Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF004	A. BUILDING: _____ B. WING _____	06/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1930 EAST 12 STREET CASPER, WY 82601

(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 June 9, 2016 by Healthcare Licensing and Surveys. (HLS) The facility was a three story, fully sprinklered facility of TypeV (111) construction built in 1987. The building was equipped with a supervised automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 116 licensed beds with a census of 58 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 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 the NFPA 101 Life Safety Code, New Board and Care, 1994 unless otherwise noted.	S 000		
S8003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components 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	S8003		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director

Spoke with Robert Lempka on 8/1/2016 to let him know we have accepted his Plan of correction.
Also talked to Robert accepting the Plan of correction with changes of completion date. 8/1/2016

PRINTED: 08/23/2016
FORM APPROVED

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Executive Director July 1st 2016

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S8003	Continued From page 1 were: 1) Observation on 06/09/2016 at 10:23 AM revealed that room 218 had a dead bolt lock on the door preventing it from unlocking from the egress the side. At the time of the observation interview with the Facility Maintenance Manager acknowledged that the door could be locked from the corridor and was unable to be unlocked from the resident room. 2) Observation on 06/09/2016 at 10:32 AM revealed that the Activities office on the 3rd floor required tight pinching, and more than one releasing operation to make the door operable. At the time of the observation interview with the Facility Maintenance Manager acknowledged the door lock required more than one operation. Ref: 1994 NFPA 101, Sections 22-3.2.2.2 and 5-2.1.5.3 Ref: 3) Observation on 6/09/2016 at 9:45 AM of the kitchen leading to the public way revealed that a screen door was installed backwards allowing the door to be locked from the outside. At the time of the observation interview with the Facility Maintenance Manager acknowledged that the door could only be locked from the outside with no way to unlock from inside. Ref: 1994 NFPA 101, 22-3.2.2.2 and 5-2.1.5.3	S8003	S8003 1) The Maintenance Director will remove the dead bolt lock on room 218 and a blank has replaced where the lock was in the door. It is no longer functional. a) The Maintenance Director and Executive Director will no longer allow this type of lock in the building. We will continue to monitor. 2) The Maintenance Director will get a new door knob replaced on third floor of the Activities Directors office so that one action is needed to open the door. 3) The Maintenance Director will remove the lock mechanism and reverse it so that the door can only be used from either side of the kitchen and will no longer lock.	6/30/16 6/30/16 6/30/16
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards	S8015		

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S8015	Continued From page 2 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the storage room was rated for protection and maintained with NFPA 101. The findings were: 1) Observation on 06/09/2016 at 9:00 AM located in the main breaker shut off room revealed a wire tube penetrating through the rated ceiling. Within the wire tube no firecaulking was present to prevent fire or smoke separation of floors. At the time of the observation interview with the Facility Maintenance Manager acknowledged that there was a penetration. 2) Observation on 06/09/2016 at 10:16 AM in the elevator room revealed a self-door closure was missing from the rated room. At the time of the observation interview with the Facility Maintenance Manager acknowledged the door closure was removed. Ref: 1994 NFPA 101, Sections 22-2.3.2 3) Observation on 06/09/2016 at 10:06 AM and 10:23 AM in room 206 and room 218 revealed combustible materials on top of stove burners. At the time of the observation interview with the Facility Maintenance Manager acknowledged the combustibles on top of stove and then unplugged the stove from the wall to insure the stove could not be turned on. Ref: 1994 NFPA 101, Section 22-3.3.2.2 (d)	S8015	S8015 1) The Maintenance Director will use a properly rated fire caulk to seal a wire tube penetrating thought the rated ceiling. a) The Maintenance Director and Executive Director will continue to inspect all outside services to make sure all penetrations are sealed properly. 2) The Maintenance Director will install a self-closure will be installed on the elevator mechanical room door. This closure, when activated, will close and latch in the frame. a) The Maintenance Director will continue to monitor all doors with self-closures to make sure that they will close and latch. 3) The Maintenance Director will do a inspection of all rooms to make sure that combustible materials will be placed on the stove tops. Anyone deemed unsafe by the nursing staff, will have the stove unplugged so it will not function. a) The executive director will hold and educational discussion during the next all staff meeting. This way all staff is aware of the possible danger of having combustible material on the stove tops.	6/30/16 6/30/16 6/30/16

