Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF27	A. BUILDING _____ B. WING _____	08/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS RETIREMENT COMMUNITI	106 E MAIN STREET NEWCASTLE, WY 82701

(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 25 August, 2015 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a one-story, fully sprinklered, building of Type II (111) construction built in 1949. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and a zoned fire alarm system. The facility had a capacity of 23 licensed beds with a census of 20 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		
S8008	NFPA Life Safety - Nfpa Arrange of Means of Egress NFPA 101 Arrangement of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to arrange exit access so that exits	S8008		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Diane Bone Hudson | TITLE: Director | (X6) DATE

RECEIVED
WY Dept of Health
SEP 23 2015
Healthcare Licensing and Surveys

POC Accepted Via Phone Call with Diane Hudson Administrator on 10/7/15 @ 10:14a

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S8008	Continued From page 1 are readily accessible at all times in 1 of 4 smoke compartments. The findings were: Observation on 08/25/15 from 1:26 PM and 1:40 PM revealed door locks that required special knowledge or effort for operation from the egress side. The corridor exit adjacent to the kitchen, and the nursing office when locked required more than one releasing operation. At the time of the observations the Facility Maintenance Manager acknowledged the locks on the doors. Ref: 1994 NFPA 101, Sections 22-3.2.2.2 and 5-2.1.5.3	S8008	NFPA 101 – Arrangement of Means of Egress A. The facility will ensure that exit access is readily available at all times by: 1. The owners will remove and replace door locks requiring more than one releasing operation with door locks requiring only one releasing operation. 2. The Maintenance Director will be responsible. 3. All future new door locks will be of the appropriate type.	9-25-15
S8014	NFPA Life Safety - Nfpa Prot of Vertical Openings NFPA 101 Protection of Vertical Openings This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure doors in stairway enclosures are kept in the closed position in 1 of 1 stairway enclosures. The findings were: Observation of the garden exit stairwell on 08/25/15 at 2:20 PM revealed the door on the garden level was self-closing, but was blocked open. At the time of the observation the Facility Maintenance Manager acknowledged the door was blocked open. Ref: 1994 NFPA 101, Section 22-2.3.1.1	S8014	B. NFPA 101 – Protection of Vertical Openings The facility will ensure that doors are kept in a closed position in the garden door corridor. The maintenance department will: 1. Remove the mechanical hold-open devices and maintain the doors in a closed position.	9-25-15

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S8017	Continued From page 2	S8017		
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation identifying certification of the central station fire alarm system in accordance with NFPA 72. The findings were: Document review of the central station fire alarm system on 08/25/15 at 2:40 PM revealed that UL certificate was not posted on or near the fire alarm system. At the time of the review the Facility Maintenance Manager acknowledge the certificate was not posted. Ref: 1994 NFPA 101, Section 22-3.3.4.1 and 7-6.1.4 1993 NFPA 72, Section 1-7.2.3.1.1	S8017	C. NFPA 101 – Detection, Alarm and Communication Systems The facility will ensure that the central station fire alarm system will have appropriate documentation posted The owners will post the UL Certification on the wall adjacent to the Fire Alarm System central station.	9-25-15
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 25 in 2 of 4 smoke compartments. The findings were: 1. Observation of the bathroom in room #9 on	S8018		

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S8018	Continued From page 3 08/25/15 at 2:10 PM revealed a missing escutcheon ring with a resulting gap around the sprinkler piping penetrating the ceiling. The Facility Maintenance Manager verified the escutcheon was not installed. 2. Observation of the basement storage area on 08/25/15 at 2:45 PM revealed 7 missing ceiling tiles which resulted in the sprinkler heads being located more than 12 inches below the ceiling or the nearest continuous surface above the sprinkler. The Facility Maintenance Manager verified the missing ceiling tiles at the time of the observation. Ref: 1994 NFPA 101, Sections 22-3.3.5.1, 7-7.1.1, and 7-7.5 1999 NFPA 13, Section 4-4.1.4.1 1992 NFPA 25, Section 2-2.1.1	S8018	D. NFPA 101 - Extinguishment Requirements The facility will ensure that automatic sprinkler systems are continuously maintained and the smoke compartments are appropriately maintained by the following actions: 1. Training maintenance staff regarding the need for appropriate placement of escutcheons on penetrating pipes and appropriate placement of ceiling tiles. 2. The maintenance director will provide training and confirm that the missing escutcheon and ceiling tiles are replaced.	9-25-15
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 in 1 of 4 smoke compartments. The findings were: Observation on 08/25/15 from 1:55 PM to 2:10 PM revealed extension cords being utilized in room #6 and room #14. The Facility Maintenance Manager at the time of the observations acknowledge the use of the extension cords in the resident rooms.	S8022	E. NFPA 101 - Electrical System The facility will ensure that temporary electrical wiring does not replace permanent fixed wiring by: 1. Providing in-service training to all employees and residents regarding the dangers and code compliance issues regarding the use of extension cords. 2. Maintenance will continue to check for use in all rooms and document monthly and remove all inappropriate devices and replace with appropriate devices at time of inspection.	9-25-15

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S8022	Continued From page 4 Ref: 1994 NFPA 101, Sections 22-3.6.1 and 7-1.2 Ref: 1993 NFPA 70, Article 305	S8022		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure monthly maintenance was being performed on the generator per NFPA 110. The findings were: Document review and staff interview on 08/25/15 at 3:00 PM revealed the records for the generator did not include performing monthly maintenance. There were no records available as recommended by NFPA 110. Interview with the Facility Maintenance Manager during the document review confirmed that monthly maintenance was being performed, but not documented. Ref: 1994 NFPA 101, Sections 22-3.5 and 31-1.3.8 1993 NFPA 110, Section 6-4.1	S8030	F. NFPA 101 - Miscellaneous The facility will ensure that generator maintenance is performed appropriately by: 1. The Director of Maintenance will train appropriate staff of necessary generator maintenance. 2. Conducting and documenting the appropriate maintenance monthly.	9-25-15