Wyoming Department of Health
Office of Healthcare Licensing and Surveys

NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
Meadow Wind Assisted Living Community	3955 East 12th Street Casper, WY 82609	3/25-26/08

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
A survey was conducted at your facility on March 25-26, 2008 by the Office of Healthcare Licensing and Surveys (OHLS). **Rules and Regulations for Licensure of Assisted Living Facilities** **Section 6.** Furnishings, Building, Physical Plant. **(I)** All drapery and curtains shall be flame retardant. *This regulation was NOT MET as evidence by:* **A.** Based on observation and staff interview the facility failed to ensure window curtains were flame retardant. The findings were: Observation on 3/26/08 between 9 AM and 11 AM revealed the following locations had window curtains that were not flame retardant: a. The business office. b. Resident room #306. c. Resident room #209. d. Resident room #206. e. Resident room #117. f. Resident room #111. g. Resident room #102. **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.	~~IMMEDIATE~~ POC ACCEPTED W/ ~~DEFICIENCY~~ JUSTIFICATION ADMINISTRATOR, OD 4/24/08. A. Flame Stop fire retardant has been ordered, a schedule for application has been created and will be instituted. All curtains thru out the facility will be treated with Flame stop retardant and tagged with the date of treatment. Curtains will be treated bi-annually and after washing. This regulation will be met within 60 days. Administrator and Environmental Services will monitor. This issue will be in the QA process bi-annually for a period of 1 year.	POC 5/24/08

RECEIVED
APR 18 2008
Wyoming Dept of Health
Licensing and Surveys

Josephine Swogger
Administrator's Signature

4.18-08
Date

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This regulation was NOT MET as evidence by:

B. Based on observation, record review and staff interview the facility failed to ensure the fire sprinkler system was maintained as required in 4 of 6 smoke compartments and failed to ensure the fire sprinkler system was tested quarterly.

1. Observation on 3/26/08 at 9:04 AM revealed the escutcheon plate in the nurses' station closet did not cover the gap around the sprinkler head.

2. Observation on 3/26/08 between 9 AM and 11 AM revealed the following locations had items stored within 18 inches of the sprinkler heads:
   a. Resident room #312.
   b. Resident room #319.
   c. Resident room #108.

3. Interview with the maintenance director on 3/26/08 at 9:22 AM revealed the sprinkler system was inspected monthly.

4. Observation on 3/26/08 at 10:47 AM revealed plastic wrap covering the sprinkler head in the walk-in freezer.

5. Review of the fire sprinkler system testing records revealed the waterflow, supervisory signal and main drain quarterly tests had not been conducted during the first, second, and fourth quarters of 2007.

6. Interview with the maintenance director on 3/25/08 at 5 PM revealed he was unaware the sprinkler system testing requirments.

7. Review of the last Life Safety Code survey conducted at this facility on 2/10/04 revealed the sprinkler system had not been tested the entire year previous to that survey.

8. Review of the preventative maintenance program revealed the facility did not have a prescriptive

B.

The fire sprinkler system quarterly test was done on 04-02-08 and was placed on a schedule with Rapid Fire for March, June, September and December of each year. The prescriptive to track this and other testing and monitoring issues will be the Life Safety Test List schedule ~~provided by the contractor~~ (See attachments) Environmental Services and Administrator will monitor. This issue will be in the QA process for 4 quarters.

All escutcheon plates, sprinkler heads and proper clearance of 18 inches have been added to the Life Safety Test List monthly schedule. The gap around the escutcheon in the nurse's station was repaired on 4-14-08. Environmental services and Administrator will monitor for compliance. This issue will be in the QA process monthly for 4 quarters.

All resident rooms, #312, #319, and #108 have been inspected for the and re-arranged to meet the proper 18in clearance as required and will be placed on the Life Safety Test List schedule monthly, Environmental Services and Administrator will monitor. This issue will be in the QA process monthly for 4 quarters.

