last twelve (12) months on each new employee B) If no documentation of previous TB skin testing available, staff nurse will perform TB skin testing prior to new employee start date	06/05/2008

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JUN 26 2008

Heather J. Dronek, administrator 6/24/08
Provider Representative's Signature/Title Date

Revised/approved ☆ changes on pgs 3 & 5 per call ☆
Heather on 7/11/8@ 10A - LA

Wyoming Dept of Health
Licensing and Surveys

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(i)The completion of the ALF 102. (I)The ALF is only valid if completed within forty five days prior to admission (ii)Admission orders. A resident shall be admitted only if accompanied by a history and physical completed by a physician or physician extender within 90 days prior to admission. (A)Admission orders shall include an order for TB screening, influenza and pneumococcal immunization status and orders for immunization if required. The facility must develop and implement policies and procedures to ensure… (II) Immunizations are offered unless medically contraindicated or the resident is currently immunized. **This REGULATION was not met as evidenced by:** Based on record review and staff interview, the facility failed to ensure 4 (#1, #2, #4, #5) of 5 open sample records and 2 (~~#6~~, ~~#7~~) of 2 closed records were complete with an annual ALF 102 and completed admission orders pertaining to immunization status. The findings were: Review of closed resident record #7 revealed the resident was admitted on 5/26/06. The admission ALF 102 was signed on 6/2/06. The resident was discharged 5/30/08. Review of closed record for resident #6 revealed the resident was admitted 3/1/08. The "PPD" section on the physician admission sheet was blank. The resident was discharged to home 5/16/08. Review of open record for resident #1 revealed the resident was admitted 2/19/08. The "PPD" section on the physician	**The facility will ensure that the ALF 102 form is completed within 90 days of admission. This will be accomplished by:** **A) R.N. will assess potential resident within 90 days prior to admission, completing the required ALF 102.** **The facility will ensure that all residents will have documented TB (PPD) skin testing prior to admission. The influenza and pneumococcal immunization status shall also be addressed on each resident prior to admission. This will be accomplished by:** **A) TB skin test, influenza and pneumococcal immunization status are currently listed on our physician admission orders. Nurse and administrator will ensure that physician has addressed each (PPD testing, influenza and pneumococcal status) prior to admission.**	06/05/2008 06/05/2008

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admission order sheet listed "NA" to influenza and pneumococcal immunization status. Further record review revealed the PPD (TB screening) was given 1/30/08.

Review of the open record for resident #2 revealed the resident was admitted on 9/14/06. The "PPD" section on the physician admission order sheet listed stated "unknown."

Review of open record for resident #4 revealed the resident was admitted 2/4/08. The "PPD" section on the physician admission order sheet was blank.

Review of open record for resident #5 revealed the resident was admitted 11/7/07.

The "PPD" section on the physician admission order sheet was blank.

Interview with the facility administrator on 6/03/08 at 11 AM confirmed the documentation was lacking.

(B) The facility will offer immunizations to residents 1 2 4 5 unless medically contraindicated or proof the res is currently immunized or the res refuses. YL

F/U get results (AL)

Chapter 4, Section 10. Life Safety and Electrical Safety

This REGULATION was not met as evidenced by:

1. Based on observation and staff interview the facility failed to maintain the sprinkler system in accordance with NFPA 13 and NFPA 25. The findings include:

Resident rooms #6 and #32 had closet storage located within 18 inches of the sprinkler deflectors. Observation and

The facility will ensure that the sprinkler deflectors will be free of blockage at least 18" from the sprinkler in all areas of the facility. This will be accomplished by:

A)	Maintenance supervisor has arranged the storage in rooms #6 and #32 closets so that sprinklers are no longer blocked.	06/09/2008
B)	Maintenance supervisor to perform monthly checks to assure that all resident closets and other areas that contain sprinklers are in compliance with stated regulation.	06/30/2008

