Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF009	A. BUILDING: _____ B. WING _____	06/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ABSAROKA	2401 COUGAR AVENUE CODY, WY 82414

(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	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on June 14, 2018. The facility was a fully sprinklered, single story building of Type V (111) construction built in 2003. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and a addressable fire alarm system. The wing has a capacity of 51 licensed beds with a census of 40 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 Assisted Living Facility. All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 1994 Edition unless otherwise noted.	S 000		
S8012	NFPA Life Safety - Nfpa Emergency Lighting	S8012	A – Facility will ensure that 90 minute functional testing on emergency lighting is conducted annually.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Holly Erawsky — TITLE: Executive Director — (X6) DATE: 7-6-18

POC was approved via phone call with Executive Director on 7/16/18 at 10:00AM

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S8012	Continued From page 1 NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on documentation review and staff interview, the facility failed to maintain emergency lighting in accordance with the 2006 NFPA 101, Life Safety Code. Failure to test and maintain the emergency lighting could result in injury or death in the event of an emergency requiring evacuation. The deficiencies affected three (3) of three (3) smoke compartments on the main floor. The findings were: Documentation review on 6/14/18 at 12:00 PM revealed that the facility was not conducting the annually required 90 minute functional testing. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.3.2.9, 7.9.3.1.1(2)	S8012	B – Facility Maintenance Director completed a 90 minute functional testing on emergency lighting three smoke compartments on the main floor to ensure equipment working properly C – Maintenance Director has added the emergency lighting 90 minute functional testing to our computerized TELS system to be conducted annually. D – The facility TELS system items that will include the emergency lighting 90 minutes testing is monitored by the company we operate under annually, the Executive Director, the Asset Management Team of Brookdale and facility Maintenance Director to ensure completion. Failure to complete these items by annual due dates may result in corrective action by the company. E – Completion Date: July 31, 2018	
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 install the fire sprinkler system in accordance with the 2006 NFPA 101, Life Safety	S8018	A – The facility will contact licensed Fire Sprinkler Contractor for necessary installation of additional sprinkler head in med room in accordance with Life Safety Codes.	

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S8018	Continued From page 2 Code. Failure to correctly install the fire sprinkler system could result in injury or death in the event of a fire. The deficiency affected one (1) of three (3) smoke compartments on the main floor. The findings were: Observation on 6/14/18 at 11:45 AM revealed that a single sprinkler head was providing coverage for the med room. The sprinkler head was 12 feet from the west wall of the room. Interview with maintenance staff at the time of the observation revealed that the facility constructed a separating wall in the med room to create an office, which eliminated the coverage provided by a second sprinkler head. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.3.3.5.1, 9.7.1.1(1); 2002 NFPA 138.6.3.2.1	S8018	B – Contractor has submitted bid for company approval to complete work on one additional sprinkler head in med room. C – Executive Director will monitor approval process to ensure licensed contractor completion in timely manner. D – Fire Sprinkler Contractor to receive copy of deficiency from Executive Director to ensure knowledge of Life Safety Codes. E – Completion Date: August 10, 2018	
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 documentation review and staff interview, the facility failed to maintain portable fire extinguishers in accordance with the 2006 NFPA 101, Life Safety Code. Failure to test and maintain portable fire extinguishers could result in injury or death in the event of a fire. The deficiencies affected one (1) of three (3) smoke compartments on the main floor. The findings	S8019	A – The facility will maintain portable fire extinguishers in accordance with Fire Life and Safety Codes with monthly inspections. B – The facility Maintenance Director has inspected and updated dates on fire extinguishers located in the mechanical mezzanine and the K type extinguisher in the kitchen.	

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S8019	Continued From page 3 were: Documentation review on 6/14/18 at 12:00 PM revealed that the facility had not conducted the monthly inspections on the fire extinguisher located in the mechanical mezzanine since October 2017. As well, the K type extinguisher located in the kitchen had not been inspected since February of 2018. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.3.3.5.6, 9.7.4.1; 2002 NFPA 10 6.2.1	S8019	C - Maintenance Director has added fire extinguishers monthly inspections to the facility computerized TELS system for compliance. D. The facility TELS system items that will include the monthly fire extinguisher testing is monitored by the company we operate under, the Executive Director, the Asset Management Team of Brookdale and facility Maintenance Director to ensure completion. Failure to complete these items monthly results in a corrective action by the company. E – Completion Date: July 15, 2018	
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and interview the facility failed to store oxidizing gas in accordance with the 2005 NFPA 99, Standard for Health Care Facilities. Failure to properly store oxidizing gas could result in injury or death in the event of a fire. The deficiencies affected two (2) of three (3) smoke compartments on the main floor. The findings were: Observation on 6/14/18 at 10:00 AM and 11:15 AM respectively, revealed two patient rooms with oxygen cylinder storage greater than 300 cubic	S8030	A – Facility will ensure that oxygen cylinder storage does not exceed 300 cubic feet per room when being stored. B – Oxygen supplies contacted by Health and Wellness Director and excess of 300 cubic feet of oxygen has been removed from resident rooms #12 and #23. C – Maintenance Director will add to weekly housekeeping task list a monitoring tool for checking rooms to ensure no oxygen in excess of 300 cubic feet in rooms.	

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S8030	Continued From page 4 feet within 5 feet of combustible material. Patient room 12 had twelve "E" tank cylinders and 6 "M9" tanks stored together in their bedroom. This equals approximately 350 cubic feet of oxygen. Patient room 23 had twenty five "E" tank cylinders stored in their bedroom. This equals approximately 625 cubic feet of oxygen. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2005 NFPA 99 9.4.2, 9.4.2.3(2)	S8030	D – Oxygen policy will be reviewed for compliance by QA team quarterly. E – Completion Date: July 15, 2018	