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 _____	12/05/2023

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 licensure survey was performed by Healthcare Licensing and Surveys on 12/05/2023. The facility was a two story, fully sprinklered building 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 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		
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 install ramp handrails in accordance with the 1994 NFPA 101, Life Safety	S8003		

POC approved via phone call w/ Owner on 01/05/2024 @ 9:50 AM

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 _____	12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS RETIREMENT COMMUNITI	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
S8003	Continued From page 1 Code. Failure to install handrails as required could delay egress resulting in injury or death during an emergency. The deficiency affected one (1) of one (1) ramps in the facility. The findings were: Observation on 12/05/2023 at 10:35 AM in the corridor leading to the gazebo revealed a ramp with a rise of approximately 10 inches with handrails that failed to follow slope. During observation, a length of approximately 100 inches was measured, giving a slope of 1:10. Handrail height remained level with the upper landing height, leading to the measurement between the bottom of the ramp and the top of the rail being approximately 50 inches. Handrails shall be not less than 34 inches, nor more than 38 inches above the surface of the tread. Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101, Sections 5-2.5.4; 5-2.2.4	S8003		
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with the 1994 NFPA 101,	S8004		

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 _____	12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS RETIREMENT COMMUNIT	105 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
S8004	Continued From page 2 Life Safety Code. Failure to maintain doors with self-closing devices as required could contribute to fire spread during an emergency resulting in injury or death. The deficiency affected one door in the facility. The findings were: Observation on 12/05/2023 at 10:50 AM in the basement adjacent to the stairs revealed a rated door with a self-closing device that was propped open with a door stopper. The door was equipped with a magnetic releasing device tied to the fire alarm system. The device was found to be inoperable. Whenever or wherever any device or level of protection is required by the code, it should be permanently maintained. Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 Ch. 1, Sec. 7.1	S8004		
S8013	NFPA Life Safety - Nfpa Marking of Means of Egress NFPA 101 Marking of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain means of egress marking components in accordance with the 1994 NFPA 101, Life Safety code. Failure to maintain means of egress marking components as	S8013		

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 _____	12/05/2023

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
S8013	Continued From page 3 required could result in delayed egress leading to injury or death in the event of an emergency. The deficiency affected one of multiple exits throughout the facility. The findings were: Observation on 12/05/2023 at 10:30 AM at the door leading to the gazebo revealed a door that was neither an exit, nor did it lead to an exit, but gave the appearance of an exit and could likely be mistaken as such. Any door, passage, or stairway that is neither an exit nor a way of exit access, and that is located or arranged so that it is likely to be mistaken for an exit, shall be identified by a sign reading "NO EXIT". Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101, Ch. 5, Sec. 10.4.2	S8013		
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 protection from any area having a degree of hazard greater than that normal to the general occupancy of the building or structure in accordance with 1994 NFPA 101, Life Safety Code. Failure to maintain protection from hazardous areas could contribute to the spread of smoke or fire resulting in injury or death	S8015		

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 _____	12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS RETIREMENT COMMUNITY	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
S8015	Continued From page 4 during an emergency. The deficiency affected one (1) hazardous area in the facility. The findings were: Observation on 12/05/2023 at 9:25 AM in the dumbwaiter closet revealed several penetrations through the two-hour fire barrier. Penetrations in fire barriers shall be filled with a material capable of maintaining the fire resistance of the fire barrier. Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 Ch.6, Sec. 2.3.6.2	S8015		
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, Standard for the Installation of Sprinkler Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency was present throughout the facility. The findings were: Observation on 12/05/2023 at 09:40 AM in the janitor's closet revealed storage of combustible	S8018		

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 _____	12/05/2023

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
S8018	Continued From page 5 materials within 18" of a sprinkler head. This deficiency was repeated at several additional storage closets throughout the facility. A minimum of 18" clearance shall be maintained between the top of storage and ceiling sprinkler deflectors. Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 Ch.22, Sec. 3.3.5.1 and Ch. 7, Sec. 7; 1994 NFPA 13 Ch. 4, Sec. 4.1.6	S8018		
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain portable fire extinguishers in accordance with the 1994 NFPA 101, Life Safety Code, and the 1990 NFPA 10, Standard for Portable Fire Extinguishers. Failure to test and maintain portable fire extinguishers could result in injury or death in the event of a fire. The deficiency affected multiple portable fire extinguishers throughout the facility. The findings were: 1. Document review on 12/05/2023 starting at 12:00 PM revealed that the facility had not conducted monthly inspections on the portable fire extinguishers installed throughout the facility.	S8019		

