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Healthcare Licensing and Surveys

PRINTED: 09/10/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	(X3) DATE SURVEY COMPLETED 08/30/2018

NAME OF PROVIDER OR SUPPLIER: AGAPE MANOR INC

STREET ADDRESS, CITY, STATE, ZIP CODE: 830 NORTH MAIN STREET, BUFFALO, WY 82834

(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 on August 30th, 2018 by Healthcare Licensing and Surveys. The facility was a single story, fully sprinklered, building of Type V (111) construction built in 2009. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 26 licensed beds with a census of 18 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, 2006 Edition, unless otherwise noted.	S 000		
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain emergency lighting in accordance with the 2006 NFPA 101 Life Safety Code. Failure to test and maintain	S8012		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Renee Knight

TITLE: Executive Director

(X6) DATE: 9/20/18

STATE FORM 6899 SS5K11 If continuation sheet 1 of 8

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Healthcare Licensing

POC accepted with Renee Knight, Executive Director, via phone call at 10:30 AM on 09/21/18 Martha Hauerman

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S8012	Continued From page 1 emergency lighting could result in injury or death in the event of an emergency requiring evacuation. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Documentation review on 08/30/18 at 10:45 AM revealed that emergency battery-operated lighting was being tested monthly, but that the annual ninety (90) minute test was not being performed. Interview with the administrator at the time of document review acknowledged the deficiency, but indicated she was 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		
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, document review, and staff interview, the facility failed to maintain the fire alarm system in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain the fire alarm system could result in injury or death in the event of a fire. The deficiencies affected two (2) of two (2) smoke compartments. The findings were:	S8017		

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S8017	Continued From page 2 1. Observation on 08/30/18 at 10:04 AM revealed that the electrical disconnect for the fire alarm system was located in a circuit panel in the emergency generator transfer switch room. The electrical disconnect was not identified with a red "FIRE ALARM CIRCUIT" label. Interview with the administrator at the time of the observation acknowledged the deficiency, but indicated she was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.3.3.4.1, 9.6.1.5; 2002 NFPA 72 4.4.1.4.2.2 2. Document review on 08/30/18 at 10:45 AM revealed that the fire alarm system was being activated monthly, with the exceptions of January 2018 and October 2017. The 2002 NFPA 72 requires activation of the fire alarm system monthly. Interview with the administrator at the time of document review acknowledged the deficiency, but indicated she was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.3.3.4.1, 9.6.1.5; 2002 NFPA 72 Table 10.4.3(23) 3. Document review on 08/30/18 at 10:45 AM revealed that the smoke detector sensitivity test	S8017		

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S8017	Continued From page 3 had not been conducted within the past two years as required by the 2002 NFPA 72. Interview with the administrator at the time of document review acknowledged the deficiency, but indicated she was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.3.3.4.1, 9.6.1.5; 2002 NFPA 72 Table 10.4.3(15)(i)	S8017		
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, document review, and staff interview, the facility failed to test and maintain the fire sprinkler system in accordance with the 2006 NFPA 101 Life Safety Code. Failure to test and maintain the fire sprinkler system could result in injury or death in the event of a fire. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review at 10:45 AM revealed no evidence that the pressure gauges on the fire sprinkler riser had been replaced or recalibrated in the last 5 years. Observation on 08/30/18 at 11:30 AM of the pressure gauges on the fire sprinkler riser could	S8018		

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S8018	Continued From page 4 not establish the last date of calibration or replacement. Interview with the administrator at the time of document review acknowledged the deficiency, but indicated she was unaware of the requirement. 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 13 18.1; 2002 NFPA 25 5.3.2	S8018		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the kitchen extinguishing system in accordance with the 2006 NFPA 101 Life Safety Code. Failure to test and maintain the kitchen extinguishing system could result in injury or death in the event of a fire. The deficiency affected one (1) of two (2) smoke compartments. The findings were: Document review on 08/30/18 at 10:45 AM revealed that the kitchen extinguishing system had only been inspected once in the last twelve (12) months. The 2005 NFPA 96 requires that kitchen extinguishing systems be tested once every six (6) months.	S8030		

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S8030	Continued From page 5 Interview with the administrator at the time of document review acknowledged the deficiency, but indicated she was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 9.2.3; 2004 NFPA 96 11.5	S8030		

S8012

Effective 10/01/18 the facility will add a 90 minute test of the emergency lighting system to its existing **Avoiding Hazardous Conditions checklist, a list of monthly, quarterly and annual maintenance tasks.**

A test of the emergency lights was conducted on 09/19/18 and bulbs were noted that need changing out. Maintenance will have all bulbs needing replaced complete by 10/15/18.

