PRINTED: 08/31/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF028	A. BUILDING: _____ B. WING _____	08/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN PLAZA ASSISTED LIVING	4164 TALON DRIVE CASPER, WY 82604

(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 August 21, 2018. The facility was a single story fully sprinklered building of Type V (111) construction built in 2012. The building was equipped with a supervised automatic wet sprinkler system with dry and anti-freeze branches and an addressable fire alarm system. The facility had a capacity of 62 licensed beds with a census of 55 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 an Assisted Living Facility. All references are based on the requirements of NFPA 101, Life Safety Code, New Health Care with mixed occupancy of New Board and Care, 2006 Edition, unless otherwise noted. The mixed occupancy is required because the facility does not have a 2-hour fire rated separation wall between the assisted living and memory care portions of the building.	S 000		
S7004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as	S7004		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kenyee Humphrey TITLE: Admin (X6) DATE: 9/10/18

STATE FORM 6899 IJ2G11 If continuation sheet 1 of 7

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SEP 18 2018
Healthcare Licensing and Surveys

Talked to Kenyee Humphrey on 9/19/18 @ 4:05 PM Per Phone and advised her of the POC Acceptance.
Will P. Ad
38730

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MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

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S7004	Continued From page 1 evidenced by: Based on observation and staff interview, the facility failed to maintain doors in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain doors as required could allow fire and smoke spread resulting in injury or death. The deficiency affected 50% of the doors in the memory care unit, as well as the 105 residents and staff. The findings were: Observation on 8/21/2018 at 11:52 AM in the memory care unit corridor revealed numerous doors leading from the sleeping area to the corridor being held open by door chalks. Further observation revealed the doors were self-closing. Interview with the facility maintenance manager at the time of observation acknowledged the doors being held open, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.2.2.2(1); 7.2.1.8.1	S7004	**ID Prefix Tag S7004** On August 21st, door chalks were removed from resident doors in Memory Care to remedy this finding. Going forward, the nurse on duty will complete observation of all doors in Memory Care on a regular basis to ensure they are closed as required. The Wellness Director (DON) will receive report from the nursing staff which will then be reported at each Quality Assurance Performance Improvement (QAPI) meeting.	08/21/18
S7034	NFPA Miscellaneous Life Safety - NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain oxygen cylinders in accordance with the 2006 NFPA 99, Health Care	S7034		

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	ALF026	A. BUILDING: _____ B. WING _____	08/21/2018

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MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

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S7034	Continued From page 2 Facilities, and the Wyoming Department of Health Chapter 3 Guidelines. Failure to maintain oxygen cylinders as required could result in injury or death. The deficiency affected less than 20% of the memory care unit, as well as the 105 residents and staff. The findings were: Observation on 8/21/2018 at 11:55 AM in room 7 revealed several B oxygen cylinders unsecured sitting on the floor. Further observation in room 12 also revealed several B oxygen cylinders sitting unsecured on the floor. Interview with the facility maintenance manager at the time of observation acknowledged the unsecured oxygen cylinders, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 3 Guidelines, Section: 5(a)(ii) 2006 NFPA 99, Section: 9.7.2.3(11)	S7034	**ID Prefix Tag S7034** On August 21, our oxygen provider was contacted regarding this deficiency. They were reminded that each resident who utilized oxygen must have oxygen cylinders secured in a cardboard container. The provider committed to providing the containers to all current residents by August 22 and new residents utilizing oxygen upon move in. The Wellness Director (DON) will have staff inspect all rooms which have oxygen cylinders to ensure compliance with the secured oxygen cylinder requirement. The Wellness Director (DON) will receive report from the nursing staff which will then be reported at each Quality Assurance Performance Improvement (QAPI) meeting.	
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain doors in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain doors as required could allow fire and smoke spread resulting in injury or death. The deficiency affected less than 10% of the fire doors, as well as the 105 residents and staff. The	S8004		08/21/2018

