

PRINTED: 08/08/2024
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER MOUNTAIN PLAZA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4154 TALON DRIVE CASPER, WY 82604			
(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 07/30/2024. 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 with dry and antifreeze branches, and an addressable fire alarm system. The facility had a capacity of 62 licensed beds with a census of 50 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 Health Care, with a mixed occupancy of New Residential Board and Care unless otherwise noted. The mixed occupancy is required because the facility does not have a 2-hour separation between the assisted living and memory care portions of the building.	S 000			
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as	S8004			

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

XZUN11

8/22/24

If continuation sheet 1 of 3

POC approved on 8/22/24 @ 10:20 AM
via email to administrator

Sol Cole 8/22/24

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S8004	Continued From page 1 evidenced by: Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with NFPA 101, Life Safety Code. Failure to maintain doors with self-closing devices as required could delay egress or promote the propagation of smoke and fire, resulting in injury or death during an emergency. The deficiency affected one fire door in the facility. The findings were: Observation on 07/30/2024 at 11:47 AM at the fire doors separating the kitchen and dining room revealed that the door was chocked open with an unapproved device hindering the self-closing device from operating as designed. Interview with the administrator and maintenance manager at the time of observation confirmed the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of exit confirmed the deficiency. Ref: 2006 NFPA 101, Sec. 32.2.3.2.4 and 8.4	S8004			
S8021	NFPA Life Safety - Nfpa Smoke Resistant Barriers NFPA 101 Smoke Resistant Barriers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain smoke-resistive barriers in accordance with NFPA 101, Life Safety Code. Failure to maintain smoke-resistive barriers may	S8021			

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S8021	Continued From page 2 lead to the propagation of smoke and fire resulting in injury or death. The findings were: Observation on 07/30/2024 at 11:42 AM at storage room 137 revealed several holes in the ceiling accommodating piping exposing the annular space. Interview with the administrator and maintenance manager at the time of observation confirmed the deficiency, and indicated that they were aware of the requirement. Interview with the administrator at the time of exit confirmed the deficiency. Ref: 2006 NFPA 101, Sec. 32.2.3.2.4 and 8.4	S8021		

PLAN OF CORRECTION – August 21, 2024

Mountain Plaza Assisted Living
4154 Talon Drive
Casper, WY 82604
Inspection Date: 07/30/2024

S8004 – NFPA Life Safety – NFPA 101 Doors

Deficiency 1: Failed to maintain self-closing door devices by propping open the fire doors between the kitchen and dining room.

Responsibility: Administrator, Dietary Manager, Maintenance Manager

Corrective Action: MPAL will ensure fire doors are not propped open through consistent inspections and employee education.

Identification of Others: A review of all fire doors was completed, and no other doors were found propped open.

Systemic Changes/Education: A training memo was written to the team about propping fire doors open. The memo is attached.

Monitoring: The Administrator, Dietary Manager, and Maintenance Manager will monitor fire doors daily to identify and prevent any further issues.

Completion Date: Full completion 7/30/2024.