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 _____	12/05/2023

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
S8019	Continued From page 6 All portable fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 Ch. 22, Sec. 3.3.5.3 and Ch. 7, Sec. 7.4; 1990 NFPA 10, Ch. 4, Sec 3.1 2. Observation on 12/05/2023 at 9:40 AM in the Chapel revealed a fire extinguisher that was partially blocked and obscured by a cart. Fire extinguishers shall not be obstructed or obscured from view. Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. Ref: 1994 NFPA 101 Ch. 22, Sec. 3.3.5.3, Ch. 7, Sec. 7.4.1; 1991 NFPA 10 Ch. 1, Sec. 6.6	S8019		
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the	S8022		

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 _____	12/05/2023

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
S8022	Continued From page 7 facility failed to maintain electrical components as required by 1993 NFPA 70, National Electric Code. Failure to maintain electrical components as required could result in electrical shock, or fire, leading to injury or death. The deficiency affected two areas in the facility. The findings were: 1. Observation on 12/05/2023 at 10:50 AM revealed an electrical breaker box in the basement on which the front panel was not securely fastened exposing approximately one and a half inches of the inside of the box. Boxes shall provide a complete enclosure for the contained conductors or cables. Interview with the activities director at the time of observation acknowledged the deficiency, and indicated that she was not aware of the requirement. Interview with the owner later in the afternoon during a walk-around acknowledged the deficiency and indicated that he was aware of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. Ref: 1993 NFPA 70, 370-72(c) 2. Observation on 12/05/2023 at 9:42 AM in the small dining room revealed an approximately fifteen foot long multi-outlet extension cord used as permanent wiring in lieu of an electrical outlet. Flexible cords and cables shall not be used as a substitute for the fixed wiring of a structure. Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement. Interview with the facility owner at the time of exit	S8022		

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 _____	12/05/2023

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
S8022	Continued From page 8 acknowledged the deficiency. Ref: 1993 NFPA 70, 400-8	S8022		

Mondell Heights Retirement Community (MHRC)

Don Taylor, Co Administrator

106 E Main Street

Newcastle, Wy 82701

REF# LH-2023-1269

POC

S000

General Comments

A Life Safety Code licensure survey was performed by Healthcare Licensing and Surveys on 12/05/2023.

The facility was a two story, fully sprinklered building 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 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.

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 install ramp handrails in accordance with the 1994 NFPA 101, Life Safety Code. Failure to install handrails as required could delay egress resulting in injury or death during an emergency. The deficiency affected the one (1) of one (1) ramp in facility the findings were

Observation on 12/05/2023 at 10:35 AM in the corridor leading to the gazebo revealed a ramp with a rise of approximately 10 inches with handrails that failed to follow slope. During observation, a length of approximately 100 inches was measured, giving a slope of 1:10. Handrail height remained level with the upper landing height, leading to the measurement between the bottom of the ramp and the top of the rail being approximately 50 inches. Handrails shall be not less than 34 inches, nor more than 38 inches above the surface of the tread.

Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement Interview with the facility owner at the time of exit acknowledged the deficiency.

1. **What** Corrective action will be taken to eliminate this deficiency?

    a. All handrails that were in question have been lowered to the required 38inch level, as well as sloping the handrails to follow the floor in the area that the floor sloped. **Completed 12/18/23.**

2. **How** do we identify this from happening again?

    a. Moving forward the facility will measure at the 38-inch mark to comply with the state's sudden interest in a handrail that is 3 inches to high all of a sudden.

3. **Time frame to completion. Completed** as of 12/18/23.

    S8004

Ref:1994 NFPA 101, Sections 5-2.5.4;5-2.2.4

NFPA Life Safety-Nfpa Doors NFPA 101 Doors

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

Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with the 1994 NFPA 101Life Safety Code. Failure to maintain doors with self-closing devices as required could contribute to fire spread during an emergency resulting in injury or death. The deficiency affected one door in the facility. The findings were.

