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 _____	R-C 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 revisit survey was performed by Healthcare Licensing and Surveys on 12/05/2023 for all previous deficiencies identified during the complaint investigation on 08/31/2023. The initial complaint survey was prompted by complaint intake LIC-23-046.	{S 000}		
{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: Observation on 12/05/2023 at 10:40 AM at the fire sprinkler riser revealed the dry system was turned off. The facility was under fire watch for a portion of the affected area, and alternative protection methods were in place. Other portions of the facility remain unprotected. Interview with the facility owner at the time of observation acknowledged the deficiency, and indicated he was 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,	{S8018}		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Owner/Administrator		1/25/2024

Accepted via Phone w/ admin on 1/25/2024 @ 3:30 PM
Don Coll

POC revised on 3/6/24 per facility owner

Revised POC accepted 3/7/24 - Don Coll

Healthcare Licensing and Surveys

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{S8018}	Continued From page 1 7-7.1.1, 7-7.5; 31-1.3.3 1994 NFPA 13, Sections: 4-5.7.2	{S8018}		

MHRC Ref: LH-2023-0980

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 is 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

MHRC Ref : LH - 2023 - 0980

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.

MHRC Ref: LH-2023-0980

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.

MHRC Ref: LH-2023-0980

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 01/24/24. We will do a follow up notification to the state when it is installed and complete. 24 DC

   D. This has been completed.

   E. 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. 2/20/24 is the expected date of letter completion.

3/7/24 — DC

DC

D. This has been estimated for 4/15/24 completion and sooner if he can get staff free of other projects.

I will be forwarding fire protection letter and pics of parts replaced and Pressures as of today 3/6/24.

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 facility. 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