The plastic wrap noted to be covering the sprinkler head applied by the refrigerator repair company was removed immediately on the date of this survey 3-25-08. All sprinkler heads were checked for compliance and no other covers were noted. The Environmental Service Director and/or Administrator will check sprinkler heads after each repair that requires the sprinkler head to be covered for immediate removal. This issue will be in the QA process for 4 quarters.

The fire system water flow, supervisory signal and main drain quarterly test were completed on 4-02-08 and placed on the Life Safety Test List as a prescriptive for tracking. This has been scheduled with Rapid Fire for March, June, September and December of each year. The Administrator and Environmental Services will monitor. This issue will be in the QA process for 4 quarters.

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maintenance schedule for the fire sprinkler system components.

B. *Reference **NFPA 101** Life Safety Code, 1994 Edition.*

*A**NFPA 101**, Chapter 32 Referenced Publications:@*

*A**NFPA 13**, Installation of Sprinkler Systems, 1994 edition.@*

*A**2-2.6.2*** *Escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly.@*

*A**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.@*

*A**NFPA 25**, Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1992 edition.@*

*A**2-2.1.1**** *Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign material, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.@*

*A**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.@*

*A**9-2.7** Waterflow alarm. All waterflow alarms shall be tested quarterly in accordance with manufacturer's instructions.@*

C. Based on record review and staff interview, the facility failed to ensure 9 of 9 fire alarm system components were tested as required over the past three years. The findings were:

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1. Review of the fire alarm system testing records revealed the annunciator panel, remote annunciator panels, duct detectors, heat detectors, fire alarm boxes, smoke detectors and alarm notification appliances had not been tested annually. The system was last tested on March 15, 2004.

2. Review of the fire alarm system testing records revealed the smoke detector sensitivity test had not been tested bi-annually. The detectors were last tested on March 15, 2004.

3. The maintenance director confirmed the fire alarm system had not been tested since March 15, 2004 during an interview on 3/25/08 at 5 PM.

4. Review of the last Life Safety Code survey conducted at this facility on 2/10/04 revealed the fire alarm system had not been tested the year previous to that survey. This shows that the fire alarm system has only been tested once in the past 6 years.

5. Review of the preventative maintenance program revealed the facility did not have a prescriptive maintenance schedule for the fire alarm system components.

C. *Reference **NFPA 101** Life Safety Code, 1994 Edition*

*A**NFPA 101**, Chapter 32 Referenced Publications:@*

*A**NFPA 72**, National Fire Alarm Code, 1993 edition.@*

*A**Table 7-3.2"***

*A**14.** Remote Annunciators, tested annually@*

*A**15.** Initiating Devices@*

Aa. Duct Detectors, tested annually@

Ae. Heat Detectors, tested annually@

Af. Fire Alarm Boxes, tested annually@

Ah. All Smoke Detectors, tested

C.

The Fire Alarm test was conducted on 3-27-08 and as a prescriptive for tracking was added to the Life Safety Test List form ~~provided by the surveyor~~. This is scheduled with Comtronix for March 2009 and annually thereafter. The Administrator and Environmental Services will monitor for compliance. This issue will be in the QA this process thru March of 2009.

The smoke detector sensitivity test has been scheduled for April 2008 ~~and September 2008~~ and bi-annually after that with Comtronix. They do not currently have the equipment to do this test but have ordered it and this test will be completed within the 60 days. As a prescriptive for tracking the Life Safety Test List form ~~provided by the surveyor~~ will be used and has been implemented bi-annually. Administrator and Environmental Services will monitor. This issue will be in the QA process for 1 year.

The fire alarm system check was completed on 3-27-08 and was placed on the Life Safety Test List provided by the surveyor, as a prescriptive for tracking. This is scheduled on an annual basis with Comtronix and due in March of every year. The Administrator and Environmental Services will monitor. This issue will be in the QA process for 1 year.

