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 _____	R 06/06/2018

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 revisit was conducted by Healthcare Licensing and Surveys on 6/6/2018 for previous deficiencies cited on 3/15/2018. 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 operations 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. Failure to maintain emergency lighting as	{S7012}		

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{S7012}	Continued From page 1 required may result in injury or death in an emergency. The deficiency affected 1 of 3 smoke compartments. The findings were: Observation on 6/6/2018 at 3:08 PM in the sitting room revealed that the emergency lighting had not been repaired or replaced. Further observation in the dining room revealed that the emergency lighting on the north side of the room also failed to illuminate when tested, and the emergency light on the south side only had 1 of 2 bulbs working when tested. Interview with the activities director at the time of the observation acknowledged the lights did not work when tested, and indicated she was aware of the requirement. REF: 2000 NFPA 101, Section: 7.9.2.5	{S7012}		

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Healthcare Licensing and Surveys

Statement of Deficiencies and Plan of corrections	(X1) Provider/Supplier/Clia identification Number	(x2) Multiple construction A. Buildings_____ B. Wing_____	(X3) Date Survey Completed R 06/06/2018
Name of Provider or Supplier Sundance Assisted Care		Street Address, City, State, Zip Code 108 ABBY Lane PO Box 944 Sundance, WY. 82729	

Summary Statement of Deficiencies

(S7012)NFPA Life Safety Code- Night Lighting

NFPA 101 Emergency Lighting

This State Rule 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. Failure to maintain emergency lighting as required may result in injury or death in an emergency. The deficiency affected 1 of 3 smoke compartments. The findings were:

Observation on 6/6/2018 at 3:08 PM in the sitting room revealed that the emergency lighting had not been repaired or replaced. Further observation in the dining room revealed that the emergency lighting on the north side of the room also failed to illuminate when tested, and the emergency light on the south side only had 1 of 2 bulbs working when tested. Interview with the activities director at the time of the observation acknowledged the lights did not work when tested, and indicated she was aware of the requirement.

Ref: 2000 NFPA 101, Section: 7.9.2.5

Providers Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency)

The deficiencies will be posted.

The corrective action will be addresses in the fire checks record.

The lights will be fixed or repaired by 06/26/2018

6/26/18

WAYNE JOHNSON. OWNER

THESE DEFICENCIES HAVE BEEN CORRECTED BY THE CONTRACTOR: NEWCASTLE FIRE -

TALKED TO WAYNE JOHNSON, OWNER, AND ADVISED ACCEPTANCE OF HIS POC. PHONE CONVERSATION OCCURED ON 6/26/18 @ 12:20 PM.
WILL P. ALEXANDER