PRINTED: 03/15/2016
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF026	A. BUILDING: _____ B. WING _____	03/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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 March 07, 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 sprinkler system, dry system, and an addressable fire alarm system. The facility had a capacity of 62 licensed beds with a total census of 52 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 Health Care with mixed occupancy of New Board and Care, 2006 Edition, unless otherwise noted. The mixed occupancy is required because the facility does not have a 2-hour rated separation wall between the assisted living (Board and Care Occupancy) and the memory care (Health Care Occupancy) portions of the building.	S 000		
S7015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards	S7015		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	ADMINISTRATOR	24 March 2016

PoC Accepted VIA Phone Call with Administrator Jeff Smith on. 4/07/16 @ 2:02pm

34354

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S7015	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to protect Alcohol-Based Hand-Rub Dispensers in accordance with NFPA 101. The findings were: Observation of the front entrance Alcohol-Based Hand-Rub Dispenser on 03/07/16 at 3:00 PM revealed the unit was mounted directly above an electrical outlet. At the time of the observation the Facility Maintenance Manager acknowledged the location of the dispenser. Ref: 2006 NFPA 101, Section 18.3.2.6	S7015	The alcohol based hand sanatizer dispenser will be moved a suficient distance from the electrical outlet to avoid any possible interaction between the two. Further, the Maintenance Director will add the dispensers to his environmental inspection checklist which is discussed at each Quality Assurance meeting.	4/8/2016
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 are readily accessible at all times in 1 of 7 exits. The findings were: Observation of the east double door exit on 03/07/16 at 3:10 PM revealed the left door leaf required more than 30 pounds-force (lbf) to set the door in motion. At the time of the observation the Facility Maintenance Manager acknowledged the door required more than 30 lbf. Ref:	S8008	The east double doors will be altered to allow for the required ease of exit. Also, all public exits will be added to the Maintenance Director's environmental inspection checklist and discussed at each Quality Assurance meeting.	4/8/2016

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S8008	Continued From page 2 2006 NFPA 101, Sections 32.3.2.2.2 and 7.2.1.4.5	S8008		
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 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 03/07/16 from 3:20 PM to 3:45 PM revealed the last battery load voltage test was completed 09/21/15. At the time of the document review the Facility Manager stated he 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 Maintenence Director will add the battery load voltage test of the fire alarm system to the list of tests conducted semi-annualy. The Maintenance Director will ensure proper documentation of these semi-annual tests.	4/8/2016
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation indicating that portable fire extinguishers within	S8019		

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S8019	Continued From page 3 the facility are inspected in accordance with NFPA 10. The findings were: Document review on 03/07/16 from 3:20 PM to 3:45 PM revealed that the facility failed to demonstrate monthly maintenance and inspections of fire extinguishers throughout the facility for February 2016. Interview with the Facility Maintenance Manager at the time of the review confirmed that inspections had not been completed for February 2016. Ref: 2006 NFPA 101, Sections 32..3.3.5.6 and 9.7.4.1 2002 NFPA 10, Section 6.2.1	S8019	Individual fire extinguishers throughout the community will be inspected monthly by the Maintenance Director to ensure they have not expired. The Maintenance Director will ensure extinguishers close to expiration will be serviced in a timely fashion. The Maintenance Director will also ensure proper documentation of the inspections.	4/8/2016
S8023	NFPA Life Safety - Nfpa Utilities NFPA 101 Utilities This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure maintenance and testing of the facility generator were being performed per the requirements of NFPA 110 for 1 of 1 generators. The findings were: Document review of the generator maintenance and testing records on 03/07/16 from 3:20 PM to 3:45 PM revealed there was no documentation available for the weekly inspections. Interview with the Facility Maintenance Manager at the time of the review confirmed that weekly inspections were not being performed. Ref: 2006 NFPA 101, Sections 32.3.6.1 and 9.1.3	S8023	While weekly inspections of the generator are currently in place, the documentation of those inspections is not. The Maintenance Director will properly document the weekly generator inspections and have them available for review by OHLS upon request.	4/8/2016

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S8023	Continued From page 4 2005 NFPA 110, Section 8-4.1	S8023		