Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF028	A. BUILDING: _____ B. WING _____	05/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

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S 000	General Comments A Life Safety Code survey was conducted at your facility on May 2, 2016 by Healthcare Licensing and Surveys. (HLS) The facility was a single story fully sprinkled building of Type V (111) Construction built in 2012. The building was equipped with a supervised automatic wet sprinkler system with dry and anti-freeze branches and an addressable fire alarm system. The facility had a capacity of 48 licensed Level I beds and 14 licensed Level II beds with a current census of 40 Level I and 12 Level II 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 fire rated separation wall between the assisted living and memory care portions of the building.	S 000		
S7024	NFPA Life Safety - Nfpa Corridor Doors NFPA 101 Corridor Doors	S7024		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: _____ TITLE: Administrator (X6) DATE: 5/19/16

Spoke to Kenyne Schlager letting her know we have approved the POC
6/1/2016

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S7024	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 provide corridor doors that resist the passage of smoke. The findings were: Observation on 05/02/16 at 1:23 PM of the Dutch door from the memory care kitchenette to the dining area revealed the door was not equipped with an astragal, a rabbet, or a bevel. Additional observation revealed the dining area was open to the corridor. Interview with the Facility Maintenance Manager at the time of the observation acknowledge the door was not compliant with the requirements of NFPA 101. Ref: 2000 NFPA 101, Section 18.3.6.3.11	S7024	**Tag: S7024** **Violation:** Corridor doors do not resist the passage of smoke. **Correction:** A door sweep was installed on the top dutch door to seal the door to resist the passage of smoke. **Identify Others:** A building walkthrough was completed to identify any other doors of concern and none were located. **System Measures:** Employees will be provided a memo of information learned during the life safety survey. **Responsibility:** Maintenance. **Quality Improvement and Monitoring:** Any new doors installed will be inspected by the maintenance department to ensure they are sealed to meet life safety code standards.	5/31/16
S7027	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 maintain the emergency generator per the requirements of NFPA 110. The findings were: Document review on 05/02/16 from 1:50 PM to 2:30 PM of the generator maintenance records revealed the diesel powered generator was exercised monthly, but not under load for 30 minutes at 30 percent of the nameplate rating. Further observation revealed no annual load bank had been performed. Interview with the Facility	S7027		

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S7027	Continued From page 2 Maintenance Manager at the time of the document review confirmed that annual load bank had not been performed. Ref: 2006 NFPA 101, Sections 18.5.1 and 9.1.3 2005 NFPA 110, Sections 8.4.2 and 8.4.2.3	S7027	**Tag: S7027** **Violation:** The building generator was not exercised under a 30 minute load and no annual load bank was performed. **Correction:** The generator will be run under load for 30 minutes monthly and an annual load bank will be completed. **System Measures:** Maintenance employees will be provided a memo of information learned during the life safety survey. **Responsibility:** Maintenance. **Quality improvement:** A monthly review of maintenance logs will be examined to ensure that the generator has been exercised under load for 30 minutes monthly and that an annual load bank has been completed. **Monitoring:** The administrator will review inspections monthly to ensure completion.	5/31/16
S7034	NFPA Miscellaneous Life Safety - NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure alcohol based hand rub (ABHR) dispensers were not installed over or adjacent to an ignition source. The findings were: Observation on 05/02/16 at 1:25 PM revealed the ABHR dispenser in the memory care dining room was installed directly over a electrical outlet. At the time of the observation the Facility Maintenance Manager acknowledged the location of the ABHR dispenser. Ref: 2006 NFPA 101, Section 18.3.2.6 Based on observation and staff interview, the facility failed to ensure that racks were provided to protect oxygen cylinders from accidental damage or dislocation in accordance with NFPA 99. The findings were:	S7034		

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S7034	Continued From page 3 Observation on 05/02/16 at 1:40 PM of the Memory Care Unit revealed 3 M6 and 1 D oxygen tanks unsecured sitting on the floor inside resident room #4. At the time of the observation the Facility Maintenance Manager acknowledged the unsecured oxygen tanks. Ref: WDH Chapter 3 Guidelines, Section 5(a)(ii) 2005 NFPA 99, Section 5-3.13.1.3	S7034	**Tag: S7034** **Violation:** An alcohol based hand-rub dispenser in the memory care unit was located above an ignition source. **Correction:** The dispenser was relocated to an area with no ignition source in the vicinity.	5/11/16
S 000	General Comments A Life Safety Code survey was conducted at your facility on May 2, 2016 by Healthcare Licensing and Surveys. (HLS) The facility was a single story fully sprinkled building of Type V (111) Construction built in 2012. The building was equipped with a supervised automatic wet sprinkler system with dry and anti-freeze branches and an addressable fire alarm system. The facility had a capacity of 48 licensed Level I beds and 14 licensed Level II beds with a current census of 40 Level I and 12 Level II 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.	S 000	**Identify Others:** A building walk through was completed to identify any other hand dispensers located near ignition sources. **System Measures:** Maintenance employees will review regulations and the state report to ensure training has been completed. **Responsibility:** Maintenance Department. **Quality improvement:** During the monthly QA building walkthrough, employees will observe hand dispensers and ensure they are not located by ignition sources. **Monitoring:** The Administrator will verify monthly that this has been completed.	