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S8004	Continued From page 3 findings were: Observation on 8/21/2018 at 10:39 AM in the kitchen revealed the door separating the kitchen from the loading garage was propped open with a metal can. Further observation revealed the door was self-closing. Interview with the facility maintenance manager at the time of observation acknowledged the door being propped open, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.2.2.2(1); 7.2.1.8.1	S8004	**ID Prefix Tag S8004** On August 21st, the metal can propping open the door separating the kitchen from the loading garage was removed and the door closed to remedy this deficiency. Staff was reminded of the requirement to keep doors closed. The Dietary Manager will make regular observations to ensure compliance with this requirement. The Dietary Manager will report compliance at each Quality Assurance Performance Improvement (QAPI) meeting.	08/22/2018 WPA
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain fire detection systems in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain fire detection systems as required could result in injury or death during an emergency. The deficiency affected 1 of 1 fire detection systems, as well as the 105 residents and staff. The findings were: Observation on 8/21/2018 at 12:15 PM at the fire alarm annunciator panel revealed that the Underwriter's Laboratory (UL) certification for the	S8017	**ID Prefix Tag S8017** On August 22nd, our fire system maintenance company was informed the Underwriter's Laboratory certification for the fire alarm expired in March of 2017. They current certification was in place by August 29. Moving forward, the Maintenance Director will conduct regular inspections of the fire alarm system to ensure the certification is current. The fire system maintenance company is also aware of the deficiency and is expected to better maintain the certification. The Maintenance Director will report compliance at each Quality Assurance Performance Improvement (QAPI) meeting.	08/29/2018

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S8017	Continued From page 4 fire alarm had expired in March 2017. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Section: 9.6.1.3	S8017		
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 observation and staff interview, the facility failed to maintain portable fire extinguishers in accordance with the 2006 NFPA 101, Life Safety Code, and the 2002 NFPA 10, Standard for Portable Fire Extinguishers. Failure to maintain portable fire extinguishers as required could result in injury or death during an emergency. The deficiency affected 20% of the portable fire extinguishers, as well as the 105 residents and staff. The findings were: Observation on 8/21/2018 at 11:12 AM in the corridor adjacent to room 106 revealed a portable fire extinguisher which had lost pressure. Further observation in the corridor adjacent to room 109 revealed a second portable fire extinguisher low on pressure. Both portable fire extinguishers were reading well below the proper operating pressure.	S8019	JD Prefix Tag S8019 On August 22nd, our fire system maintenance company was informed two fire extinguishers lost pressure and were not in proper functioning order. They were returned and serviced and back in compliance by August 31. Moving forward, the Maintenance Director will conduct regular inspections of all extinguishers are in working order. The fire system maintenance company is also aware of the deficiency and is expected to better maintain the extinguishers. The Maintenance Director will report compliance at each Quality Assurance Performance Improvement (QAPI) meeting.	08/31/2018

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S8019	Continued From page 5 Interview with the facility maintenance manager at the time of observation acknowledged the low pressure, and indicated he was aware of the requirement. He further stated that the fire extinguisher vendor had been in the facility for the annual inspection only two weeks prior. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.3.5.6; 9.7.4.1 2002 NFPA 10, Section: 6.2.2(7)	S8019		
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 maintain oxygen cylinders in accordance with the 2005 NFPA 99, Health Care Facilities, and the Wyoming Department of Health Chapter 3 Guidelines. Failure to maintain oxygen cylinders as required could result in injury or death. The deficiency affected less than 10% of the facility, as well as the 105 residents and staff. The findings were: Observation on 8/21/2018 at 10:51 AM in room 132 revealed several B oxygen cylinders unsecured sitting on the floor. Further observation in room 110 also revealed several B oxygen cylinders sitting unsecured on the floor. Interview with the facility maintenance manager at the time of observation acknowledged the	S8030	**ID Prefix Tag S8030** On August 22nd, our oxygen provider was contacted regarding this deficiency. They were reminded that each resident who utilized oxygen must have oxygen cylinders secured in a cardboard container. The provider committed to providing the containers to all current residents by September 15th and new residents utilizing oxygen upon move in. The Wellness Director (DON) will have staff inspect all rooms which have oxygen cylinders to ensure compliance with the secured oxygen cylinder requirement. The Wellness Director (DON) will receive report from the nursing staff which will then be reported at each Quality Assurance Performance Improvement (QAPI) meeting.	08/31/2018

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S8030	Continued From page 6 unsecured oxygen cylinders, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 3 Guidelines, Section: 5(a)(ii) 2006 NFPA 99, Section: 9.7.2.3(11)	S8030		