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interview with the facility administrator on 6/03/08 at 12:30 PM confirmed the above. *Reference NFPA 101 Life Safety Code, 1994 Edition* ***A**NFPA 101, Chapter 32 Referenced Publications:* ***A**NFPA 13, Installation of Sprinkler Systems, 1999 edition.* ***A**5-6.5.3* Obstructions that prevent Sprinkler Discharge From Reaching the Hazard. Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than 18 in. below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section.*		
2. Based on observation and staff interview the facility failed to ensure one corridor door with a self-closure device latched fully into its frame. The finding was: The laundry room door did not fully latch into its frame. Observation and interview with the facility administrator on 6/03/08 at 12:40 PM confirmed the above. *Reference NFPA 101 Life Safety Code, 1991 Edition* ***A**23-3.3.2.2 Every hazardous area shall be separated from other parts of the building by construction having a fire resistance rating of at least 1 hour, and communicating openings shall be protected by approved self-closing fire doors, or such area shall be equipped with automatic fire extinguishing systems. Hazardous areas include, but are not limited to: Boiler and heater rooms, laundries, repair shops, and rooms or spaces used for storage of combustible supplies....*	**Facility will ensure that North end laundry room door will be self-closing. This will be accomplished by:** **A) Maintenance supervisor to adjust self-closing door so that it fully latches when closed.** **Note: Regulation states that "...hazardous area should be protected by approved self-closing fire doors, <u>or</u> such area shall be equipped with automatic fire extinguishing systems." This area <u>is</u> equipped with fire sprinkler system.**	**06/20/2008**
3. Based on record review and staff		

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interview, the facility failed to maintain, test, and document the installed fire alarm system in accordance with the provisions of NFPA 72. The findings were: Record review revealed main drain tests were usually conducted by maintenance staff and included testing the water flow and tamper switches. However, the third quarter test was conducted on 10/22/07 by Big Sky Sprinkler services. Record review revealed the main drain test was conducted, but the water flow and tamper switches were not tested. Big Sky wrote on the report "Maintenance requests they do flow and tamper tests themselves." Interview with the maintenance manager on 6/03/08 at 10 AM revealed he was on medical leave during the time Big Sky conducted the test. In addition, there were no records to indicate the smoke detectors had a sensitivity testing completed over the past 24 months. Interview with the maintenance manager on 6/03/08 at 10 AM revealed the sensitivity testing was last done in 2002. *Reference NFPA 101 Life Safety Code, 1994 Edition Chapter 32 Referenced Publications:" NFPA 72, National Fire Alarm Code, 1999 edition. Table 7-3.2:* *"14. Remote Annunciators, tested annually"* *"15. Initiating Devices"* *a. Duct Detectors, tested annually"* *"e. Heat Detectors, tested annually"* *"f. Fire Alarm Boxes, tested annually"* *"h. All Smoke Detectors, tested annually"* *"i. Smoke Detector Sensitivity, tested bi-annually"* *"j. Supervisory Signal Devices, tested quarterly"* *"k. Waterflow Devices, tested quarterly"* *"19. Alarm Notification Appliances"* *"a. Audible Devices, tested annually"* *"c. Visible Devices, tested annually"*	**The facility will ensure that water flow and tamper switches will be tested on a quarterly (every three month) schedule. This will be accomplished by:** **A) Water flow and tamper switches to be tested by maintenance supervisor every three months and results are to be clearly documented.** **06/30/2008** **The facility will ensure that smoke detectors will have sensitivity testing done as required by the updated 2002 version of the NFPA 72 Fire Alarm Code that states:** **"After the second required calibration test, if sensitivity tests indicate that the device has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of five years."** **(See table 10.4.3.2 – 10.4.3.2.3 enclosed for your review)** **This will be accomplished by:** **A) Sensitivity testing has been scheduled for July 9, 2008. Last test completed in 2002 without deficiencies.**	07/09/2008 F/U get results (OK)