PRINTED: 05/08/2024
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
	ALF026	A. BUILDING: _____ B. WING _____	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER TRAIL ASSISTED LIVING	2360 REAGAN AVENUE ROCK SPRINGS, WY 82901

(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 on 04/29/2024 by Healthcare Licensing and Surveys. The facility was a single story, fully sprinklered building of Type V (111) construction built in 2012. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 62 licensed beds and a census of 48 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 Residential Board and Care, and 2006 NFPA 101, Life Safety Code, New Health Care unless otherwise noted. This is due to the mixed occupancy created by the lack of a 2-hour fire separation between the memory care and assisted living portions of the building.	S 000		
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by:	S8015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 23 MAY 2024

PoC accepted via phone call w/Admin on 5/24/24 @ 12:05 PM

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S8015	Continued From page 1 Based on observation and staff interview, the facility failed to maintain hazardous areas in accordance with NFPA 101, Life Safety Code. Failure to maintain hazardous areas as required could result in the propagation of smoke and fire during an emergency, which may result in injury or death. The deficiency affected three (3) laundry rooms in the facility. The findings were: Observation on 04/29/2024 starting at 1:52 PM revealed laundry multiple laundry rooms with self-closing fire rated doors with a 1 1/2 hour fire rating. Further observation revealed the doors were held open with a device that is not approved by NFPA 101 nor NFPA 80. Any hazardous area shall be separated from sleeping areas and primary escape routes with self-closing or automatic-closing doors. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. 2006 NFPA 101 Sec. 18.3.2.1, Table 18.3.2.1, 8.7	S8015		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based document review and staff interview, the facility failed to maintain fire sprinkler systems in accordance with the NFPA 101, Life Safety Code,	S8018		

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S8018	Continued From page 2 NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 25, Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. Failure to maintain fire sprinkler systems as required could result in injury or death during an emergency. The deficiency affected the entire sprinkler system and all residents and staff. The findings were: Document review on 04/30/2024 starting at 3:00 PM revealed there was no documentation available to demonstrate that the system gauges had been replaced or re-calibrated within the last 5 years. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101 Sec 32.2.3.5.1 and Sec 9.7; 2002 NFPA 13, Section 18.1; 2002 NFPA 25, Table 5.1	S8018		
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 facility failed to maintain electrical systems in accordance with the 2006 NFPA 101, Life Safety Code, and the 2005 NFPA 70, National Electrical Code. The failure to maintain electrical systems	S8022		

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S8022	Continued From page 3 as required could result in injury or death. The deficiency affected one (1) of numerous electrical rooms in the facility. The findings were: Observation on 04/30/2024 at 1:33 PM in the storage/electrical room 147 revealed multiple obstructions in front of the electrical panels. A working space of three (3) feet in front of the panels is to be maintained. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: NFPA 101 (1994), Section: 7.1.2, NFPA 70 (2005), Table 110.26(A)(1) Condition 1	S8022		
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 NFPA 101, Life Safety Code, and 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 04/29/2024 at 2:07 PM in the	S8023		

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S8023	Continued From page 4 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. The equipment was also not provided with a means of repeatable replacement when the cooktop is moved for service or cleaning. Interview with the facility maintenance manager at the time of observation acknowledged the deficiency, and indicated he was not aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101 Section: 7.1.1; 2006 NFPA 54 Section: Table 110.26(A)(1) Condition 1	S8023		

DEER TRAIL
ASSISTED LIVING
& MEMORY CARE

Response to Survey of May 24, 2024

ID Prefix Tag S8015

1. Unapproved devices holding open fire rated doors have been removed. This was accomplished by Thursday May 23, 2024.

ID Prefix Tag S8018

1. Sprinkler system gauges will be replaced or re-calibrated by contractor. This service will be accomplished by Friday June 28, 2024.

ID Prefix Tag S8022

1. Obstructions in front of the electrical panels in Room 147 have been removed. A working space of three feet in front of each panel is now maintained. This was accomplished by Thursday May 23, 2024.

ID Prefix Tag S8023

1. The gas cooktop is now equipped with the required restraint to protect the flexible gas piping when the cooktop is moved. The cooktop also now has a means of repeatable replacement when the cooktop is moved. This was complete by Thursday May 23, 2024.

Respectfully submitted,

Jeffrey Smith
Executive Director
Deer Trail Assisted Living