DEER TRAIL
ASSISTED LIVING & MEMORY CARE

Response to Life Safety Code Survey of August 29, 2018
September 21, 2018

ID Prefix Tag S8017

On August 30th, our fire system maintenance company was informed the Underwriter's Laboratory certification for the fire alarm is missing. They will have a current certification in place by October 15th. 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.

ID Prefix Tag S8020

On September 7th, the door frame across from apartment 103 was fixed to allow the door to close properly. The door frame will now close completely and will resist the passage of smoke. The repair cures this deficiency. The Maintenance Director will make regular observations to ensure compliance with this requirement. The Maintenance Director will report compliance at each Quality Assurance Performance Improvement (QAPI) meeting.

Respectfully submitted,

Jeffrey Smith
Executive Director

PRINTED: 09/12/2018
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
	ALF026	A. BUILDING: _____ B. WING _____	08/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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 29, 2018. The facility was a fully sprinklered, single story building of Type V (111) construction built in 2006. The building was equipped with a supervised automatic wet sprinkler system, dry system, and an addressable fire alarm system. The facility had a capacity of 62 licensed beds with a census of 57 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 rated separation wall between assisted living (Board and Care Occupancy) and the memory care (Health Care Occupancy) portions of the building.	S 000		
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems	S8017		

Talked to Jeff Smith, Executive Director, Per Phone and Advised of Poc Acceptance. Phone at 9:45 AM on 9/24/18

RECEIVED
SEP 21 2018
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S8017	Continued From page 1 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, 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 107 residents and staff. The findings were: Observation on 8/29/2018 at 11:15 AM at the fire alarm annunciator panel revealed that the Underwriter's Laboratory (UL) certification for the fire alarm was missing. Further observation revealed that the certification was not in the fire detection system documentation. Interview with the facility maintenance manager at the time of observation acknowledged the missing certification, and indicated he was unaware of the requirement. Interview with the assistant facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Section: 9.6.1.3	S8017		
S8020	NFPA Life Safety - Nfpa Corridors & Sep of Slpg Rm NFPA 101 Corridors and Separation of Sleeping Rooms This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain corridor doors in	S8020		

Healthcare Licensing and Surveys

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S8020	Continued From page 2 accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain corridor doors as required could result in injury or death during an emergency. The deficiency affected less than 10% of the corridor doors, as well as the 107 residents and staff. The findings were: Observation on 8/29/2018 at 11:22 AM at the corridor doors adjacent to room 103 revealed that when tested the doors failed to close completely into the door frame, and would not resist the passage of smoke. Interview with the facility maintenance manager at the time of observation acknowledged the door failed to close, and indicated awareness of the requirement. Interview with the assistant facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.3.6.4	S8020		