PRINTED: 12/06/2023
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
	ALF008	A. BUILDING: _____ B. WING _____	11/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

(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 Licensure survey was conducted by Healthcare Licensing and Surveys on November 28, 2023. The facility was a two story, fully sprinkiered building of Type V (111) construction built in 1997. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 81 licensed beds with a census of 73 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 operating 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 1994 NFPA 101, Life Safety Code, New Board and Care unless otherwise noted.	S 000		
S8002	NFPA Life Safety - Nfpa Minimum Construction Req NFPA 101 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 1994 NFPA 101,	S8002		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X5) DATE
Anne M. Rafter	Executive Director	12/15/2023

Accepted 12/19/23 via phone call w/ Admin

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S8002	Continued From page 1 Life Safety Code. Failure to maintain minimum construction requirements could result in smoke and fire spread resulting in injury or death during an emergency. The deficiency affected numerous areas in the facility. The findings were: Observation on 11/28/2023 at 9:31 AM in the communications equipment room in the north wing revealed a hole in the ceiling membrane that was measured at approximately 6 inches by 6 inches. Exposed structural members were visible through the hole. This deficiency was repeated in the electrical room. Additionally, observation revealed multiple unsealed ceiling penetrations in the boiler room. The interior shall be "fully sheathed" with materials providing a 15-minute thermal barrier. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated that he was not aware of the requirement. Interview with the business office manager at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101, Ch. 22, Sec. 3.1.3.1	S8002	A. The hole in the membrane of the communication equipment room was replaced with two layers of drywall by Maintenance Assistant on November 30 2023. B. The hole in the membrane in the electric room was replaced with two layers of drywall by Maintenance Director on December 5 2023 C. The unsealed ceiling penetrations in the boiler room were fully sheathed using fire barrier sealant by Maintenace Assistant on December 5 2023.	12/5/23
S8003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain panic hardware on egress doors in accordance with 1994 NFPA 101,	S8003		

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S8003	Continued From page 2 Ch. 5, Sec. 2.1.7. Failure to maintain panic hardware could result in delayed egress in the event of an emergency, which could lead to injury or death. The deficiency affected all residents, staff, and visitors. The findings were: Observation on 11/28/2023 at 10:35 AM at the south corridor exit revealed that when pushed, the panic hardware installed on the door required more than 15 lbs. of force to release the door latch as measured by the surveyor. Panic hardware on egress doors shall require no more than 15 lbs. of force to release the door latch. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the business office manager at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101, Ch. 5, Sec. 2.1.7.2(b)	S8003	A. Panic hardware was lubricated with Open and Shut Spray Lube by Maintenance Assistant on December 8 2023 B. Maintenance Director added this lubrication service to the weekly door inspection already in place at facility to ensure free movement.	12/8/23
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain emergency lighting in accordance with 1994 NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an emergency. The deficiency affected all residents, staff, and visitors in the facility. The findings were:	S8012		

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S8012	Continued From page 3 Observation on 11/28/2023 at 9:35 AM outside of the north laundry room revealed an emergency light that when tested, failed to operate. This deficiency affected numerous emergency egress lighting appliances throughout the facility. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the business office manager at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 Ch. 22, Sec. 3.2.9 and Ch. 5, Sec. 9.1	S8012	A. The emergency light fixture near the north laundry room was found to be loose on the housing. The Maintenance Assistant realigned the electrical signals in the light fixture and snapped the cover back on. B. The emergency light fixture near the south laundry room was completely replaced after inspection by Maintenance Director. C. Maintenance Director added service to ensure all fixtures are in place during existing monthly 30 second emergency light test.	
S8014	NFPA Life Safety - Nfpa Prot of Vertical Openings NFPA 101 Protection of Vertical Openings This State Rule and Regulation is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain equipment in accordance with the 1994 NFPA 101, Life Safety Code. Failure to maintain equipment as required could result in the spread of fire and smoke throughout the facility, which may result in injury or death during an emergency. Observation on 11/28/2023 at 11:00 AM in the north stairwell revealed an attic access hatch in the open position, exposing the attic space to the potential passage of smoke and fire. Further observation in the south stairwell revealed the same deficiency. All interior stairs serving as an exit or exit component shall be enclosed.	S8014		12/7/23