The maintenance staff will be reviewing the Avoiding Hazardous Conditions checklist to be completed each month and will date and initial when all tasks including the 90 minute emergency lighting test have been completed.

Visual inspections during periodic power outages will occur in addition to review of maintenance list to **avoid future issues with the 90 minute test.**

The Executive Director will be reviewing the Avoiding Hazardous Conditions checklist each month to ensure the maintenance department is completing the task list accurately.

The Avoiding Hazardous Conditions checklist will be reviewed by the maintenance department and the Executive Director annually and modified as necessary.

S8017 (1)

Effective 09/19/18 the facility has added a FIRE ALARM label next to the circuit for electrical disconnect of the fire alarm.

Effective 09/19/18 the monthly Avoiding Hazardous Conditions check list has been modified to include **verification that the FIRE ALARM label next to circuit for electrical disconnect of the fire alarm is secure and legible.**

The maintenance staff will be reviewing the Avoiding Hazardous Conditions checklist to be completed **each month and will date and initial when all tasks including the label verification have been completed.**

The Executive Director will be reviewing the task list each month to insure the maintenance department is completing the task list accurately.

The Avoiding Hazardous Conditions checklist will be reviewed by the maintenance department and the Executive Director annually and modified as necessary.

S8017 (2)

Effective 09/19/18 the facility monthly Fire Drill policy has been modified to ensure a minimum of 12 fire drills which include alarm system activation are conducted annually.

Administration will be responsible to rewriting the Monthly Fire Drill and the record sheets for quarterly **and monthly testing and verifications. Administration and Maintenance will be responsible for implementing policies and recording findings.**

The policy is being modified to include the items not previously addressed on a monthly basis.

Administration will continue to rely upon Fire Code professionals for any additions or changes that need **to be incorporated into facility policy.**

The Fire Alarm policies will be reviewed annually for quality assurance and compliance by Administration.

S8017 (3)

The facility will ensure that the smoke detector sensitivity test is conducted every two years.

Effective 09/19/18 the monthly Avoiding Hazardous Conditions checklist has been modified to include verification that the smoke detector sensitivity test is conducted every 2 years .

The maintenance staff will be reviewing the Avoiding Hazardous Conditions checklist to be completed **each month and will date and initial when all tasks including the smoke detector sensitivity test have been completed.**

The Executive Director will be reviewing the Avoiding Hazardous Conditions checklist each month to **ensure the maintenance department is completing the checklist accurately.**

The Avoiding Hazardous Conditions checklist will be reviewed by the maintenance department and the Executive Director annually and modified as necessary.

S8018

Effective 09/19/18 the facility has added to the Avoiding Hazardous Conditions checklist to check the **date written on the back of all pressure gauges on the fire sprinkler riser. The checklist will include the requirement that all gauges need to be recalibrated or replaced every 5 years.**

S8018 (cont.)

Administration has scheduled the replacement of current gauges on October 15, 2018.

The facility contracts with an outside contractor for these services and will be adding this requirement to their contract for service.

We will continue to rely upon Fire Code professionals for notification of changes in the code and/or **requirements and will incorporate any necessary changes into our policy. Administration will continue to expand their knowledge of the NFPA fire code.**

The Avoiding Hazardous Conditions checklist will be reviewed by the maintenance department and the Executive Director annually and modified as necessary.

S8030

The facility will ensure that the kitchen extinguishing system is properly inspected every 6 months.

Effective 09/19/18 the monthly Avoiding Hazardous Conditions check list has been modified to include verification that the the kitchen extinguishing system is properly inspected every 6 months .

The maintenance staff will be reviewing the Avoiding Hazardous Conditions checklist to be completed **each month and will date and initial when all tasks including the label verification have been completed.**

The Executive Director will be reviewing the Avoiding Hazardous Conditions checklist each month to ensure the maintenance department is completing the task list accurately.

The Avoiding Hazardous Conditions checklist will be reviewed by the maintenance department and the Executive Director annually and modified as necessary.

Executive Director 9/20/18