WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	09/01/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNITY	3955 EAST 12TH STREET CASPER, WY 82609

PoC 10/31/09

(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
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES This State Rules and Regulations is not met as evidenced by: A Life Safety Code survey was conducted at your facility on September 01, 2009 by the Office of Healthcare Licensing and Surveys (OHLS). Rules and Regulations for Licensure of Assisted Living Facilities Section 7. Assisted Living Facility (ALF) Core Services. (n) Furnishings, Buildings, Physical Plant. (i) One half of the licensed beds shall be private rooms; (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below; (Z) Portable space heaters shall not be used, (e.g. electric or kerosene). This regulation was NOT MET as evidence by: A. Based on observation and staff interview the facility failed to ensure space heaters were not used in 1 of 4 smoke compartments. The findings were: Observation on 9/01/09 at 2:29 PM showed a space heater was plugged into an electrical outlet in resident room #203. At the time of observation the administrator reported he was aware space heaters were prohibited. He further reported resident rooms were not routinely inspected. Rules and Regulations for Licensure of Assisted Living Facilities Section 7. Assisted Living Facility (ALF) Core Services.	SALF	A 1. The facility will ensure that no space heaters will be used in resident's rooms. A. The housekeeping department will do weekly checks to make sure of compliance on each resident's cleaning day. B. An in-service will be performed with existing and future residents and staff concerning space heaters. C. All findings will be reviewed by the QA committee on a monthly basis. PoC MODIFIED & ACCEPTED W/ STAFF EDUCATION ED. ON 10/26/09.	10-31-09

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

Jeff L Bryden EVS Director
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 9-25-09

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SALF	Continued From page 1 (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (iii) Fire Safety. (E) Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility. (I) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following: (1.) Date of drill; (2.) Time of day; (3.) Type of drill (Practice, Announced, Surprise); (4.) Residents who participated including staff and family members; (5.) Time required (minutes and seconds) to evacuate all residents (including staff) from the occupied areas to a point of assembly as defined in the Life Safety Code; (6.) List of anyone, including staff and family members, who did not evacuate in the required time allowed by the evacuation capability rating of the facility. Evacuation capability rating for each facility shall be listed on the form; (7.) Comments on the factors that contributed to each individual ' s inability to evacuate successfully and any corrective actions recommended; and (8.) Signature and date of the person completing the form. This regulation was NOT MET as evidence by: B. Based on record review and staff interview the facility failed to ensure a fire drill occurred on	SALF		

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SALF	Continued From page 2 each shift during 2 of the past 4 quarters and failed to ensure the time required to evacuate the residents was documented as required for 12 of the past 12 months. The findings were: 1. Review of the fire drill records showed the third shift occurred between 10 PM and 6 AM. Further review showed a fire drill had not been conducted on the third shift during the first and second quarters of 2009. 2. Review of the fire drill records showed the time to evacuate residents had not been documented for February, March, and June, 2009. The records also showed the facility had collected the minutes required to evacuate residents, but not the seconds for any of the drills in the past year as required. Rules and Regulations for Licensure of Assisted Living Facilities 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 operating 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. This regulation was NOT MET as evidence by: C. Based on observation and staff interview the facility failed to ensure resident room walls had a 15-minute thermal rating in 1 of 4 smoke compartments. The findings were. Observation on 9/01/09 at 3:20 PM showed	SALF	B 2. The facility will ensure all fire drill shifts; 6-2, 2-10, and 10-6, will be done. A. Maintenance Director already has compliance program in place B. All monthly fire drills will be timed with minutes and seconds. C. Executive Director will keep track and sign off on all reports for dates, shifts, times and performance. D. All findings will be reviewed by the QA committee on a monthly basis.	10-3-09

