PRINTED: 11/30/2018
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
	ALF008	A. BUILDING: _____ B. WING _____	11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

(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 November 20, 2018. The facility was a two story, fully sprinklered building of Type V (111) construction built in 1997. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 81 licensed beds with a census of 64 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 Board and Care, 1994 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 observation and staff interview, the facility failed to maintain emergency lighting in accordance with the 1994 NFPA 101, Life Safety Code. Failure to maintain emergency lighting as	S8012	S8012 Maintenance Director will inspect all emergency lighting noted from survey. All emergency lighting noted on survey will be repaired/replaced as needed. Maintenance Director will do complete monthly inspections on all emergency lighting. Any repairs needed will be done at that time. This information will be recorded monthly on TELS. Maintenance Director and Administrator will monitor for compliance during monthly safety meetings. S8014 Maintenance Director will inspect the vertical rolling fire door noted from survey. The rolling fire door will be entered into TELS and will be checked and recorded in TELS by Maintenance Director. Maintenance Director and Administrator will monitor for compliance during monthly safety meetings. S8028 Maintenance Director has removed trash cans from the resident smoking area. A code compliant ash tray has been placed in this area. Maintenance Director will inspect area monthly for proper disposal of cigarette butts. The Maintenance Director and Administrator will monitor for	01/01/2019 WA 01/01/2019 WA

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

Jeffrey S Hatton — Executive Director — 12/07/18

Talked to Jeff Shahan, Executive Director and Accepted The Poc on 12/10/18 @ 9:45 AM. Per Phone Conversation Made one Pen Change on his date with his Approval.

Will P. AA
38730

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S8012	Continued From page 1 required could result in injury or death during an emergency. The deficiency affected 6 of 6 smoke compartments, as well as the 54 residents and staff. The findings were: Observation on 11/20/18 at 10:17 AM in the north lower stairwell revealed an emergency light that when tested failed to operate. Further observation revealed another 4 emergency lights throughout the facility which failed to operate when tested. Interview with the facility maintenance manager at the time of observation acknowledged the lights failed to operate when tested, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.2.9; 6-9.1	S8012	compliance during monthly safety meetings. S8999 The community will ensure that all oxygen cylinders are appropriately stored in secured cylinder racks. Outside contractor has been contacted to ensure an adequate amount of racks are delivered. Maintenance Director will ensure that all cylinders are properly stored at all times. Monthly checks will be entered into TELS. The Maintenance Director and Administrator will monitor for compliance during monthly safety meetings.	12/07/2018 12/07/2018
S8014	NFPA Life Safety - Nfpa Prot of Vertical Openings NFPA 101 Protection of Vertical Openings This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure vertical sliding fire doors were tested in accordance with the 1994 NFPA 101, Life Safety Code, and the 1992 NFPA 80, Standard for Fire Doors and Fire Windows. Failure to maintain vertical sliding fire doors as required could result in fire spread resulting in injury or death. The deficiency affected 1 of 6 smoke compartments, as well as the 54 residents and staff. The findings were:	S8014		

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	ALF006	A. BUILDING: _____ B. WING _____	11/20/2018

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S8014	Continued From page 2 Document review on 11/20/18 at 11:30 AM revealed that no documentation was available to indicate that the vertical sliding fire doors on the second floor were being tested on an annual basis in accordance with NFPA 80. Interview with the facility maintenance manager at the time of observation acknowledged the vertical fire doors had not been tested, and indicated he was unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.2.2.2; 6-2.1.14(e) 1992 NFPA 80, Section: 15-2.4.3	S8014		
S8028	NFPA Life Safety - Smoking NFPA 101 Smoking This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain smoking areas in accordance with the 1994 NFPA 101, Life Safety Code. Failure to maintain smoking areas as required could cause a fire resulting in injury or death. The deficiency affected 1 of 2 smoking areas, as well as the 54 residents and staff. The findings were: Observation on 11/20/18 at 9:56 AM at the resident's smoking area revealed a trash can full of combustible material. Further observation revealed numerous discarded cigarette butts in the trash can among the combustible material.	S8028		

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S8028	Continued From page 3 Interview with the facility maintenance manager at the time of observation acknowledged the cigarette butts in the trash can, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Section: 31-4.4(c)	S8028		
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain oxygen cylinders in accordance with the Wyoming Department of Health Chapter 3 Guidelines, and the 2006 NFPA 99, Health Care Facilities. Failure to maintain oxygen cylinders as required could result in injury or death. The deficiency affected 1 of 8 smoke compartments, as well as the 54 residents and staff. The findings were: Observation on 11/20/18 at 10:08 AM in the time clock room revealed several A oxygen cylinders sitting unsecured on the floor. Further observation in the front office revealed an unsecured B oxygen cylinder sitting on the floor. Interview with the facility maintenance manager at the time of observation acknowledged the unsecured oxygen tanks, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency.	S8999		

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S8999	Continued From page 4 REF: WDH Chapter 3 Guidelines, Section: 5(a)(ii) 2006 NFPA 99, Section: 9.7.2.3(11)	S8999		