Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF011	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEART ASSISTED LIVING FACILITY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(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 September 11, 2019. 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 13R sprinkler system, and an addressable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 14 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, 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 observation and staff interview, the facility failed to provide emergency lighting per the 2006 NFPA 101, Life Safety Code. Failure to provide emergency lighting could lead to injury or	S8012		

PoC accepted w/revisions per Phone call w/Cheri Willard on 10/11/19.
Final Doc - 11/6/19.
10-11-19.

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S8012	Continued From page 1 death in an emergency. The deficiency affected eight (8) emergency lights. The findings were: Observation on 9/11/19 at 12:15 PM revealed that upon engaging test buttons on emergency light fixtures that they failed to activate. Interview with the Duty Manager at the time of the observation, and at the time of exit, acknowledged the deficiency, and indicated awareness of the requirements. REF: 2006 NFPA 101, Life Safety Code Section 7.9.2.1	S8012		
S8013	NFPA Life Safety - Nfpa Marking of Means of Egress NFPA 101 Marking of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on on observation and staff interview, the facility failed to maintain illuminated exit signs in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain illuminated exit signage as required could result in injury or death during an emergency. The deficiency affected 100 percent of the facility. The findings were: Observation on 9/11/2019 at 11:45 AM revealed that the exit signage was not illuminated at the four (4) facility exits. Interview with the duty manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated she was unaware of the requirement.	S8013		

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S8013	Continued From page 2 REF: 2006 NFPA 101, Sections: 33.3.2.10; 7.10.5.1	S8013		
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 observations and staff interview, the facility failed to maintain supervisory signal on the sprinkler system per the 2006 NFPA 101, Life Safety Code. Failure to maintain a supervisory signal could lead to injury or death in an emergency. The deficiency affected three (3) of three (3) locations. The findings were: Observation on 9/11/19 at 12:02 PM revealed that one ball valves handle with yellow tape leading into the supervisory signal on the sprinkler systems was labeled as "SPRink oFF" (sic), with the second ball valve handle in an off position. Signal relayed to main fire communications where signal was silenced and not connected to central location. Interview with the Duty Manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated awareness of the requirement. REF: 2006 NFPA 101 Life Safety Code, Section 9.7.2.1 and 9.6.1.3	S8017		
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101	S8019		

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S8019	Continued From page 3 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 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 100 percent of the facility. The findings were: Observation on 9/11/2019 at 11:16 AM revealed that the portable fire extinguishers had not been signed off for several months on the attached portable fire extinguisher tag. Further observation revealed that the facility maintained a portable fire extinguisher checklist that had been signed off. Interview with the duty manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated she was unaware of the requirement. REF: 2006 NFPA 101, Sections: 33.3.3.5.6; 9.7.4.1 2002 NFPA 10, Section: 6.2.1	S8019		
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 provide no smoking signs at all	S8028		

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S8028	Continued From page 4 major entrances per the 2005 NFPA 99, Standard for Health Care Facilities, and the 2006 International Fire Code. Failure to provide no smoking signs could lead to injury or death in an emergency. The deficiency affected at least one (1) of the four (4) major entrances. The findings were: Observation on 9/11/19 at 10:50 AM revealed that the entrance next to the offices (southwest entrance) failed to prominently display a no smoking sign. No secondary signs were observed while surveying the facility. Interview with the Duty Manager at the time of exit indicated awareness of the requirement. REF: 2005 NFPA 99, Standard for Health Care Facilities, Section 9.6.3.2.2, and 2006 International Fire Code, Section 310.3	S8028		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observations and staff interview, the facility failed to provide sprinklers free of foreign materials in accordance with the 2006 NFPA 101, Life Safety Code, and 2002 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to provide sprinklers free of foreign materials could lead to injury or death in an emergency. The deficiency affected at least three (3) separate sprinkler heads in the building. The findings were: Observation on 9/11/19 at 11:21 AM in the	S8030		