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SALF	Continued From page 3 resident room #118 had an intervening door leading into resident room #119. Further review showed the intervening door was a hollow core door and not a 20-minute rated door, as required. At the time of observation the administrator reported he was not aware the door required a fire rating. "Reference NFPA 101 Life Safety Code, 1994 Edition." " 22-3.1.3.1 Construction requirements for large facilities shall be as required by this section. Where noted as fully sheathed, the interior shall be covered with a lath and plaster or material providing a 15-minute thermal barrier. " D. Based on observation and staff interview the facility failed to ensure 2 of 4 smoke compartments had complete sprinkler coverage. The findings were: 1. Observation on 9/01/09 at 2:41 PM showed the sprinkler in the corridor near resident room #200 was installed 11 ft. from the cross corridor smoke barrier double doors. This exceeded the minimum distance requirement by 3.5 ft.. At the time of observation the maintenance director reported the annual sprinkler inspection was completed by an outside contractor. He further reported the last inspection report had not identified this sprinkler coverage problem. 2. Observation on 9/01/09 at 2:50 PM showed the sprinkler in the corridor near resident room #203 was installed 12 ft. from the next sprinkler spray pattern. 3. Observation on 9/01/09 at 3:27 PM showed the sprinkler in the closet of resident room #102 was installed in a corner of the closet less than	SALF	C 3. The facility will ensure that non fire rated intervening doors will be replaced or removed. A. The door between 118 and 119 will be removed and replaced with fire rated installation and drywall. B. No more monitoring or QA necessary. D 4. The facility will ensure all sprinkler heads fall within distance codes of the NFPA 101. A. All heads will be relocated to appropriate distance by a licensed fire contractor.	10/26/09 ~~11-15-09~~ 10/31/09 JLB ~~11-15-09~~ 10-31-09 JLB

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SALF	Continued From page 4 1in. away from both walls, which did not meet the 4 in. minimum requirement. "Reference NFPA 101 Life Safety Code, 1994 Edition." " 22-3.3.5.1 All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with Section 7-7. " " 7-7.1.1 Each automatic sprinkler system required by another section of this Code shall be installed in accordance with NFPA 13 Standard for the Installation of Sprinkler Systems ... " "NFPA 13, Installation of Sprinkler Systems, 1994 edition." " 5-6.2.2 (b) Protection areas and maximum spacing (Standard Spray Upright/Pendent) for Ordinary hazard, Maximum Spacing 15 feet. " " 5-6.3.1 Maximum Distance from Walls. " The distance from the sprinklers to walls shall not exceed one-half of the allowable distance between sprinklers as indicated in Table 5-6.2.2 (a) through (d) ... " E. Based on observation and staff interview the facility failed to ensure sprinkler heads were free of foreign material and failed to ensure sprinklers were not obstructed in 3 of 4 smoke compartments. The findings were: 1. Observation on 9/01/09 between 1 PM and 3 PM showed the sprinkler head in the business office and in resident room #315 were covered with sheetrock texture and rust. At the time of observation the maintenance director reported the annual sprinkler inspection was completed by an outside contractor. He further reported the last inspection report had not indicated any sprinklers were covered with foreign material. 2. Observation on 9/01/09 3:50 PM showed the	SALF	E 5. The facility will insure sprinkler spacing and cleaning will comply with NFPA 101 Life Safety Code. A. Sprinkler heads will be put on a quarterly schedule to ensure cleanliness and rust. B. Spacing will be corrected along with light obstructions in the kitchen. C. All quarterly sprinkler head inspections will be reviewed on a quarterly basis by the QA committee.	10/26/09 ~~11-15-09~~ 10-31-09 JLB

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SALF	Continued From page 5 two sprinkler heads installed in the kitchen pantry were obstructed by fluorescent lights. The bottoms of the lights were 2 inches below and 10 inches away from the sprinkler heads. "Reference NFPA 101 Life Safety Code, 1994 Edition " " 22-3.3.5.1 All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with Section 7-7. " " 7-7.1.1 Each automatic sprinkler system required by another section of this Code shall be installed in accordance with NFPA 13 Standard for the Installation of Sprinkler Systems ... ". "NFPA 13, Installation of Sprinkler Systems, 1994 edition." "5-6.5.3* Obstructions that prevent sprinkler discharge from reaching the hazard. Continuous or non-continuous 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." " 31-1.3.2 Existing life safety features such as, but not limited to, automatic sprinklers, fire alarm systems, standpipes, and horizontal exits, if not required by the Code, shall be either maintained or removed. " " NFPA 25, Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 edition " " 2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, obstructions to spray pattern, foreign materials, paint, and physical damage. Any automatic sprinklers shall be replaced that are painted, corroded, damaged or loaded with foreign material." F. Based on observation and staff interview the	SALF		