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S 000	Continued From page 4 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 fire rated separation wall between the assisted living and memory care portions of the building.	S 000	**Tag: S7034** **Violation:** Oxygen tanks were unsecured on the floor inside a resident apartment. MC#3. 5/3/16 **Correction:** The resident was vacating the apartment and Lincare picked up their products. **Identify Others:** The nursing staff will check resident apartments that utilize oxygen and ensure they are secured in the appropriate manner. **System Measures:** All staff will be reminded that oxygen tanks cannot be left outside a container. **Responsibility:** Nursing. **Quality improvement:** The nursing team will continuously monitor oxygen tanks in apartments for appropriate storage. **Monitoring:** The Administrator will verify monthly that this has been completed.	
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. The findings were: 1. Observation on 05/02/16 at 1:45 PM of the exit door adjacent to the memory care unit entrance revealed the door would not open due to a malfunctioning latch. At the time of the observation the Facility Maintenance Manager acknowledged the door would not open due to the latching mechanism. Ref: 2006 NFPA 101, Sections 32.3.2.5.1 and 7.5.1.1 2. Observation of both kitchen doors in the facility on 05/02/16 at 2:28 PM revealed the releasing devices for the doors where located at approximately 58 inches above the finished floor. At the time of the observations the Facility	S8008		

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S8008	Continued From page 5 Maintenance Manager acknowledged the location of the releasing devices. Ref: 2006 NFPA 101, Sections 32.3.2.1 and 7.2.1.5.9.1	S8008	**Tag: S8008** **Violation:** The exit door located next to memory care had a malfunctioning latch. **Correction:** The latch/door will be repaired. **Identify Others:** All doors will be examined for appropriate operation. **System Measures:** All staff will be instructed to report any malfunctioning door to the maintenance department. **Responsibility:** Maintenance. **Quality improvement:** The maintenance department will ensure all doors operate correctly during the monthly QA inspections. **Monitoring:** The Administrator will verify monthly that this has been completed.	5/6/16
S8013	NFPA Life Safety - Nfpa Marking of Means of Egress NFPA 101 Marking 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 mark exit access by approved readily visible signs per the requirements of NFPA 101. The finding were: 1. Observation on 05/02/16 at 12:05 PM of the East Wing corridor revealed no exit signs were visible within 100 ft. when traveling south down the access corridor. At the time of the observation the Facility Maintenance Manager acknowledged the lack of exit signs. 2. Observation on 05/02/16 at 12:30 PM of the West Wing corridor revealed no exit signs were visible within 100 ft. when traveling south down the access corridor. At the time of the observation the Facility Maintenance Manager acknowledged the lack of exit signs. Ref: 2006 NFPA 101, Sections 32.3.2.10, 7.10.1.5.1, and 7.10.1.5.2	S8013		

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S8019	Continued From page 6	S8019	**Tag: S8008**	
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 observation and staff interview, the facility failed to provide portable fire extinguishers in accordance with NFPA 10. The findings were: Observation on 05/02/16 at 12:25 PM of the resident laundry revealed a fire extinguisher was mounted on the wall with the top of the fire extinguisher approximately 66 inches from the floor. At the time of the observation the Facility Maintenance Manger acknowledge the height of the extinguisher. Ref: 2006 NFPA 101, Sections 32.3.3.5.6 and 9.7.4.1 2002 NFPA 10, Section 1.5.10	S8019	**Violation:** Kitchen door releasing devices were measured at 58 inches from the floor. **Correction:** A locksmith was contacted to repair the door to meet regulations. **Identify Others:** All doors will be examined for appropriate measurements. **System Measures:** Maintenance was advised of this requirement during the state survey process. **Responsibility:** Maintenance.	5/6/16
S8020	NFPA Life Safety - Nfpa Corridors & Sep of Slpg Rm NFPA 101 Corridors and Separation of Sleeping Rooms This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide corridor doors that resist the passage of smoke. The findings were: Observation on 05/02/16 at 12:58 PM of the corridor door to room #103B revealed when activated would not latch into the door frame. At	S8020	**Quality improvement:** The maintenance department will ensure all doors meet state requirements during the monthly QA inspections. **Monitoring:** The Administrator will verify monthly that this has been completed.	