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S8030	Continued From page 5 Activities Mechanical Room revealed that the wall mounted sprinkler head still had the orange shipping clip installed. Further observation revealed that Room #1 and the east hallway each had a sprinkler shipping clip installed. Interview with the Duty Manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated she was unaware of the requirement. REF: 2006 NFPA 101, Life Safety Code, Section 9.7.5, and 2002 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 5.2.1.1.1 Based on observation, document review, and staff interview, the facility failed to notify the authority having jurisdiction, and failed to evacuated or go on an approved fire watch per the 2006 NFPA 101, Life Safety Code, and the 2002 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to evacuated or go on an approved fire watch could lead to injury or death in an emergency. The deficiency affected the whole building. The findings were: Observation on 9/11/19 at 12:02 PM revealed that the facilities sprinkler system was down. Further observation revealed that the facility's alarm system was non-functional. Staff interview and document review revealed that the system had been down for an undetermined time, but at least ten days, and upwards of multiple weeks. Further interview revealed that no effort to notify the authority having jurisdiction had been made. Interview with the Duty Manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated she	S8030		

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S8030	Continued From page 6 was unaware of the requirements. REF: 2006 NFPA 101, Life Safety Code, Sections 9.6.1.6 and 9.7.6.1, and 2002 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Sections 4.1.3, 4.1.3.1, 4.1.3.3, 4.1.4, 4.1.4.2, 4.6, 4.7, 5.1.2, 14.5.2	S8030		
S8031	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide makeup air for clothes dryers exhausting more than 200 cfm in accordance with the 2006 International Mechanical Code. Failure to provide makeup air could lead to injury or death in an emergency. The deficiency affected one (1) room in the building. The findings were: Observation on 9/11/19 at 11:51 AM in the Laundry room found no make-up air was provided into an area with multiple driers where the sum of the exhausted air would exceed the 200 cfm threshold. Interview with the Duty Manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated she was unaware of the requirement. REF: 2006 International Mechanical Code, Section 504.5	S8031		
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as	S8032		

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S8032	Continued From page 7 evidenced by: Based on observation and staff interview, the facility failed to provide tempered water for public hand washing facilities in accordance with the 2006 International Plumbing Code. Failure to provide tempered water could result in injury or death. The deficiency affected all public hand washing facilities. The findings were: Observation on 9/11/19 at 10:57 AM in the lavatory located in bedroom #1 revealed that the temperature of the water to be at 126°F. Further observation revealed that the other hand-washing facilities in the building also had non tempered water. Interview with the Duty Manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated awareness of the requirement. REF: 2006 International Plumbing Code, Section 416.5 Based on observation and staff interview, the facility failed to provide backflow protection on hand showers in accordance with the 2006 International Plumbing Code. Failure to provide backflow protection on hand showers could lead to the spread of infection. The deficiency affected four (4) of four (4) hand showers. The findings were: Observation on 9/11/19 at 11:03 AM in the east bathroom revealed that the hand showers did not have backflow protection installed. Further observation revealed that the west bathroom hand showers also did not have back flow protection installed. Interview with the Duty Manager at the time of observation, and at the time of exit,	S8032		

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S8032	Continued From page 8 acknowledged the deficiency, and indicated she was unaware of the requirement. REF: 2006 International Plumbing Code, Section 424.2 Based on observation and staff interview, the facility failed to provide water below the maximum temperature at individual shower valves in accordance with the 2006 International Plumbing Code. Failure to provide water below the maximum temperature could result in injury or death. The deficiency affected all individual shower valves. The findings were: Observation on 9/11/19 at 11:03 AM in the east bathroom revealed that the temperature at the individual shower valve was 125°F. Further observation revealed that the other individual shower valve also had temperatures above the maximum temperature permitted. Interview with the Duty Manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated awareness of the requirement. REF: 2006 International Plumbing Code, Section 424.3	S8032		
S8033	IFGC Life Safety - Int'l Fuel Gas Code This State Rule and Regulation is not met as evidenced by: Based on observations and staff interview, the facility failed to provide condensate disposal piping with an appropriate slope on the condensate disposal piping, along with piping of an approved corrosion-resistant material in	S8033		

