Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF011	A. BUILDING: _____ B. WING _____	01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEART ASSISTED LIVING FACILITY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(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 January 05, 2016 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single story building of Type V (111) construction built in 2006. The building was equipped with a supervised automatic wet 13R sprinkler system and an addressable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 11 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, 2006 Edition.	S 000		
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation of the annual 90 minute emergency lighting testing. The findings were:	S8012	The facility will ensure that the battery powered emergency egress lights illuminate once the test button is depressed, and that testing is completed for the 90 minutes testing quarterly. Reports of the testing will be kept on file at the facility. The Manager will monitor and audit the files regularly for compliance	01/21/2016

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Owner. — (X6) DATE: 1/21/16.

STATE FORM 6899 DIWF11 If continuation sheet 1 of 2

RECEIVED
WY Dept of Health
JAN 22 2016
Healthcare Licensing

POC Accepted VIA Phone Call with the Administrator Cheri Willard on. 1/29/16 at 9:15AM

34354

Healthcare Licensing and Surveys

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S8012	Continued From page 1 Document review of the testing/maintenance documentation on 01/13/16 at 10:47 AM revealed the emergency lighting had been tested monthly for 30 seconds, but no documentation was present for the required 90 minute annual testing. Interview with the Facility Manager on 01/05/16 at 1:55 PM could not confirm that the 90 minute annual testing was being performed. Ref: 2006 NFPA 101, Sections 32.3.2.9 and 7.9.3.1.1	S8012		
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, the facility failed to ensure the fire alarm system was maintained in accordance with NFPA 72. The findings were: Document review of the fire alarm testing and maintenance records on 01/05/16 from 1:40 PM to 2:00 PM revealed the last battery load voltage test was completed January 2015. At the time of the document review the Facility Manager state she was unaware the battery load voltage test was require semi-annually. Ref: 2006 NFPA 101, Sections 32.3.3.4.1 and 9.6.1.3 2002 NFPA 72, Table 10.4.3 (6d3)	S8017	The facility will ensure that the documentation of the fire alarm testing, which is completed semi-annually for battery load testing is filed in the facility documentation. Reports of the testing will be kept on file at the facility. The Manager will monitor and audit the files regularly for compliance	01/21/2016