Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF27	A. BUILDING: _____ B. WING _____	C 08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS RETIREMENT COMMUNIT	106 E MAIN STREET NEWCASTLE, WY 82701

(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 complaint investigation survey was conducted by Healthcare Licensing and Surveys on August 31, 2023. The survey was prompted by complaint intake LIC-23-046. The facility was a one story, fully sprinklered building with a basement of Type II(111) construction built in 1949. The building was equipped with a supervised automatic wet sprinkler system with a dry branch, and a zoned fire alarm system. The facility had a capacity of 23 licensed beds with a census of 21 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, 1994 Edition unless otherwise noted.	S 000	See attached	
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous areas in accordance with the 1994 NFPA 101, Life Safety	S8015		

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

Owner | 9-27-23

Spoke to Don Taylor, by phone on 10/16/23 @ 12:55pm and advised him of the plan of correction acceptance #46073

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S8015	Continued From page 1 Code. The failure to maintain hazardous area 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 08/31/2023 at 11:45 AM in the kitchen storage room revealed the door was being held open by a door chuck. Interview with the facility owner at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.3.2.2	S8015		
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 1994 NFPA 101, Life Safety Code and the 1993 NFPA 25, National Fire Alarm Code. The failure to maintain fire alarm systems as required could result in injury or death during an emergency. The deficiency affected the fire alarm system in the facility. The findings were: Observation on 08/31/2023 at 12:18 PM at the fire alarm panel revealed the panel was in alarm, with the supervisory indicator on, and the alarm silenced. Alarm read as "Alarm: 2 WIRE DET.	S8017		

Healthcare Licensing and Surveys

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S8017	Continued From page 2 MAIN FLOOR ZONE 2 05:16P 11142022". Further investigation revealed that a manual pull station was damaged, and could not be reset, as well as indication that the facility's dry sprinkler system supervisory function was in alarm. The facility must maintain the fire alarm system to ensure that all systems are functioning properly, and no alarms are present indicating a malfunction of the fire alarm or fire suppression system supervisories. Interview with the facility owner at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.3.4.1, 7-6.1.4; 31-1.3.3 1993 NFPA 25, Sections: 3-8.2; 3-8.6; 3-8.7	S8017		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain sprinkler systems in accordance with the 1994 NFPA 101, Life Safety Code and the 1994 NFPA 13, Installation of Sprinkler Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected one (1) of two (2) sprinkler branches in the facility. The findings were:	S8018		

Healthcare Licensing and Surveys

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S8018	Continued From page 3 Observation on 08/31/2023 at 12:19 PM at the fire sprinkler riser revealed the dry system OS&Y valve was in the "off " position. Further investigation revealed that the dry sprinkler system had developed leaks, and could not be pressurized. The facility had not implemented a fire watch, or other equivalent option, for areas of the building served by the dry sprinkler system, which were identified to be the attic and exterior canopy. Interview with the facility owner at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. REF: 1994 NFPA 101, Sections: 22-3.3.5.1, 7-7.1.1, 7-7.5; 31-1.3.3 1994 NFPA 13, Sections: 4-5.7.2	S8018		

Mondell Heights Retirement Community (MHRC) September 27, 2023

Don Taylor, Co Administrator

106 E Main Street

Newcastle, Wy 82701

Ref: LH-2023-0980

Statement of deficiencies

S 8015

NFPA Life Safety - NFPA Prot from Hazards

NFPA 101

Protection from Hazards

This State Rule and Regulation is not met as evidenced by:

Based on observation and staff interview, the

facility failed to maintain hazardous areas in

accordance with the 1994 NFPA 101, Life Safety

Continued From page 1 |

Code. The failure to maintain hazardous area 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 08/31/2023 at 11:45 AM in the

kitchen storage room revealed the door was.

being held open by a door chuck

1. **What** corrective Actions will be accomplished to eliminate this deficiency.

A. Removing all door blocks from storage and employee areas so that doors cannot be propped open.

2.**How** will we identify other doors being propped open that may affect safety.

A. Making sure that a walk-through happens each month to ensure that once we remove door blocks, they do not find their way back into the building.

3. **What** measures will be taken to ensure this will not reoccur? Of the dangers of door stops and that their use is against policy.

A. When monthly meetings happen, we train employees. Of the dangers of door stops and that their use is against policy.

4. **Time frame of completion**.

A. This deficiency has been addressed and we are currently following the guidelines in this POC. 9/27/2023.

S 8017)

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 1994 NFPA 101, Life Safety Code and the 1993 NFPA 25, National Fire Alarm Code. The failure to maintain fire alarm systems.

as required could result in injury or death during an emergency. The deficiency affected the fire alarm system in the facility. The findings were: Observation on 08/31/2023 at 12:18 PM at the fire alarm panel revealed the panel was in alarm, with the supervisory indicator on, and the alarm silenced. Alarm read as "Alarm: 2 WIRE DET.

S 8017

Continued From page 2

MAIN FLOOR ZONE 2 05:16P 11142022"
Further investigation revealed that a manual pull station was damaged, and could not be reset, as well as indication that the facility's dry sprinkler system supervisory function was in alarm. The facility must maintain the fire alarm system to ensure that all systems are functioning properly, and no alarms are present indicating a malfunction of the fire alarm or fire suppression system supervisory.
interview with the facility owner at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement.
Interview with the facility owner at the time of exit acknowledged the deficiency.
REF: 1994 NFPA 101, Sections: 22-3.3.4.1, 7-6.1.4; 31-1.3.3
1993 NFPA 25, sections: 3-8.2; 3-8.6; 3-8.7

1. **What** Corrective Action will be accomplished.