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S8020	Continued From page 7 the time of the observation the Facility Maintenance Manager acknowledged the door would not latch. Ref: 2006 NFPA 101, Section 32.3.3.6.4	S8020	**Tag: S8013** **Violation:** Exit locations were not marked by approved, readily visible signs. **Correction:** Correct signs were ordered for replacement. **Identify Others:** A walkthrough of the building revealed no other exit sign issues. **System Measures:** Maintenance staff has now learned this regulation through the course of the survey. **Responsibility:** Maintenance. **Quality improvement:** No other exit signs were identified and no additional exit signs need installed. **Monitoring:** Maintenance.	5/9/16
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 wiring and equipment was in accordance with NFPA 70. The findings were: 1. Observation of Resident Room #122 on 05/02/16 from 12:11 PM revealed a 3-way plug being utilized. Further observation revealed a oxygen concentrator, radio, and lamp were plugged into the outlet. At the time of the observation the Facility Maintenance Manager acknowledged the 3-way plug. 2. Observation of Resident Rooms #104, #113, and #119 on 05/02/16 from 12:35 PM to 12:45 PM revealed an extension cord plugged into a phone charger in room #113, plugged into a lamp in room #119, and an extension cord plugged into a surge protector in room #104. At the time of the observations the Facility Maintenance Manager acknowledged the use of the extension cords. Ref: 2006 NFPA 101, Sections 32.3.6.1 and 9.1.2 2005 NFPA 70, Article 590	S8022		

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S8027	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr NFPA 101 Emergency Egress and Relocation Drills This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide fire drills held at unexpected times. The findings were: Document review on 05/02/16 from 1:50 PM to 2:30 PM revealed that night shift fire drills were being completed consistently between 5:40 AM and 5:45 AM. Interview with the Facility Maintenance Manager at the time of the document review acknowledged the night shift drills were being held at expected times. Ref: WDH Chapter 12 Section 7 (o)(iii)E	S8027	**Tag: S8019** **Violation:** A fire extinguisher was mounted too high. **Correction:** The extinguisher was lowered. **Identify Others:** A walkthrough of the building revealed no other fire extinguisher issues. **System Measures:** Maintenance staff has been informed to monitor the height of the mounted fire extinguishers. **Responsibility:** Maintenance.	5/3/16
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that racks were provided to protect oxygen cylinders from accidental damage or dislocation in accordance with NFPA 99. The findings were: Observation on 05/02/16 at 12:15 PM revealed (1) E oxygen tank unsecured sitting on the floor inside resident room #119. At the time of the observation the Facility Maintenance Manager	S8030	**Quality improvement:** Maintenance will ensure fire extinguishers are properly hung during monthly fire extinguisher inspections. **Monitoring:** Maintenance.	

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S8030	Continued From page 9 acknowledged the unsecured oxygen tank. Ref: WDH Chapter 3 Guidelines, Section 5(a)(ii) 2005 NFPA 99. Section 5-3.13.1.3	S8030	**Tag: S8020** **Violation:** The door to apartment 103 did not latch when closed. 5/11/16 **Correction:** The door was adjusted to ensure proper latching.	
S8032	IPC Life Safety - int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide temperature limiting devices on handwash sinks per the requirements of the Wyoming Department of Health Construction Rules and Regulations. The findings were: Observation on 05/02/16 of public handwash stations in the bistro, life enrichment, employee break room, facility kitchen, and the memory care kitchenette from 12:50 PM to 1:22 PM revealed the handwash stations were not provided with temperature limiting devices conforming to ASSE 1070. At the time of the observations the Facility Maintenance Manager acknowledged the devices were not provided at each sink. Ref: 2006 IPC. Section 416.5	S8032	**Identify Others:** A walkthrough of the building revealed no other doors that did not close properly. **System Measures:** Maintenance staff has been informed to monitor the proper latching of all doors. **Responsibility:** Maintenance. **Quality improvement:** Maintenance will ensure all doors close properly during monthly fire drills. **Monitoring:** Maintenance.	

