PRINTED: 12/10/2019
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
	ALF019	A. BUILDING: _____ B. WING _____	12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNDANCE ASSISTED CARE	108 ABBY LANE SUNDANCE, WY 82729

(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 5, 2019. The facility was a single story, fully sprinklered building of Type II (111) construction built in 2001. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 15 licensed beds with a census of 13 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 NFPA 101, Life Safety Code, New Board and Care, 2000 Edition unless otherwise noted.	S 000		
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 and staff interview, the facility failed to maintain fire alarm systems in accordance with the 2000 NFPA 101, Life Safety	S8017	**S8017** **1 a. The survey and corrective actions will be posted for all residents and employees to review.** **b. Staff will be instructed as to the policy to identify red fire alarm breakers.** **c. The quality assurance system will be adjusted to include monitoring of simulated fire locations.** **D. recognition will be monitored with different monthly scenerios** **e. The completion of this corrective action will be established by** ~~11-27-19~~ 12-04-19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: _____ TITLE: OWNER (X6) DATE: 12/26/19

Talked To WAYde Johnson, ADMINISTRATOR, Per PHONE 8D
1/6/20 @ 0830 and advised of POC ACCEPTance.
Will f/u
3830

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S8017	Continued From page 1 Code and the 1999 NFPA 72, National Fire Alarm and Signaling Code. Failure to maintain fire alarm systems as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous requirements for the fire alarm system. The findings were: Observation on 12/05/2019 at 9:34 AM in the main electrical room revealed that the fire alarm annunciator panel breaker was not marked in red and identified as Fire Alarm Circuit. Interview with the facility director at the time of observation acknowledged the deficiency, and indicated she was unaware of the requirement. REF: 2000 NFPA 101, Sections: 32.2.3.4; 9.6.1.4 1999 NFPA 72, Section: 4.4.1.4.2.2	S8017		

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