   A. Each month along with the fire drill a monthly inspection will be completed of **Pull Stations, Audible Alarms, Exit Signs, Extinguishers and Fire Doors, By the Maintenance dept and recorded in a log with a signature, to ensure all fore safety equipment is maintained and in good working order. This log will be kept separate but with the fire drill log and able to be viewed at request. With that log a mater drawing with all these fire protection device's location for easy review. Attached will be a copy of that drawing with this POC.**

2. **What** Measures will be put in place to ensure that deficiencies reoccur.

   A. **Along will logged monthly checks by the facility maintenance supervisor, A fire protection company will do annual certified inspections and make sure all paperwork meets code and state requirements. All documentation will be kept in a binder for review at request. Please see the attached copy of the letter of agreement with a fire protection company to keep up with all code and state required testing and certifications and documentation.**

3. **How** will We monitor corrective actions performance and ensure its maintained?

   A. **Working with a fire Protection company and contracting them to do annual inspection along with all documentation to certify and test this system. maintain documentation for visual inspection at request! Following up with Maintenance monthly to ensure all logs are kept up to date each month.**

4. **Must** include date of completion.

   A. **This deficiency has been addressed and we are currently following the POC actions listed.**

S8018

NFPA Life Safety - Nfpa Extinguishment Req

NFPA 101

Extinguishment Requirements.

"This State Rule and Regulation is not met as evidenced by:
Based on observation and staff interview, the facility failed to maintain sprinkler systems in accordance with the 1994 NFPA 101, Life Safety Code and the 1994 NFPA 13, Installation of Sprinkler Systems. The failure to maintain. sprinkler systems as required could result in injury or death during an emergency. The deficiency affected one (1) of two (2) sprinklers. branches in the facility. The findings were:

S 8018

Continued From page 3

Observation on 08/31/2023 at 12:19 PM at the fire sprinkler riser revealed the dry system OS&Y valve was in the "off" position. Further investigation revealed that the dry sprinkler. system had developed leaks, and could not be pressurized. The facility had not implemented a fire watch, or other equivalent option, for areas of the building served by the dry sprinkler system, which were identified to be the attic and exterior? canopy.
Interview with the facility owner at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement.

Interview with the facility owner at the time of exit

acknowledged the deficiency.

REF: 1994 NFPA 101, Sections:

22-3.3.5.1, 7-7.1.1, 7-7.5; 31-1.3.3

1994 NFPA 13, Sections: 4-5.7.2

1. **What** corrective actions will be accomplished for this deficiency.

   A. Once deficiency was alerted to this facility, we set up adequate water sources to protect the canopy area that was not protected by the dry system with two water sources one on each side of the canopy to meet fire protection requirements. The attic is NOT a storage area and is no longer require having a dry system per the state fire inspector and the local fire Chief that system is being disabled and piping is now run to protect the canopy are to meet code and state requirements. The system fire panel is now working and everything below the ceiling is functioning as it should. The dry system will be operational as soon as the dry system valve comes in which is expected to be 10 /20 /23. Please see the attached letter from the fire protection company to verify that and is included with this POC.

2. **What** measures will be put in place to ensure this deficiency will not happen again?

   A. **We have attached an email saying that we are signing an inspections contract to ensure that a fire protection company will inspect and test the system to ensure it meets code and state requirements on an annual basis per code. We will also at the facility make sure maintenance supervisor reports any deficiencies in a timely manner to make sure the system is maintained for correct operation. The facility will maintain a monthly logbook to document inspection of sprinklers and any issues or repairs completed during each month and available for review at request.**

   B. We are also in the process of obtaining architect approval for the removal of the attic dry system and will do a follow up notification to the state when we receive. 10/20/23 is expected date of letter completion.

3. **How** will We monitor POC to ensure its success.

   A. **Working together with the maintenance supervisor ensuring monthly inspection and documentation is completed and working with a-fire protection company to ensure that all test and documentation is kept and maintained to meet code and state requirements for the fire, DRY and WET System.**

4. **Date** of completion for this deficiency.

   C. We have email confirmation that the dry system will be fully functional and in compliance with code and state requirements Approximately 10/20/23. We will do a follow up notification to the state when it is installed and complete.
   D. We are also in the process of obtaining architect approval for the removal of the attic dry system and will do a follow up notification to the state when we receive. 10/20/23 is expected date of letter completion.

This is our completed POC. We have noted the items that we have completed and dated the completion of items that are in process. I want to thank the state surveyors for making us aware of issues that need correction. We have tried to get these issues corrected in the quickest matter possible. We would also like to request that in future if complains are made about a faculty. Please make the facility aware of the complaint. A problem cannot be solved by keeping it a secret and its life and safety so fixing the issue quickly should always be the first concern not guessing if there was an issue and hope for the best.

Please let me know if you have any other questions.

Don Taylor

Co/Owner

Mondell Heights

106 East Main

Newcastle, Wy, 82701

307-746-8582