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SALF	Continued From page 6 facility failed to ensure portable fire extinguishers were inspected monthly during 3 of the past 12 months. The findings were: Observation on 9/01/09 between 2 PM and 4 PM showed the twenty one portable fire extinguisher installed throughout the build had not been inspected during the months of June, July and August 2009. At 2:12 PM the maintenance director confirmed the extinguisher had not been inspected. He could not explain why the inspection had been missed. " Reference NFPA 101 Life Safety Code, 1994 Edition. " " 23-3.3.5.3 Portable Fire Extinguishers. Portable fire extinguishers in accordance with 7-7.4.1 shall be provided near hazardous areas. " "7-7.4.1 ....Portable fire extinguishers shall be installed in accordance with NFPA 10, Standard for the Installation of Portable Fire Extinguishers." " NFPA 10 Standard for the Installation of Portable Fire Extinguishers, 1990 edition" " 4-3.1 Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals .... " G. Based on record review and staff interview the facility failed to ensure the emergency battery lights were tested for 11 of the past 12 months. The findings were: Review of the emergency battery light testing records showed the last 30 second month test occurred 10/18/08 and no other records were available for review. The facility did not have record of the last time the 90-minute annual inspection occurred. On 9/01/09 at 4:40 PM the maintenance director confirmed the aforementioned tests had not been performed.	SALF	6. Facility will ensure fire extinguisher will again be checked on a monthly basis. A. There is already a program in place for monthly inspections. B. Executive Director will quality control inspection tags along with the Maintenance Director to ensure compliance of inspection. C. All findings will be reviewed by the QA committee on a monthly basis 7. Facility will ensure periodic testing program will be put into place to have 30 second monthly and 90 minute annual testing. A. The Maintenance Director has created a monthly and annual check list for the facility Maintenance Policy Manual.	10.31.09

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SALF	Continued From page 7 " Reference NFPA 101 Life Safety Code, 1994 Edition. " " 31-1.3.7 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test shall be conducted for the 1 2 hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. " H. Based on record review, observation and staff interview the facility failed to ensure 1 of 7 fire alarm system components were tested or that the central station certificate was posted. The findings were: 1. Review of the fire drill records showed the smoke detector sensitivity test had not been done in the past two years. On 9/01/09 at 4:40 PM the maintenance director confirmed the aforementioned test had not been conducted. 2. On 9/01/09 at 2:06 PM the maintenance director reported the fire alarm system was monitored by a central station. Review of the main fire alarm panel showed the central station certificate was not posted within 36 inches. At the time of observation the maintenance director reported he was not aware of the certificate. "Reference NFPA 101 Life Safety Code, 1994 Edition. " " 22-3.3.4.1 General. A fire alarm system in accordance with Section 7-6 shall be provided. " " 7-6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in	SALF	B. Executive Director will quality assure testing has been completed, tracked and signed off on along with Maintenance Director. C. All findings will be reviewed by the QA committee on a monthly basis 8. Facility will ensure bi-annual sensitivity test will be conducted and central station certificate will be posted within 36 inches of main fire panel. A. A sensitivity test was conducted on 10-27-08 by Communication Systems. The paperwork was not available at time of inspection. B. Central station certificate will be put in place.	10-31-09 JLR 11-15-09 10-31-09 JLR