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S8014	Continued From page 4 Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated that he was not aware of the requirement. Interview with the Business Office Manager at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101, Ch. 22, Sec. 3.3.1; Ch. 6, Sec. 2.4.4; Ch. 5, Sec. 1.3.1(e), and 2.2.8.1 2. Based on document review and staff interview, the facility failed to ensure vertical sliding fire doors were tested in accordance with the 1994 NFPA 101, Life Safety Code, and the 1992 NFPA 80, Standard for Fire Doors and Fire Windows. Failure to maintain vertical sliding fire doors as required may result in fire spread, which could result in injury or death. This deficiency affected 1 of 6 smoke compartments, as well as all residents, staff, and visitors. The findings were: Document review on 11/28/2023 starting at 12:10 PM revealed that no documentation was available to indicate the vertical sliding fire doors on the second floor were being tested in accordance with NFPA 80. Vertical sliding fire doors shall be tested on an annual basis. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated that he was not aware of the requirement. Interview with the Business Office Manager at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101, Ch. 22, Sec. 3.2.2.2; Ch. 5, Sec. 1.14(e), and 1992 NFPA 80, Ch. 15, Sec.	S8014	A. Maintenance Director closed the open hatches in both north and south stairwells to ensure smoke and fire safety in the attic space. A. On December 4 2023, Maintenance Director contacted Summit Fire and Security to set up inspection of the vertical fire doors. They are unable to perform this type of inspection. They recommended contacting Siemens. Maintenance Director emailed Siemens to set up a time for inspection of the vertical fire doors. Maintenance Director did not receive a response. B. Maintenance Director called on December 12 2023 to set up service request with Siemens to schedule appointment time for inspection. C. Maintenance Director contacted Advanced Comfort Solutions to scheduled inspection of vertical fire doors. Scheduled for December 15 2023 D. Maintenance Director added vertical fire door inspection to annual tasks list.	12/12/23 12/15/23

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S8014	Continued From page 5 2.4.3.	S8014		
S8023	NFPA Life Safety - Nfpa Utilities NFPA 101 Utilities This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to protect gas-fired equipment in accordance with the 1994 NFPA 101, Life Safety Code, and the 1992 NFPA 54, National Fuel Gas Code. Failure to maintain gas-fired equipment could lead to system damage and failure, resulting in injuries to staff or residents. The deficiency affected the kitchen, and all staff working within. The findings were: Observation on 11/28/2023 at 10:11 AM in the kitchen revealed a gas-fired cooktop. Further observation revealed that the cooktop was on casters, and was not provided with the required restraint to protect the flexible gas piping when the cooktop is moved for service or cleaning. Gas-fired equipment on casters shall be provided with a device to limit movement of equipment to prevent strain on the gas connection. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the Business Office Manager at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 Ch. 7, Sec. 1.1; 1992 NFPA 54, Ch. 6, Sec. 6.12.6	S8023	A. Maintenance Director installed restraint for the gas fired equipment and secured the restraint to an eyebolt on the floor. B. Dining Services staff have been educated to reconnect the restraint after cleaning and insure it is in place after any service to the gas fired equipment.	12/8/23

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S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure that fire dampers in the HVAC systems were tested in accordance with NFPA 101, Life Safety Code and NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. Failure to test fire dampers as required could result in the spread of fire throughout the facility. This deficiency affects all residents, staff, and visitors. The findings were: Document review on 11/28/2023 starting at 12:10 PM revealed that no documentation was available to indicate that fire dampers are being tested in accordance with NFPA 90A. Fire dampers shall be tested once every four years. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated that he was not aware of the requirement. Interview with the Business Office Manager at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 Ch. 22, Sec. 7.2.1; NFPA 90A, Ch.9, Sec. 8.1; NFPA 80, Ch. 19, Sec. 5.1.2	S8999	A. On December 4 2023, Maintenance Director contacted Summit Fire and Security to set up inspection of the fire dampers in the HVAC system. They are unable to perform this type of inspection. They recommended contacting Siemens. Maintenance Director emailed Siemens to set up a time for inspection of the fire dampers in the HVAC system. Maintenance Director did not receive a response. B. Maintenance Director called Siemens on December 12 2023 to schedule appointment time for inspection. C. Maintenance Director contacted Advanced Comfort Solutions to scheduled inspection of fire dampers scheduled for December 15 2023 D. Maintenance Director added inspection of fire dampers in the HVAC system tasks list at a frequency of every four years to be compliant with life safety code.	12/15/23