PRINTED: 12/11/2019
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
	WY9019	A. BUILDING: _____ B. WING _____	12/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN LODGE LLC	1110 BIRCH STREET DOUGLAS, WY 82633

(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 December 3, 2019. The facility was a two story, fully sprinklered building of Type V (111) construction built in 2018. The building was equipped with a supervised automatic wet and dry sprinkler systems, and an addressable fire alarm system. The secure wing of the building is separated from the remainder of the structure by a 2- hour fire separation to distinguish between the Board and Care and Healthcare occupancies of the facility. The facility had a capacity of 34 licensed beds with a census of 19 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 in 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 the 2006 Edition of the Life Safety Code, NFPA 101, New Health Care and New Board and Care, of the National Fire Protection Association, unless otherwise noted.	S 000	S7003NFPA Life Safety-NFPA Means of egress components The facility will ensure to maintain egress doors in accordance with the 2006 NFPA 101 Life safety code. 1.The facility will maintain functioning egress doors. 2.All residents could be affected by this so facility will do monthly audits by maintenance designee. 3.The administrator or designee will educate maintenance the importance of maintaining all egress doors in t e facility. 4.The results of the monthly audit will be brought to QAPI for three months or until resolved.	01/31/2020
S7003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components	S7003		

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

R Nickell Administrator 12-16-2019

Talked to Rachel Nickell, Administrator by phone on 12/23/19 @ 11:15 Am and advised her of Poc Acceptance.

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S7003	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 egress doors in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain egress doors as required could result in injury or death during an emergency. The deficiency affected two (2) of four (4) memory care exits. The findings were: Observation on 12/3/2019 at 10:28 AM at the memory care dining room exit door revealed the delayed egress locking system failed to operate as designed. When tested the release process failed to release the door after 15 seconds. Further observation at the memory care south exit revealed the delayed egress locking system also failed to release after 15 seconds. Both doors could only be released by punching in a code. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 18.2.2.2.4(2); 7.2.1.6	S7003		
S8002	NFPA Life Safety - Nfpa Minimum Construction Req NFPA 101	S8002		

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S8002	Continued From page 2 Minimum Construction Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain minimum construction requirements in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain construction requirements as required could result in fire spread resulting in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 12/3/2019 at 9:45 AM in the main foyer by the vestibule revealed a portion of the ceiling missing. It was noted that the gypsum board ceiling forms a portion of the ceiling/roof assembly. Further observation revealed the structural members were exposed reducing the construction type to Type V (000). Interview with the facility maintenance manager indicated they had a sprinkler system leak, and the ceiling was scheduled to be repaired within a few days. Interview with the facility maintenance manager at the time of observation acknowledged the missing ceiling, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.1.5; 4.2.2	S8002	S8002 NFPA Life Safety Minimum construction requirement. The facility will maintain minimum construction requirements. 1.The facility will maintain all vestibules within the facility. 2.The administrator or designee will educate maintenance of maintaining vestibules. 3.An audit will be done monthly to ensure the vestibules is maintained properly. The audit will be brought to QAPI monthly until resolved.	1/31/2020
S8020	NFPA Life Safety - Nfpa Corridors & Sep of Slpg Rm NFPA 101 Corridors and Separation of Sleeping Rooms	S8020		

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S8020	Continued From page 3 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 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. The findings were: Observation on 12/3/2019 at 10:12 AM at the corridor smoke doors adjacent to room 101 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 facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.3.7.17; 8.5.4	S8020	S8020 Corridors and separation of sleeping rooms. The facility will maintain corridor doors in accordance with the 2006 NFPA 101life safety code. 1.The facility will ensure all smoke doors will close completely into the door frame and would resist the passage of smoke. 2.All residents could be affected by this so facility will do monthly audits to ensure corridors doors close completely into the door frame. 3.Administrator or designee will educate maintenance the importance of corridor doors closing completely into the door frame. 4.The results of the audit will be brought to monthly QAPI until resolved.	1/31/2020