Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF011	A. BUILDING: _____ B. WING _____	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE JOURNEY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(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 03/13/2024. The facility was a single story fully sprinklered building of Type V (111) construction built in 2006. The building was equipped with a supervised automatic wet 13R sprinkler system, and an addressable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 13 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 NFPA 101, Life Safety Code, New Residential Board and Care, 2006 Edition, unless otherwise noted.	S 000		
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain emergency lighting in accordance with the NFPA 101, Life Safety Code. Failure to maintain emergency lighting as	S8012		

POC Accepted via phone call w/ Owner on 4/5/24 @ 2:10 PM

Compassionate Journey Assisted Living
Survey Date: March 13, 2024

Tag number: S8012

NFPA 101 - Emergency Lighting

Testing of the battery-powered emergency lighting system needs to occur on a monthly basis for 30 seconds, and for 90 minutes once a year. This ensures that the system is in working order in case of emergency. The emergency lighting system and the exits were identified during the survey. A monthly testing form will be created by April 6, 2024; and the first testing of the system will occur before April 12, 2024. The testing will occur on the second Monday of the month during each month of the year. One 90 minute test will be completed each month. The monthly testing form will be kept in the administrator's office in a binder. The owner of the facility is responsible for the monthly test and the documentation of the testing. A member of the staff will also be trained on the testing process and reporting. The testing form will be reviewed quarterly as part of the quality process in the facility. Any issues that arise during testing will be addressed immediately to ensure that the lighting is in good working order. The documentation for is attached to the survey Plan of Correction.

Tag number S8017

NFPA 101 - Detection, Alarm, and Communication Systems

The report that was presented was not complete. To address the deficiency, a new company has been hired to perform the necessary testing to meet the standard requirements set forth in this deficiency. The testing was completed on April 4, 2024. The report for the test is attached to this Plan of Correction. The company that is now performing this function for Compassionate Journey has significant experience with assisted living facilities and has created a quarterly schedule to meet the requirements of this requirement. The owner of the facility is responsible for the interaction and implementation of the schedule. The new vendor will provide quarterly reports as required by the requirement in question. The forms will be reviewed immediately by the owner and available for review in a facility file in the administrator's office. The information will become part of the quarterly quality control process and addressed every 3 months. The test results are attached to the Plan of Correction.

Tag number S8018

NFPA 101 - Extinguishment Requirements

The fire sprinkler system at this facility had been repaired, but not tested. A company was hired to test the fire sprinkler system and performed the testing on March 29, 2024. The sprinkler system itself passed all testing; the riser assembly failed the testing. The issues with the riser assembly will be corrected by April 26, 2024 by the company that completed the testing. A new test will be performed at that time, and results will be forwarded to the State of Wyoming. The company performing the repairs and testing will schedule testing as required by the NFPA. The owner of the facility will be responsible for ensuring that these requirements are met. The facility will be put on a schedule that addresses testing at the required intervals. All documentation of testing will be kept in the administrator's office and reviewed upon receipt and quarterly with other quality assurance measures. The test results are attached to the Plan of Correction.

Compassionate Journey Assisted Living
Survey Date: March 13, 2024

Tag number S8030
NFPA 101 - Miscellaneous

Based on the feedback from the survey in this category, the following will be completed by April 6, 2024.

Room 3 - the stack of clothing and blankets causing issues with egress were removed from the room or relocated within the room. There is a clear path out of room 3 that meets the standard set forth by NFPA.

Room 7 - the clutter causing issues with egress were removed from the room or relocated within the room. There is a clear path out of room 7 that meets the standard set for by NFPA.

Room 11 - the free-standing oxygen tank on the floor has been removed and placed in an appropriate oxygen tank holder in a different room in the facility. It can be accessed by the resident as needed. The oxygen tank holder was provided by the local oxygen provider.

S 8999 DC

Room 13 - the space heater that was located in this room has been removed from the facility.

To combat the ongoing issue of what can be found in the rooms of residents, a new system will be implemented to ensure safety in each room. Each room will be observed by housekeeping staff each week. The staff will provide information, via new written documentation created, regarding cleaning, status of possible maintenance projects, status of the cleanliness of the room, and status of items within the room. The documentation will be compiled weekly and placed in each resident's chart. The information will be reviewed by the owner of the facility weekly to address any concerns within resident rooms. The information will become part of the quality assurance program and reported on a quarterly basis. The documentation will be kept in resident charts so that review of the information can easily reveal trends with compliance within the facility. The owner is responsible for compliance and compiling the documentation quarterly for quality control. The documentation form created is attached to the Plan of Correction. The documentation process will begin on April 10, 2024.