Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF019	A. BUILDING: _____ B. WING _____	03/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNDANCE ASSISTED CARE	108 ABBY LANE SUNDANCE, WY 82729

(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 by Healthcare Licensing and Surveys on 3/14/2018. The facility was a single story, fully sprinklered building of Type II (111) construction built in 2001. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 15 licensed beds and a census of 14 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. Assisted Living Facilities in operation prior to effective date of these rules shall meet the NFPA 101, 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, 2000 Edition, unless otherwise noted.	S 000		
S7012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain emergency lighting in accordance with the 2000 NFPA 101, Life Safety Code. The findings were:	S7012	**S7012** **1 a. The survey and corrective actions will be posted for all residents and employees to review.** **b. Staff will be instructed as to the new policy that has been established.** **c. The quality assurance system will be adjusted to include monitoring of luminescence of Exit Signs.**	

POC WAS ACCEPTED VIA PHONE CALL WITH ADMINISTRATOR ON 4/30/18. Wayne Johnson

36640
4/30/18

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S7012	Continued From page 1 Observation on 3/14/2018 at 1:23 PM located in the sitting room revealed an emergency egress light that would not illuminate when tested. Interview with the facility administrator (I.A.) at the time of observation indicated that this light had never worked. Further interview with the facility administrator acknowledged (I.A.) the deficient practice. Failure to maintain emergency lights in accordance with the Life Safety Code may result in injury or death in an emergency. The deficient practice affected 1 of 3 smoke compartments. Ref: 2000 NFPA 101, 7.9.2.5	S7012	**e. The completion of this corrective action will be established by 05-12-2018**	
S7013	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 maintain continuous illumination of signs in accordance with the 2000 NFPA 101, Life Safety Code. The findings were: Observation on 3/14/2018 starting at 1:36 PM of exits leading to the exterior revealed that multiple exits were provided with illuminated exit signs. Additional observation revealed that when tested the exit signs would not illuminate. Interview with the facility administrator (I.A.) at the time of observation indicated they were unaware that they had to test the exit signs to ensure batteries were operational. Further interview with the facility administrator (I.A.) acknowledged the deficient practice. Failure to maintain illuminated exit signs	S7013	**S7013** **1 a. The survey and corrective actions will be posted for all residents and employees to review.** **b. New Batteries will be installed to correct the lack of luminescense.** **c. The completion of this corrective action will be established by 05-12-2018**	

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S7013	Continued From page 2 In accordance with the Life Safety Code may result in injury or death in an emergency situation. The deficient practice affected 3 of 3 smoke compartments. Ref: 2000 NFPA 101, 7.10.5.2	S7013		
S7015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to protect hazardous areas in accordance with the 2000 NFPA 101, Life Safety Code. The findings were: Observation on 3/14/2018 at 1:25 PM located in both of the designated storage rooms in the North smoke compartment revealed that both of the storage room doors would not self-close or automatically-close when tested. Interview with the facility administrator (I.A.) indicated that they could tighten the self-closing hinges to have the doors correctly close. Further interview with the facility administrator (I.A.) acknowledge the deficient practice. Failure to protect hazardous areas in accordance with the Life Safety Code may result in injury or death due to a fire. The deficient practice affected 1 of 3 smoke compartments. Ref: 2000 NFPA 101, Section 32.2.3.2, 32.2.3.2.1, 32.2.3.2.2	S7015	**S7015** **1 a. The survey and corrective actions will be posted for all residents and employees to review.** **b. Staff will be instructed as to the policy established.** **c. The quality assurance system will be adjusted to include monitoring for self closing of doors for the utility rooms** **e. The completion of this corrective action will be established by 05-12-2018**	

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S7999	Continued From page 3	S7999	**S7999**	
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on document review and staff interview the facility failed to provide emergency egress and relocation drills conducted in accordance to the 2000 NFPA 101 Life Safety Code operating features sections while meeting the frequency requirements of the WDH Chapter 12 Administrative Rules for Assisted Living Facilities. The findings were: 1. Document review on 3/14/2018 at 1:50 PM revealed that the facility was evacuating the building only 6 times per year. Interview with the facility administrator (I.A) indicated that she believes it would be dangerous to evacuate the residents for anything more than 6 times per year. The facility administrator acknowledged the rules and regulations presented to them. Failure to provide emergency egress and relocation drill as required may result in injury or death due to a fire. The deficient practice affected 3 of 3 smoke compartments and all resident, staff, and visitors in the building. Ref: Wyoming Administrative Rules Health, Department of Aging Division Chapter 12; Program Administration of Assisted Living Facilities Section 7 (o)(iii)(E) 2000 NFPA 101, Section 32.1.4 2. Document review on 3/14/2018 at 1:51 PM revealed that the facility did not identify the location of a simulated fire during emergency egress and relocation drills. Interview with the facility administrator about where residents exit	S7999	**1 a. The survey and corrective actions will be posted for all residents and employees to review.** **b. Staff will be instructed as to the policy that has been established.** **c. The quality assurance system will be monitored for compliance to egress and relocation.** **e. The completion of this corrective action will be established by 05-12-2018**	

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S7999	Continued From page 4 revealed the facility failed to train residents to egress through all exits and means of escapes required by the Life Safety Code. Interview with the facility administrator (I.A.) indicated that residents in each smoke compartment would only exit through there assigned door, and did not participate in exiting through all exits. Failure to train residents to evacuate through all exits may result in injury or death due to a fire. Further interview with the facility administrator (I.A.) acknowledged the deficient practice, and indicated that she was unaware that the residents were required to practice exiting through all exits. Ref: 2000 NFPA 101, Section 32.1.4, 32.7.2, 32.7.3	S7999	**S7999- 2** **1 a. The survey and corrective actions will be posted for all residents and employees to review.** **b. Staff will be instructed as to the policy to identify fire drill locations of fires.** **c. The quality assurance system will be adjusted to include monitoring of simulated fire locations.** **e. The completion of this corrective action will be established by 05-12-2018**	