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S8033	Continued From page 9 accordance with the 2006 International Fuel and Gas Code. Failure to provide appropriate condensate disposal could lead to premature deterioration of the subgrade plumbing systems. The deficiency affected four (4) separate appliances in the building. The findings were: Observation on 9/11/19 at 11:07 AM in the east mechanical room revealed that the condensing furnace condensate drain line had a slope where by the condensate pipe high point was by the drain and the low point by the furnace; the drain piping was beginning to discolor from the acid inherent in condensing furnaces; and the floor drain where the discharge entered the sewer system had begun to degrade. Further observation in the Activity Room mechanical room revealed similar issues plus furnace condensate leaking on to (and under) the floor. Further observation in the west mechanical room found similar issues with the slope and the piping. Further observation in the exterior mechanical room found similar issues with the slope and piping. Interview with the Duty Manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated she was unaware of the requirement. REF: 2006 International Fuel and Gas Code, Section 307.2 Based on observations and staff interview, the facility failed to provide space for an appliance having an ignition source free of combustible material in accordance with the 2006 International Fuel and Gas Code. Failure to provide space for an appliance having an ignition source free of combustible material could lead to an increased risk of fire in the facility. The deficiency affected four (4) of four (4) areas in the building. The	S8033		

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S8033	Continued From page 10 findings were: Observation on 9/11/19 at 11:08 AM in the east mechanical room revealed that the room was also being used for combustible storage. Further observation revealed that the activities mechanical room, the west mechanical room and the exterior mechanical room all had combustible materials stored within them. Interview with the Duty Manager at the time of observation, and at the time of exit, acknowledged the deficiency, and indicated she was unaware of the requirement. REF: 2006 International Fuel and Gas Code, Section 305.2	S8033		
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 provide working space and clearance in front of electrical service equipment in accordance with the 2006 International Fire Code. Failure to provide working space and clearance in front of electrical service equipment could lead to injury or death. The deficiency affected two (2) of two (2) electrical panels. The findings were: Observation on 9/11/19 at 11:06 AM in the east mechanical room revealed that there were multiple obstructions directly in front of the electrical panel, within thirty-six (36) inches. Further observation revealed that the west mechanical room also had multiple obstructions within thirty-six inches of the electrical panel. Interview with the Duty Manager at the time of	S8999		

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S8999	Continued From page 11 observation, and at the time of exit, acknowledged the deficiency, and indicated she was unaware of the requirement. REF: 2006 International Fire Code, Section 605.3. Based on observation and staff interview, the facility failed to maintain less than 300 cubic feet of oxygen storage in accordance with 2005 NFPA 99, Heath Care Facilities. Failure to maintain oxygen storage at a level less than 300 cubic feet could result in injury or death during an emergency. The deficiency affected one (1) smoke compartment. The findings were: Observation on 9/11/2019 at 11:19 AM in the activities room revealed 372 cubic feet of oxygen stored in the corner. Interview with the Duty Manager at the time of observation, and at the time of exit, acknowledged the oxygen storage deficiency, and indicated she was unaware of the requirement. REF: 2005 NFPA 99, Section 9.4.2	S8999		

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8012

The facility will ensure that all emergency lighting will be maintained.

All five (5) emergency lights within the facility were replaced. Testing on emergency lights was completed to ensure compliance with NFPA Emergency Lighting requirements.

In order to ensure compliance, the facility will ensure that the battery powered emergency egress lights illuminate once the test button is depressed, and that testing is completed for the 30 seconds monthly and 90 minute testing quarterly.

The reports of the testing will be kept on file at the facility.

The Manager will monitor and audit the file for compliance monthly to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

verified complete ⟶ 10/01/2019
Per phone call on
10/11/19.

Phone call with Cheri Willard on 10/11/19. DoC dates confirmed or revised as discussed. PoC accepted with noted revisions per call.

10-11-19.

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8013

The facility will ensure that all exit signs will be illuminated.

All four exit signs within the facility will be illuminated.

In order to ensure compliance, the facility will ensure that the exit sign lights illuminate once the test button is depressed, and that testing is completed for the 30 seconds monthly and 90 minute testing quarterly.

The reports of the testing will be kept on file at the facility.