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S8030	Continued From page 9 acknowledged the unsecured oxygen tank. Ref: WDH Chapter 3 Guidelines, Section 5(a)(ii) 2005 NFPA 99. Section 5-3.13.1.3	S8030	**Tag: S8022** **Violation:** Extension cords and three-way plugs were discovered in apartments 122, 104, 113, and 119. 5/8/16	
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide temperature limiting devices on handwash sinks per the requirements of the Wyoming Department of Health Construction Rules and Regulations. The findings were: Observation on 05/02/16 of public handwash stations in the bistro, life enrichment, employee break room, facility kitchen, and the memory care kitchenette from 12:50 PM to 1:22 PM revealed the handwash stations were not provided with temperature limiting devices conforming to ASSE 1070. At the time of the observations the Facility Maintenance Manager acknowledged the devices were not provided at each sink. Ref: 2006 IPC. Section 416.5	S8032	**Correction:** Extension cords and three-way plugs have been removed. **Identify Others:** A walkthrough of the building revealed no other extension cords or three-way plugs in the building. . **System Measures:** The entire team has been reminded that extension cords and three-way plugs are not allowed. **Responsibility:** Maintenance, housekeeping, nursing. **Quality improvement:** During the course of the staff's daily duties, they will look for extension cords and three way plugs. **Monitoring:** Mountain Plaza Team.	

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S8030	Continued From page 9 acknowledged the unsecured oxygen tank. Ref: WDH Chapter 3 Guidelines, Section 5(a)(ii) 2005 NFPA 99. Section 5-3.13.1.3	S8030	**Tag: S8027** **Violation:** The facility failed to hold fire drills at unexpected times. 5/3/16	
S8032	IPC Life Safety - int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide temperature limiting devices on handwash sinks per the requirements of the Wyoming Department of Health Construction Rules and Regulations. The findings were: Observation on 05/02/16 of public handwash stations in the bistro, life enrichment, employee break room, facility kitchen, and the memory care kitchenette from 12:50 PM to 1:22 PM revealed the handwash stations were not provided with temperature limiting devices conforming to ASSE 1070. At the time of the observations the Facility Maintenance Manager acknowledged the devices were not provided at eacn sink. Ref: 2006 IPC. Section 416.5	S8032	**Correction:** Random times will be selected for fire drills. **Identify Others:** The fire drills completed the past year will be examined for a variety of times performed. **System Measures:** The entire team has been reminded that fire drills must be at random times. **Responsibility:** Maintenance and Administration. **Quality improvement:** Maintenance will ensure random times are selected fire drills. **Monitoring:** Maintenance.	

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S8030	Continued From page 9 acknowledged the unsecured oxygen tank. Ref: WDH Chapter 3 Guidelines, Section 5(a)(ii) 2005 NFPA 99. Section 5-3.13.1.3	S8030	**Tag: S8030** **Violation:** Oxygen tanks were unsecured on the floor inside a resident apartment. 5/2/16	
S8032	IPC Life Safety - int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide temperature limiting devices on handwash sinks per the requirements of the Wyoming Department of Health Construction Rules and Regulations. The findings were: Observation on 05/02/16 of public handwash stations in the bistro, life enrichment, employee break room, facility kitchen, and the memory care kitchenette from 12:50 PM to 1:22 PM revealed the handwash stations were not provided with temperature limiting devices conforming to ASSE 1070. At the time of the observations the Facility Maintenance Manager acknowledged the devices were not provided at each sink. Ref: 2006 IPC. Section 416.5	S8032	**Correction:** The oxygen company was contacted and secure storage devices were requested. **Identify Others:** All employees entering residents' apartments will look for unsecured oxygen tanks. **System Measures:** All staff will be reminded that oxygen tanks cannot be left outside a container. **Responsibility:** All staff. **Quality improvement:** All staff will continuously monitor oxygen tanks in apartments for appropriate storage. **Monitoring:** The Administrator will verify monthly that this has been completed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF028	A. BUILDING: _____ B. WING _____	05/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

(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
S8030	Continued From page 9 acknowledged the unsecured oxygen tank. Ref: WDH Chapter 3 Guidelines, Section 5(a)(ii) 2005 NFPA 99, Section 5-3.13.1.3	S8030	**Tag: S8032** **Violation:** Temperature limiting devices were missing from handwashing sinks. 5/19/16	
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide temperature limiting devices on handwash sinks per the requirements of the Wyoming Department of Health Construction Rules and Regulations. The findings were: Observation on 05/02/16 of public handwash stations in the bistro, life enrichment, employee break room, facility kitchen, and the memory care kitchenette from 12:50 PM to 1:22 PM revealed the handwash stations were not provided with temperature limiting devices conforming to ASSE 1070. At the time of the observations the Facility Maintenance Manager acknowledged the devices were not provided at each sink. Ref: 2006 IPC, Section 416.5	S8032	**Correction:** Temperature limiting devices were installed on handwashing sinks. **Identify Others:** No other sinks were identified as missing temperature control devices. **System Measures:** Maintenance employees were advised of the need for temperature limiting devices on sinks. **Responsibility:** Maintenance. **Quality improvement:** Maintenance will ensure all sinks have temperature limiting devices when maintaining sinks. **Monitoring:** Maintenance.	