Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF004	A. BUILDING: _____ B. WING _____	01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING COMMUNITY	1930 EAST 12 STREET CASPER, WY 82601

(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 January 28, 2021. The facility was a three story fully sprinklered building of Type V (111) construction built in 1987. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 116 licensed beds with a census of 48 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 Healthcare 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 NFPA 101, Life Safety Code, New Residential Board and Care, 1994 Edition, unless otherwise noted.	S 000		
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 medical gas cylinders in	S8999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Laurie Clark — TITLE: Executive Director — (X6) DATE: 2-11-2021

Talked To Heather Floling, Executive Director by Phone on 2/16/21 @ 2:00 PM and advised her of the Poc Acceptance.

Will P.A.
3830

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S8999	Continued From page 1 accordance with the 1993 NFPA 99, Health Care Facilities Code. Failure to maintain medical gas cylinders as required could result in injury or death. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 1/28/21 at 9:28 AM in room 104 revealed several oxygen cylinders sitting on the floor unsecured. Further observation revealed three (3) nine (9) cubic foot cylinders unsecured. Interview with the facility maintenance director 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: 1993 NFPA 99, Section: 4-3.1.1.2(3) Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 1994 NFPA 101, Life Safety Code, and the 1993 NFPA 70, National Electrical Code. Failure to maintain electrical systems as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 1/28/21 at 9:50 AM in the second floor activities room revealed an extension cord. Further observation revealed nothing plugged into the extension cord. Interview with the facility maintenance director at the time of observation acknowledged the deficiency and indicated awareness of the requirement.	S8999		

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S8999	Continued From page 2 Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Section: 7-1.2 1993 NFPA 70, Section: 400-8 Based on observation and staff interview, the facility failed to maintain decorations in accordance with the 1994 NFPA 101, Life Safety Code. Failure to maintain decorations as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 1/28/21 at 9:38 AM in the first floor trash room revealed two small hay bales stored in the room. Interview with the facility maintenance director revealed that the hay bales were used for fall decorations. Interview with the facility maintenance director 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: 1994 NFPA 101, Sections: 31-7.5.1; 31-1.4.5	S8999		

PLAN OF CORRECTION

CLIA ID: ALF004

FACILITY NAME: PARK PLACE ASSISTED LIVING COMMUNITY

SURVEY DATE: 01/28/2021

TAG: S8999

1. CORRECTIVE ACTION

a. The gas cylinders have since been secured in proper storage containers.

b. The extension cord was removed immediately by the maintenance director at the time of survey.

c. The hay bales in the trash room were removed immediately by the activities coordinator at the time of survey.

2. IDENTIFICATION OF OTHERS AT RISK

a. All residents, staff and guests at the facility were put at risk with these deficiencies. That is why they were all immediately corrected on the spot when they were discovered by the surveyor.

3. SYSTEM MEASURES

Staff will be educated and reminded on the proper way to store gas cylinders. They will also be educated on electrical safety practices and safe storage procedures for miscellaneous decorations and other supplies. Staff will be trained by February 11th 2021. Staff will be required to sign an acknowledgement of this training.

4. MONITORING

The maintenance director will do periodic monitoring (bi-monthly) of storage areas and check electrical outlets for proper usage for the next 3 months and document these audits. The clinical services director will conduct bi-monthly checks of the gas cylinder storage area and document the audits.

5. QA

The corrective action was put into place on January 28th 2021 where the hazardous items were removed and proper storage found for the cylinders. Education for all staff was completed on February 11th 2021 and audits started during the week of February 15th on a bi-monthly basis for 3 months.