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SALF	Continued From page 8 accordance with applicable requirements of ...NFPA 72, National Fire Alarm Code. " " NFPA 72, National Fire Alarm Code, 1993 Edition. " " 5-2.2.3.1.1 Fire alarm systems providing services that complies with all the requirements of this code shall be certified by the organization that has listed the central station, and a document attesting to this certification shall be located on or within 36 in. of the fire alarm system control unit or, if no control unit exists, on or within 36 in. of a fire alarm system component. " " Table 7-3.2 Testing Frequencies. " " 15. Initiating Devices i. Smoke Detectors-Sensitivity, bi-annually " I. Based on record review and staff interview the facility failed to ensure the sprinkler system was tested during 1 of the past 4 quarters. The findings were: Review of the sprinkler system testing records showed the main drain, supervisory signal and waterflow devices had not been tested during the second quarter of 2009. On 9/01/09 at 4:40 PM the maintenance director confirmed the aforementioned tests had not been performed. "Reference NFPA 101 Life Safety Code, 1994 Edition. " " 22-3.3.5.1 All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with Section 7-7. Quick response or residential sprinklers shall be provided throughout. Such systems shall initiate the fire alarm system in accordance with Section 7-6. " " 7-6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with applicable requirements of	SALF	9. The facility will ensure quarterly main drain waterflow devices and supervisory signals will be tested on a quarterly basis. A. Maintenance Director does have a schedule and program in place. B. Second quarter test was not performed in the second quarter, although three tests have been performed since January 2009. C. Maintenance Director and Executive Director will QA and sign off to ensure that three drills will be conducted during each quarter with one drill on 6-2pm shift, one on 2-10pm shift and one on 10-6am shift. D. All findings will be reviewed by QA committee on a monthly basis	10-31-09

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SALF	Continued From page 9 ...NFPA 72, National Fire Alarm Code. " " 7-7.5 Maintenance and Testing. All automatic sprinkler and stand pipe systems required by the Code shall be inspected, tested, and maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems .... " " NFPA 25, Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 edition. " " 9-2.6* Main Drain Test. A main drain test shall be conducted quarterly at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. " " 9-2.7 Waterflow alarm. All waterflow alarms shall be tested quarterly in accordance with manufacture's instructions. " " NFPA 72, National Fire Alarm Code, 1993 Edition. " " Table 7-3.2 Testing Frequencies. " " 15. Initiating Devices j. Supervisory Signal Devices, quarterly k. Waterflow Devices, quarterly " J. Based on observation and staff interview the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 4 of 4 smoke compartments and failed to ensure electrical receptacle in wet locations were GFCI (ground fault circuit interrupter) protected. The findings were: 1. Observation on 9/01/09 between 1:30 PM and 4 PM showed the lamp in the main dining room, and the lamp in resident room #114 were plugged into extension cords. At 1:40 PM the maintenance director reported the electrical system was not routinely inspected.	SALF	10. Facility will ensure temporary electric wiring does not replace fixed wiring throughout the facility, and that all wet areas are protected with GFCI devices. A. The housekeeping department will do weekly checks on the resident's cleaning day. B. Housekeeping will report any infractions directly to Maintenance Director and Executive Director. C. Facility will provide proper surge protection to ensure resident safety. FOR MAINTENANCE #114.	10-31-09

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SALF	Continued From page 10 2. Observation on 9/01/09 at 1:57 PM showed the calculator and two other appliances in the business office were plugged into a surge protector which was, itself, plugged into another surge protector. 3. Observation on 9/01/09 at 2:33 PM showed the lamp in resident room #203 was plugged into a 3-way electrical adapter. 4. Observation on 9/01/09 at 3:36 PM showed the three electrical receptacles located behind the three clothing washers in the laundry room were not protected with GFCI receptacles. At the time of observation the administrator reported he was not aware existing receptacles were required to have GFCI protection. " Reference NFPA 101 Life Safety Code, 1994 Edition. " " 22-2.5.11 Utilities. Utilities shall comply with provisions of Section 7-1. 7-1.2 Electrical wiring and equipment installed shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, National Electrical Code, 1993 Edition." "400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure; (4) Where attached to building surfaces;" " 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection.... "	SALF	D. Facility will ensure proper electrical supply is provided for the Business Office. & #205. E. Facility will ensure GFIC receptacles will be installed in laundry room behind clothing washers.	~~11-15-09~~ 10-31-09 JLB ~~11-15-09~~ 10-31-09 JLB