The Manager will monitor and audit the file for compliance monthly to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

DoC confirmed per Phone call on 10/11/19 → 11/06/2019

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8017

The facility will ensure that the supervisory signal on the sprinkler system remains engaged at all times unless the "fire watch" policy is enforce due to sprinkler system malfunction .

In order to ensure compliance, the facility will ensure that the communication signal connected to the central location is in working order and that system is not silenced without notification to the State Department of Health and the "fire Watch" policy is in place.

The Manager will monitor and document alarm functioning for compliance.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

9/18/19
~~11/06/2019~~

DoC confirmed per Phone call on 10/11/19 Already complete.

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8019

The facility will ensure documentation of functionality review will be documented on each portable fire extinguishers as well as the checklist.

In order to ensure compliance, the facility will ensure that the portable fire extinguishers have the documentation of review maintained on the tag as well as the checklist in the file.

The reports of the testing will be kept on file at the facility.

The Manager will monitor and audit the file for compliance monthly to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

11/06/2019

Per phone call Cheri indicated that correction would be completed much earlier, but alternate date not provided.

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8028

The facility will ensure documentation of no smoking signs at all major entrances.

The Manager will monitor for compliance to ensure signage remains in place and document monthly.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

9/12/19
~~11/06/2019~~

DoC confirmed per Phone call on 10/11/19. Already complete.

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8030

The facility will ensure that all sprinklers be free of foreign materials.

A monthly walkthrough will be completed to ensure that all sprinklers are free of foreign materials. .

The reports of the audit will be kept on file at the facility.

The Manager will monitor and audit the file for compliance monthly to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

9/12/19
~~11/06/2019~~

Doc confirmed per
Phone call on 10/11/19.
Already complete.

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8030
The facility will ensure that the authority having jurisdiction will be notified in the event the facility implemented the fire watch policy due to non-functional alarm system. .

In order to ensure compliance, the facility will ensure that in the event of non-functioning equipment with the fire sprinkler system or central monitoring system, notification to the authority having jurisdiction will be notified and the "fire Watch" policy is in place.

The Manager will monitor and document these reviews for compliance.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

9/12/19
~~11/06/2019~~

DoC confirmed per Phone call on 10/11/19. Already complete.

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8031

The facility will ensure make-up air will be provided into an area with multiple dryers.

Make-up air vents will be installed in the laundry facility within the facility. .

The Manager will monitor to ensure all required new system installation is completed.

DoC confirmed per phone call on 10/11/19.

11/06/2019

Tag# S8032

The facility will ensure tempered water for public handwashing facilities..

In order to ensure compliance, the facility will ensure temperature in public handwashing facilities is no greater than 110 degrees F.

The manager will randomly test these facilities monthly to ensure the temperature is no greater than 110F. Reports of the testing will be kept on file at the facility.

The Manager will monitor and audit the file for compliance monthly to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

Doc confirmed per phonecall on 10/11/19. Already complete.

9/12/19
~~11/06/2~~

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8033

The facility will ensure condensate disposal piping with an appropriate slope is present on all furnace condensate drain lines.

Facility will ensure an increase in slope is completed on the furnaces condensate drain lines.

The Manager will ensure compliance on completion of scope of work.

DoC confirmed per Phone call on 10/11/19. 11/06/2019

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8999

The facility will ensure that all electrical service equipment has clearance..

All items obstructing the electrical panel have been removed.

In order to ensure compliance, the facility will ensure that the areas within 36 inches of the electrical panel are free from obstruction.

The reports of the monthly visual review will be kept on file at the facility.

The Manager will monitor and audit the file for compliance monthly to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

9/12/19
~~11/06/2019~~

Doc confirmed per
Phone call on 10/11/19.
Already complete.

Tender Heart Assisted Living Facility
Date of Survey: 09/11/2019

Tag# S8999

The facility will ensure that less than 300 cubic feet of oxygen storage is occupied.

All additional portable oxygen tanks have been removed from the facility.

In order to ensure compliance, the facility will ensure that that less than 300 cubic feet of oxygen storage is occupied.

The reports of the monthly visual review will be kept on file at the facility.

The Manager will monitor and audit the file for compliance monthly to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

9/12/19
~~11/06/2019~~

DoC confirmed per
Phone call on 10/11/19.
Already complete.