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S8018	Continued From page 3	S8018		
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 installed, and continuously maintained per the requirements of NFPA 13 and NFPA 25. The findings were: 1) Observation of the sprinkler system on 06/09/2016 at 8:47 AM revealed several sprinkler heads were obstructed by gypsum board in the boiler room. At the time of the observation interview with the Facility Maintenance Manager acknowledged the obstruction of the sprinkler head. Ref: 1994 NFPA 101, Sections 22-3.3.5.1 and 7-7 1994 NFPA 13, Section 4-4.1.3.1 2) Observation on 06/09/2016 at 9:28 AM located on the canopy outside the main entrance revealed an overhang over 4 feet of Type V construction. Interview with Facility Maintenance Manager at the time of observation confirmed the area was not provided with sprinklers. Ref: 1994 NFPA 101, Section 22-3.3.5.1 and 7-7.1.1 1994 NFPA 13, Section 4-5.7.2	S8018	S8018 1) A certified Fire Suppression company will be contacted and the Maintenance Director will oversee the sprinkler heads in the boiler room are put back onto compliance and are no longer obstructed by the gypsum board so that they have proper coverage in the boiler room. a) We will continue to monitor all fire suppression systems. We will continue to utilize Western Fire to inspect all of our fire suppression sprinkler heads so that they remain in compliance. 2) The Maintenance Director will contact a certified fire suppression company and they will install a system outside in the canopy for proper coverage of the canopy. Mountain West will be sending plans for a project number. a) We will continue to monitor all fire suppression systems. We will continue to utilize Western Fire to inspect all of our fire suppression sprinkler heads so that they remain in compliance	8/31/16 8/8/16 AL 8/31/16 8/08/16 AL

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S8022	Continued From page 4	S8022		
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 ground-fault circuit-interrupter protection was installed in accordance to NFPA 70. The findings were: 1) Observation on 06/09/2016 at 9:20 AM in the bathroom of the administration office revealed a receptacle without ground-fault circuit-interruption protection next to the sink. Interview with the Facility Maintenance Manager acknowledged the missing ground-fault circuit-interrupter. 2) Observation on 06/09/2016 from 10:00 AM to 10:35 AM revealed the majority of the second floor residents rooms in the kitchens where the receptacles were installed to serve the countertop surfaces were missing ground-fault circuit-interruption. Interview with the Facility Maintenance Manager acknowledged the missing ground-fault circuit-interrupters Ref: 1993 NFPA 70, Section 210.8 3) Observation on 06/09/2016 at 10:14 AM storage room adjacent to the elevator room on the 2nd floor revealed a circuit breaker had been removed from the panel board and not covered for protection. Interview with the Facility Maintenance Manager acknowledged the missing breaker. Ref:	S8022	S8022 1) A GFCI receptacles will be put into place in the bathroom of the administration office. 2) The Maintenance Director will audit all rooms on second floor and replace all receptacles that are not in accordance with NFAP regulations, with GFCI receptacles. 3) The Maintenance Director will place a blank circuit breaker in the storage room adjacent to the elevator room, where the circuit breaker has been removed.	8/31/16 08/05/16 8/31/16 08/05/16 6/30/16

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S8022	Continued From page 5 1993 NFPA 70, Section 240.41	S8022		
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 06/09/2016 from 8:17 AM to 10:35 AM located throughout facility revealed unsecured oxygen tanks in the majority of the rooms. Interview with the Facility Maintenance Manager acknowledged the lack of unsecured tanks throughout the entire facility. Ref: WDH Chapter 3 Guidelines, Section 5(a)(ii) 2005 NFPA 99, Section 5-3.13.1.3	S8030	S8030 1) The Director of Clinical Services and Executive Director will contact all oxygen supply companies and ask them to supply oxygen tank holders for all residents that use portable oxygen. a) The Clinical Service Director will discuss this at the next all staff. Any Oxygen tanks that are not being properly stored in tank holders, they will be instructed to tell the Clinical Service Director, so that she can contact that Oxygen Supply Company so they can bring more tank holders over to the community.	6/30/16
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 maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Rules and Regulations for healthcare facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were:	S8032		

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S8032	Continued From page 6 Observation on 06/09/2016 at 9:32 AM in the Dining Room revealed that a vacuum breaker was missing on the coffee machine. At the time of observation interview with the Facility Maintenance Manager revealed he was unaware of the requirement. Ref: 2006 IPC, Section 608.1	S8032	S8032 The Director of Dining Services will contact the company whom we are renting the coffee machine from and have them place a proper vacuum breaker on the coffee machine, or we will contact a certified plumber to have it installed.	7/15/16