

Healthcare Licensing and Surveys				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/10/2021
NAME OF PROVIDER OR SUPPLIER DEER TRAIL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 REAGAN AVENUE ROCK SPRINGS, WY 82901		
(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 February 10, 2021. The facility was a two-story fully sprinklered, single story building of Type V (111) construction built in 2006. The building was equipped with a supervised automatic wet sprinkler system, dry sprinkler system, and an addressable fire alarm system. The facility had a capacity of 62 licensed beds with a census of 50 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 NFPA 101, Life Safety Code, New Health Care with mixed occupancy of New Board and Care, 2006 Edition unless otherwise noted. The mixed occupancy is required because the facility does not have a 2-hour rated separation wall between assisted living (Board and Care Occupancy), and the memory care (Health Care Occupancy) portions of the building.	S 000		
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by:	S8999		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Executive Director

23 MAR 2021

STATE FORM

5409

7HP611

If continuation sheet 1 of 3

Talked to Jeff Smith, Executive Director, by PHowe
on 3/11/21 at 9:30 AM and advised him of
POC Acceptance.

Call PAF
38730

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DEER TRAIL ASSISTED LIVING**2360 REAGAN AVENUE
ROCK SPRINGS, WY 82901**

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S8999	Continued From page 1 Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2006 NFPA 101, Life Safety Code, and the 2005 NFPA 70, National Electrical Code. Failure to maintain electrical systems as required could result in injury or death during an emergency. The deficiency affected three (3) of numerous rooms in the facility. The findings were: 1. Observation on 2/10/21 at 9:10 AM in the hair salon revealed a power strip plugged into a power strip creating a daisy chain. Further observation during the survey revealed extension cords being used in resident rooms 113 and 131. Interview with the facility maintenance director at the time of observation acknowledged the deficiency and indicated awareness of the requirement. Interview with the facility executive director at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Section: 9.1.2 2005 NFPA 70, Section: 400-8 2. Observation on 2/10/21 at 9:26 in electrical room 141 revealed a chair stored within three (3) feet of the front of an electrical panel. Interview with the facility maintenance director at the time of observation acknowledged the deficiency and indicated awareness of the requirement. Interview with the facility executive director at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Section: 9.1.2 2005 NFPA 70, Section: 110.26	S8999		

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