Observation on 12/05/2023 at 10:50 AM in the basement adjacent to the stairs revealed a rated door with a self-closing device that was propped open with a door stopper. The door was equipped with a magnetic releasing device tied to the fire alarm system. The device was found to be inoperable. Whenever or wherever any device or level of protection is required by the code, it should be permanently maintained. Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

Ref:1994 NFPA 101 Ch.1. Sec.7.1

1. **What** corrective action will be taken to eliminate this deficiency?

    a. This deficiency was due to magnet stop not working, the magnet will be removed, and the door will be posted to keep shut at all time and a code doorknob will be installed to ensure it stays close and does not get propped open.

2. **How** will we identify doors that have magnet stops being propped open?

    a. This will be identified when the fire inspection company comes in to test fire doors any not working will be identified and repaired.

3. **Time of completion**: Completed 12/18/23.

S8013

NFPA Life Safety -Nfpa Marking of Means of Egress

NFPA 101

Marking of Means of Egress

This State Rule and Regulation is not met as evidenced by

MHRC Survey date 12/5/23 LH-2023-1269 994

Based on observation and staff interview, the facility failed to maintain means of egress marking components in accordance with the 1994 NFPA 101, Life Safety code. Failure to maintain means of egress marking components as required could result in delayed egress leading to injury or death in the event of an emergency.

The deficiency affected one of multiple exits throughout the facility. The findings were.

Observation on 12/05/2023 at 10:30AM at the door leading to the gazebo revealed a door that was neither an exit, nor did it lead to an exit, but gave the appearance of an exit and could likely be mistaken as such. Any door, passage, or stairway that is neither an exit nor a way of exit access, and that is located or arranged so that its likely to be mistaken for an exit, shall be identified by a sign reading "NO EXIT"

Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

Ref:1994 NFPA 101, Ch.5, Sec.10.4.2

1. **What** corrective action will be taken to eliminate this deficiency?

   We will add a (NO EXIT) sign above the door to be compliant.

2. **How** will we identify this issue in the future, we will make sure that each do that is not marked exit is identified and marked (NO EXIT) so we can ensure that egress is achieved in the quickest fashion.

3. **Time Frame to Completion, Sign ordered will be completed by 1/10/2024**

S8015

NFPA Life Safety-Nfpa Prot from Hazards

NFPA 101

Protection from Hazards

This State Rule and Regulation is not met as evidenced by

MHRC Survey date 12/5/23 LH-2023-1269 09 5

Based on observation and staff interview, the facility failed to maintain protection from any area having a degree of hazard greater than that normal to the general occupancy of the building or structure in accordance with 1994 NFPA 101, Life Safety Code. Failure to maintain protection from hazardous areas could contribute to the spread of smoke or fire resulting in injury or death during an emergency. The deficiency affected one (1) hazardous area in the facility.

The findings were.

Observation on 12/05/2023 at 9;25AM in the dumbwaiter closet revealed several penetrations through the two-hour fire barrier. Penetrations in fire barriers shall be filled with a material capable of maintaining the fire resistance of the fire barrier.

Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

Ref:1994 NFPA 101 Ch.6, Sec.2.3.6.2

1. **What** corrective action will be taken to eliminate this deficiency.

   a. To correct said deficiency fire retardate sealant was used to fill space around both pipes coming through ceiling.

2. **How** will we identify this issue in the future?

   a. We will review any other existing and future holes from piping and make sure there is a good seal around possible open areas and they are sealed .

3. **Time frame of completion**: Completed as of 12/18/2023.

S8018

NFPA Life Safety -Nfpa Extinguishment Req

NFPA 101

Extinguishment Requirements

This State Rule and Regulation is not met as evidence by

MHRC Survey date 12/5/23 LH-2023-1269 8 of 6

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, Standard for the Installation of Sprinkler Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency was present throughout the facility The findings were.

Observation on 12/05/2023 at 09:40 AM in the janitor's closet revealed storage of combustible materials within 18"of a sprinkler head. This deficiency was repeated at several additional storage closets throughout the facility. A minimum of 18"clearance shall be maintained between the top of storage and ceiling sprinkler deflectors Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

Ref:1994 NFPA 01 Ch.22, Sec.3.3.5.1 and Ch. 7, Sec.7;1994 NFPA 13 Ch.4, Sec.4.1.6

1.**What** corrective action will take place to eliminate this deficiency?

a. items have been removed to be below the 18-inch requirement on all shelves and tape marking that nothing is stored above the line for fire safety to guard against future deficiency.

