| 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 _____ | 07/12/2018 |

| 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<br><br>A Life Safety Code survey was conducted by Healthcare licensing and Surveys on July 12, 2018.<br><br>The facility was a three story, fully sprinklered facility of Type V (111) construction built in 1987. The building was equipped with a supervised automatic sprinkler system with an addressable fire alarm system. The facility had a capacity of 116 licensed beds with a census of 59 residents.<br><br>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.<br><br>All references are based on the requirements of the NFPA 101 Life Safety Code, New Board and Care, 1994 Edition unless otherwise noted. | S 000 | | |
| S8003 | NFPA Life Safety - Nfpa Means of Egress Components<br><br>NFPA 101<br>Means of Egress Components<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain means of egress in accordance with the 1994 NFPA 101, Life Safety Code. Failure to maintain means of egress as | S8003 | | |



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

Executive Director



Talked to Rob Lemka, Executive Director, and Advised him of Plan of Correction Acceptance. Telephone Call on 7/30/18 at 1:20 PM.

Will P. Alexander
38730

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| S8003 | Continued From page 1<br>required could result in injury or death during an emergency. The deficiency affected less than 10 percent of the facility's means of egress, as well as the 102 residents and staff. The findings were:<br><br>Observation on 7/12/2018 at 10:15 AM at the kitchen door leading to the public way revealed that a screen door was installed backwards allowing the door to be locked from the outside. This deficiency was also cited during the Life Safety Code survey conducted on 6/9/2016.<br><br>Interview with facility maintenance and the assistant facility administrator at the time of observation acknowledged the screen door was backwards, and indicated they were aware of the requirement.<br><br>Interview with the facility administrator at the time of exit acknowledged the deficiency.<br><br>REF: 1994 NFPA 101, 22-3.2.2.2; 5-2.1.5.1; 5-2.1.5.3 | S8003 | | |
| S8015 | NFPA Life Safety - Nfpa Prot from Hazards<br><br>NFPA 101<br>Protection from Hazards<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure protection from hazards in accordance with the 1994 NFPA 101, Life Safety Code. Failure to provide protection from hazards could result in injury or death during an emergency. The deficiency affected less than 10 percent of the facility, as well as the 102 residents and staff. The findings were: | S8015 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | ALF004 | A. BUILDING: _____ B. WING _____ | 07/12/2018 |

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

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|---|---|---|---|---|
| S8015 | Continued From page 2<br><br>Observation on 7/12/2018 at 9:29 AM in room 320 revealed a microwave oven that overlapped onto the electric stove. Further observation revealed that the stove was operational, and that the microwave partially covered two burners.<br><br>Interview with facility maintenance and the assistant facility administrator at the time of observation acknowledged the microwave was over the two burners, and indicated they were aware of the requirement.<br><br>Interview with the facility administrator at the time of exit acknowledged the deficiency.<br><br>REF: 1994 NFPA 101, Section: 22-3.3.2.2(d) | S8015 | | |
| S8022 | NFPA Life Safety - Nfpa Electric<br><br>NFPA 101<br>Electric<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to provide electrical systems in accordance with the 1994 NFPA 101, Life Safety Code, and the 1993 NFPA 70, National Electric Code. Failure to provide electric systems as required could cause a fire resulting in injury or death. The deficiency affected less than 10 percent of the facility, as well as the 102 residents and staff. The findings were:<br><br>1. Observation on 7/12/2018 at 9:35 AM in the activities director's office revealed a power strip plugged into an extension cord creating a daisy chain. Further observation revealed several items | S8022 | | |

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| S8022 | Continued From page 3<br>plugged into the power strip.<br><br>Interview with facility maintenance and the assistant facility administrator at the time of observation acknowledged the extension cord, and indicated they were aware of the requirement.<br><br>Interview with the facility administrator at the time of exit acknowledged the deficiency.<br><br>REF: 1994 NFPA 101, Section: 7-1.2<br>1993 NFPA 70, Section: 400-8<br><br>2. Observation on 7/12/2018 at 10:02 AM in the kitchen in room 202 revealed a receptacle without ground-fault circuit interruption protection next to the sink.<br><br>Interview with facility maintenance and the assistant facility administrator at the time of observation acknowledged the receptacle, and indicated they were aware of the requirement.<br><br>Interview with the facility administrator at the exit acknowledged the deficiency.<br><br>REF: 1994 NFPA 101, Section: 7-1.2<br>1993 NFPA 70, Section: 210-8(a)(6) | S8022 | | |

Edgewood
PARK PLACE

Robert Lempka, Administer
Park Place Assisted Living Community
1930 East 12th Street
Casper, WY 82601

Ref: LH-2018-0857

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|---|---|
| Preifx Tag<br>S8003 | The latch on the door leading from the kitchen was removed. The door is Now accessible from both sides and is not locking door.<br>Our community will audit all door latches on a quarterly basis. All doors will Be inspected including ones in common areas to make sure that they are Meeting NFPA codes.<br>The removal of the latch was completed by Ernie Allen Environmental Director And observed by Rob Lempka, Executive Director.<br>Date of Completion: 7/13/18 |
| S8015 | The microwave was removed and taken by the family at the residents request Because she never uses it on 7/14/18. On this day we did a complete audit of All the residents rooms.<br>We are doing an education for the staff and residents on 8/3/18 to keep all Objects off and the stove top free of all items. This has been put into our Quarterly room checks in our TELS system so we can monitor. We also feel Education is the most important for our staff to always be aware of materials On the stove top. |
| S8022 | The power strip and extension cord has been replaced by a longer power strip That meets the NFPA regulations. We completed a full audit of all rooms Including the common areas and resident rooms. We will continue to do monthly Inspections of resident rooms and all common areas including administrative Offices. This was completed on 7/24/18. |
| S8022 | A ground-fault circuit interruption protection was found lacking in room 202. It was replaced by the facility maintenance as soon as the departure of the state inspector. This issue has be resolved by performing an audit of the building to ensure all rooms are compliant with the ground-fault circuity interruption protections that are needed. A complete audit of the entire building was performed and will be inspected on a quarterly basis and put into the TELS, the building maintenance system. This was completed on 7/12/18. Audit of all rooms completed on 7/13/18. |



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