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X

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annually@

Ai. Smoke Detector Sensitivity, tested bi-annually@

Aj. Supervisory Signal Devices, tested quarterly@

A19. Alarm Notification Appliances@

Aa. Audible Devices, tested annually@

Ac. Visible Devices, tested annually@

4/21/08

D. Based on observation and staff interview the facility failed to ensure temporary flexible wiring did not replace permanent fixed electrical wiring in 2 of 6 smoke compartments. The findings were:

1. Observation on 3/26/08 at 9:37 AM revealed the television set in resident room #210 was plugged into a 3-way adapter.
2. Observation on 3/26/08 at 10:35 AM revealed the facility water softener was plugged into an extension cord.
3. Interview with the maintenance director on 3/26/08 at 9:37 AM revealed the electrical system was inspected monthly.

D.

Flexible wiring is monitored on an ongoing basis by all staff at Meadow Wind but is not currently documented anywhere. All 53 apartments were checked for flexible wiring and only room #310 was noted to have in use a 3 way adapter which was removed on this day of 3-25-08. Prescriptive resolution is that the monitoring of flex wiring will be placed on the Life Safety Test List on a monthly basis to be monitored by Administrator and Environmental Services. This issue will be in the QA process monthly for 4 quarters.

The water softeners sited with extension cords are scheduled with Modern Electric to be hardwired on 4-18-08. The remaining building was checked for extension cords and none were noted at any other location. Administrator and Environmental Services will monitor. This issue will be in the QA process monthly for 4 quarters.

*D. Reference **NFPA 101** Life Safety Code, 1994 Edition:*

*A**NFPA 101**, Chapter 32 Referenced Publications:@*

*A**NFPA 70,** National Electrical Code, 1993 edition:@*

*A**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...@

E. Based on observation and staff interview the facility failed to ensure 4 of 12 smoke barrier doors were smoke resistant. The findings were:

1. Observation on 3/26/08 at 9:09 AM revealed the double doors in the smoke barrier near the business

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office had a gap of ¼ inch between the meeting edges of the two doors when in the closed position.

2. Observation on 3/26/08 at 10:01 AM revealed one of two smoke barrier doors near resident room #117 did not latch into its door frame.

3. Interview with the maintenance director on 3/26/08 at 9:09 AM revealed the smoke barrier doors were not routinely inspected.

E. *Reference **NFPA 101** Life Safety Code, 1994 Edition:*
***"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."*

E.

Smoke barrier doors have been added to the Life Safety Test List and will be monitored on a monthly basis during each fire drill. All doors have been adjusted as of 4-15-08 and gasket material has been ordered to meet the 1/8 th inch gap requirement. This will be completed within 60 days. The documentation of the monitoring of these doors has been added to the Fire Drill Form. The Administrator and Environmental Services will monitor on a monthly basis during all fire drills. This issue will be in the QA process for 4 quarters.

4/29/08

F. Based on observation and staff interview the facility failed to ensure 2 of 6 smoke barrier walls were smoke resistant. The findings were:

1. Observation on 3/26/08 between 11 AM and 12 PM revealed the following locations had unsealed penetrations the attic smoke barrier:
   a. There was one unsealed penetration above the laundry.
   b. There was one unsealed pipe penetration above room # 315.

2. Interview with the maintenance director on 3/26/08 at 11:09 AM revealed the smoke barrier walls were not routinely inspected.

F. *Reference **NFPA 101** Life Safety Code, 1994 Edition:*
***"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."*

F.

Smoke barrier will be added to the Life Safety Test List to be monitored on a ~~bi-annual~~ basis or when construction or new wiring may jeopardize its integrity. Both penetrations are in the process of repair and will be completed within 60 days, WITH FIRE RATED CAULKING. Administrator and Environmental Services will monitor on an ongoing basis when new construction or new wiring may jeopardize its integrity.

* = 2 MTL ANNUALLY.