WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF018	A. BUILDING _____ B. WING _____	01/18/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGARLAND RIDGE SENIOR ASSISTED LIVIN	1551 SUGARLAND DRIVE SHERIDAN, WY 82801

(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
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES An annual Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 1/18/11. The survey revealed the facility was out of compliance with the Rules and Regulations for Licensure (Chapter 4) of Assisted Living Facilities (ALF). 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. This REGULATION was not met as evidence by: 1.Based on observation, fire marshall documentation and staff interview, the facility failed to ensure two hazardous area were separated from patient use areas on two of three floors. The findings were: Observation on 1/18/11 at 2:48 PM revealed two separate doors between the kitchen and the dining room were held open with door wedges. In a letter to the facility on 6/2/10, the Sheridan Fire Marshall also cited this observation stating "operating protectives shall be maintained in operative condition and shall not be blocked or	SALF	1. Doors to kitchen revealed two separate doors between kitchen and dining room were held open with door wedges. The hinges on these doors will be replaced with magnetic releases activated by the smoke detectors. This will be completed by Simplex Grinnell. 2/11/2011	

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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SALF	Continued From page 1 made inoperable. Ref. IFC 703.2. Remove hold open devices on rated doors to the kitchen from the dining room. Magnetic releases activated by the smoke detector may be used to hold the doors in the open position". Interview with the facility maintenance manager confirmed the above observation and stated "the facility was planning on working on this." Observation on 1/18/11 at 2:12 PM revealed storage room 2C on the second floor contained multiple hazardous materials including approximately 10 cans of paint, several boxes of light bulbs and multiple boxes of paper. The door to room 2C did not have a self closure device attached. The facility's maintenance manager confirmed the above observations. Reference NFPA 101 Life Safety Code, 2000 Edition: 32.2.3.2.2 Any hazardous area that is on the same floor as, and is in or abuts, a primary means of escape or a sleeping room shall be protected by one of the following means. (b) Protection shall be automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic-closing in accordance with 7.2.1.8. 2. Based on observation and staff interview, the facility failed to provide an electrical system installed in accordance with NFPA 70. The findings were: Observation on 1/18/11 at 1:44 PM revealed three electrical outlets over the coffee bar in the dining room were not GFI (Ground Fault	SALF	2. Storage room 2C on the second floor contained multiple hazardous materials including paint, light bulbs and paper. The door did not have a self closure device attached. Door was installed with a self closure hinge by community Maintenance Director. 1/18/2011 3. Three electrical outlets located in the dining room by the coffee bar revealed no GFA protected outlets. These three outlets will be installed by a local Electrician (Wyoming Electric). 2/1/2011	

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SALF	Continued From page 2 Interrupter) protected. All three outlets were within six feet of a wet sink. The facility's maintenance manager confirmed the above observations. Reference NFPA 101 Life Safety Code, 1988 Edition NFPA 101, Chapter 32 Referenced Publications NFPA 70, National Electrical Code, 1993 edition 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection... 3. Based upon observation and staff interview, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13. The findings were: Observation on 1/18/11 at 3:05 PM revealed the sprinkler head and escutcheon in the closet of the business office on the first floor had an approximate one inch gap around the sprinkler head. The facility's maintenenace manager confirmed the above observation. Reference NFPA 101 Life Safety Code, 1994 Edition 22-3.3.5.1 All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with section 7-7.... 7-7.1.1 Each automatic sprinkler system required by another section of the Code shall be installed in accordance with NFPA 13, NFPA 13 Standards for the Installation of Sprinkler Systems. 6.2.7.2 Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly.	SALF	4. Sprinkler head in business office closet had approximate one inch gap around sprinkler head. This gap was repaired by the Maintenance Director. 1/18/2011	