2. **How** will we identify this issue and monitor in future

a. We will do a monthly check of storage closets to make sure items are not stored above the safe level for the sprinkler heads.

3. **Time frame for completion**: Completed as of 12/18/2023

S8019

NFPA Life Safety -Nfpa Portable Fire

Extinguisher

NFPA 101

Portable Fire Extinguishers

MHRC Survey date 12/5/23 LH-2023-1269

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

Based on document review and staff interview the facility failed to maintain portable fire extinguishers in accordance with the 1994 NFPA 101, Life Safety Code, and the 1990 NFPA 10,

Standard for Portable Fire Extinguishers. Failure to test and maintain portable fire extinguishers could result in injury or death in the event of a fire The deficiency affected multiple portable fire extinguishers throughout the facility. The findings

were:

1. Document review on 12/05/2023 starting at 12:00 PM revealed that the facility had not conducted monthly inspections on the portable fire extinguishers installed throughout the facility

All portable fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals.

Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

Ref:1994 NFPA 101 Ch.22, Sec.3.3.5.3 and Ch 7, Sec.7.4;1990 NFPA 10,Ch.4,Sec 3.1

2. Observation on12/05/2023 at 9:40 AM in the Chapel revealed a fire extinguisher that was partially blocked and obscured by a cart. Fire extinguishers shall not be obstructed or obscured from view.

Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

Ref:1994 NFPA 101 Ch.22, Sec.3.3.5.3, Ch.7 Sec.7.4.1;1991 NFPA 10 Ch.1, Sec.6.6

1.**What** corrective actions will be taken to eliminate these deficiencies.

a. Fire Extinguisher will be checked monthly, and report written for each month confirming that each fire extinguisher was signed off on. Logbook will be kept in Admins office for inspection and record of completion.

b. All Fire extinguishers that are blocked will be moved or items will be cleared from area to always ensure proper access.

2.**How** will we identify this issue in the future?

a. We will ensure inspections are being complete and recorded in log book which should also ensure that extinguishers are viewed min of once per month keeping items clear from obstruction.

3. **Time frame of completion:** Completed as of 12/18/2023

S8022

NFPA Life Safety -Nfpa Electric

NFPA 101

Electric

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

Based on observation and staff interview, the facility failed to maintain electrical components as required by 1993 NFPA 70, National Electric Code. Failure to maintain electrical components as required could result in electrical shock, or fire leading to injury or death. The deficiency affected two areas in the facility. The findings were:

1.Observation on12/05/2023 at10:50 AM revealed an electrical breaker box in the basement on which the front panel was not securely fastened exposing approximately one and a half inches of the inside of the box. Boxes shall provide a complete enclosure for the contained conductors or cables. Interview with the activities director at the time of observation acknowledged the deficiency, and indicated that she was not aware of the requirement. Interview with the owner later in the afternoon during a walk-around acknowledged the deficiency and indicated that he was aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

Ref:1993 NFPA 70,370-72(c)

MHRC Survey date 12/5/23 09
LH - 2023-1269

2.Observation on 12/05/2023 at 9:42 AM in the small dining room revealed an approximately fifteen-foot-long multi-outlet extension cord used as permanent wiring in lieu of an electrical outlet Flexible cords and cables shall not be used as a substitute for the fixed wiring of a structure.

Interview with the activities director at time of observation acknowledged the deficiency, and indicated she was not aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

Ref:1993 NFPA 70,400-8

1. **What** corrective action will be taken to eliminate this deficiency?

   a. Electrical panel mounting brackets slide due to loosen mounting bolts and were adjusted to cover entire electrical box and torqued down to ensure they would not slide again.
   b. The extension cord was removed after some adjustment to furniture and all equipment plugged into main outlet without extension cord.

2. **How** will we identify issues like this in future?

   a. When working throughout the day make sure we are observant to changes electrical boxes and make repaired quickly. Lock tight was used and bolts torqued down so they can not come loose from use.
   b. When planning room arrangement try to limit extension cord use and if use make sure that all length and URL ratings are adhered to.

3. **Time frame of completion**: Completed as of 12/18/2023