Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY9019	A. BUILDING: _____ B. WING _____	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN LODGE LLC	1110 BIRCH STREET DOUGLAS, WY 82633

(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 4/3/2024. The facility was a two story fully sprinklered building of Type V (111) construction built in 2018. The building was equipped with a supervised automatic wet and dry sprinkler system, and an addressable fire alarm system. The secure wing of the building is separated from the remainder of the structure by a 2-hour fire separation to distinguish between the board and care and healthcare occupancies of the facility. The facility had a capacity of 36 licensed beds with a census of 18 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 2006 NFPA 101, Life Safety Code, New Healthcare and New Residential Board and Care unless otherwise noted.	S 000		
S8000	NFPA Life Safety - Nfpa General Requirements NFPA 101 General Requirements This State Rule and Regulation is not met as evidenced by:	S8000		

POC acceptance 4/26/24 via phone call w/Admin @ 10:25 AM

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S8000	Continued From page 1 Based on document review and staff interview, the facility failed to maintain elevators and equipment in accordance with the NFPA 101, Life Safety Code, and American Society of Mechanical Engineers 17.1, Handbook on Safety Code for Elevators and Escalators. Failure to maintain elevators and equipment as required could result in injury or death during an emergency. The deficiency could affect all residents, staff, and visitors in the facility. The findings were: Document review on 04/03/2024 starting at 1:00 PM revealed there was no documentation available to demonstrate that the monthly firefighters' emergency operation tests for the elevator was being conducted. Firefighters' emergency operation shall be tested monthly and a record of the findings kept on the premises. Interview with maintenance personnel at the time of observation acknowledged the deficiency, and indicated that he was not aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Ref: 2006 NFPA 101 Section 9.4.3; ASME A17.1	S8000	S8000 NFPA Life Safety-NFPA General Requirements 1. The facility will ensure to maintain elevators and equipment in accordance with the NFPA 101 Life Safety Code and American Society of Mechanical Engineers 17.1, Handbook of Safety Code for Elevators and Escalators. 2. All residents have the potential to be affected by this deficiency. 3. The monthly firefighters' emergency operation test for the elevator will be done on 4/25/24 and documented. 4. The monthly firefighters' emergency operation will be added to the maintenance matrix to ensure that it is done monthly. 5. Maintenance staff was educated that the firefighters' emergency operation test for the elevator will be done monthly. 6. Maintenance or designee will do an audit of the monthly firefighters' emergency operation test for the elevator will be brought to QAPI monthly for 90 days or until resolved.	4/23/2024
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain required signage in	S8030	S8030 – NFPA Life Safety – NFPA Miscellaneous 1. Facility will ensure to maintain required signage in accordance with the 2006 NFPA 101, Life Safety Code. 2. All residents have the potential to be affected by this deficiency.	

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S8030	Continued From page 2 accordance with the 2006 NFPA 101, Life Safety code. Failure to maintain signage as required could result in injury or death. The deficiency affected multiple rooms throughout the facility. The findings were: Observation on 04/03/2024 at resident room 210 revealed oxygen in use. Further observation revealed there was no sign on the resident room door indicating such. Areas or rooms where oxygen is in use or stored shall be posted with signs that read "NO SMOKING" or the international symbol for no smoking. Interview with maintenance personnel at the time of observation acknowledged the deficiency, and indicated that he was not aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101 Ch. 32, Sec. 7.4.1 and A.32.7.4.1	S8030	3. Staff educated on regulation provided by Healthcare Licensing and Surveys regarding required signage. Staff contacted company, company provided proper signage and staff placed required signage on areas needed. 4. The Maintenance or designee will do a monthly audit of making sure proper signage is posted and will bring to QAPI for 90 days or until resolved.	4/4/2024
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to comply with State Rule, Chapter 12, Program Administration of Assisted Living Facilities. Failure to comply with state rules and regulations as required could result in injury or death due to an increased risk of fire. The deficiency affected one (1) of multiple areas in the facility. The findings were:	S8999	S8999 – State Miscellaneous Life Safety 1. the Facility will ensure to comply with State Rule, Chapter 12, Program Administration of Assisted Living Facilities. 2. All Residents have the potential to be affected by this deficiency. 3. Staff educated on regulation provided by Healthcare Licensing and Surveys. Staff spoke with family members regarding this regulation. Family took home space heaters. Staff contacted company facility is contracted with . Company arrived and got heat in residents room in proper working order. 4. Maintenance or designee will do monthly audits throughout facility ensuring heating and cooling are working properly throughout building and ensure there are no portable space heaters in building. Will bring to QAPI for 90 days or until resolved.	4/5/2024

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S8999	Continued From page 3 Observation on 04/03/2024 at 11:02 AM in resident room 108 revealed two (2) space heaters in use. Portable space heaters shall not be used. Interview with maintenance personnel at the time of observation acknowledged the deficiency, and indicated that he was aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Ref: State Rule, Chapter 12: Program Administration of Assisted Living Facilities	S8999		