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 _____	10/18/2011

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 This State Rules and Regulations is not met as evidenced by: An annual Health and Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 10/17-18/11. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) and for Licensure (Chapter 4) of Assisted Living Facilities (ALF). Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services. (o) Evacuation Capability, Emergency Procedures, and Fire Safety (iii) Fire Safety. (A) Portable fire extinguishers shall be installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers. This REGULATION was not met as evidenced by: A. Based on observation and staff interview, the facility failed to allow access to 1 of 20 portable fire extinguishers. The findings were: Observation on 10/17/11 at 9:48 AM and then again on 10/18/11 at 10:05 AM revealed a wall mounted ABC type fire extinguisher in front of the dining room entrance. In front of the extinguisher and blocking access to it was a stand mounted alcohol based hand rub dispenser. The maintenance manager verified at the time of the observations that the extinguisher was blocked. NFPA 10, Standard for the Installation of Portable	SALF	Wall mounted ABC fire extinguisher in front of dining room entrance. In front of extinguisher and blocking access to it was a stand mounted alcohol based hand rub dispenser. Stand removed on 10/18/2011 and staff will be in serviced on 11/23/2011 to keeping fire extinguishers clear and not blocked by objects. Will also be monitored on a weekly basis by Executive Director, Maintenance Director and staff. 11/23/2011	

TITLE (X6) DATE

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

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SALF	Continued From page 1 Fire Extinguishers, 1990 edition. 1-6.3. Extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. Chapter 4. Rules and Regulations for Licensure of Assisted Living Facilities 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 evidenced by: B. Based on observation and staff interview, the facility failed to ensure the following hazardous locations had operational self-closing devices (SCD). The findings were: Observation on 10/17/11 at 2:48 PM revealed the self closure devices on door 2B and the door to the third floor waste room did not allow for complete door closure upon three attempts. Interview with the maintenance manager at the time of the observation verified the SCD needed adjustment. Reference NFPA 101-Life Safety Code, 1994 Edition. 22-3.3.6.6 Doors in walls required by 22-3.3.6.1 and 22-3.3.6.2 shall be self closing or automatic-closing in accordance with 5-2.1.8	SALF	Self closure devices on door 2B and the door to third floor waste room did not allow for complete door closure upon three attempts. Doors readjusted to self close by Maintenance Director. This will be monitored on a monthly basis by Maintenance Director and Executive Director. 11/3/2011	

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SALF	Continued From page 2 doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 5-2.1.8. 5-2.1.8 Self Closing Devices. A door designed to normally be kept closed in a means of egress ...shall be a self-closing door. C. Based on observation, record review and staff interview, the facility failed to ensure the fire alarm system was fully operational. The findings were: Periodic observation on 10/17/11 from 10 AM through 3 PM and then again on 10/18/11 at 9:48 PM revealed a fire alarm panel in the main reception area. Closer review of the panel revealed two blinking trouble lights (#2-trouble silence and #7-ground fault) Record review on 10/17/11 at 3:48 PM revealed the fire alarm system was inspected in April 2011 at which time the company stated "the fire alarm system is starting to give false alarms and some are not responding while testing due to age. Recommend upgrade to an addressable system." Interview with the administrator on 10/18/11 at 2:48 PM revealed she was aware of the problem and a consultant fire alarm company is already working on replacing the system. Reference: NFPA 101 Life Safety Code, 1994 Edition 22-3.3.4.1 General. A fire alarm system in accordance with Section 7-6 shall be provided. 7-6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code.	SALF	Fire alarm panel in main reception area revealed two blinking trouble lights. Fire alarm system was reviewed in April 2011 at which time the company stated "the fire alarm system is starting to give false alarms and some are not responding while testing due to age." The fire panel and fire system will be completely updated with an intelligent addressable fire control/communicator by Comtronix. Currently fire alarm system is still functioning and in working order for all emergencies. 11/28/2011	

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SALF	Continued From page 3 D.Based on observation and staff interview, the facility failed to limit the use of flexible electrical cables in accordance with the provisions of NFPA 70. The findings were: Observation on 10/18 at 11:48 AM revealed an extension cord being used in resident room #221 and a splitter being used in resident room #104. Interview with the maintenance manager at the time confirmed the above observations. Reference NFPA 101 Life Safety Code, 1988 Edition: NFPA 101, Chapter 32 Referenced Publications: NFPA 70, National Electrical Code, 1999 edition: 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: As a substitute for the fixed wiring of a structure... E. Based on observation and staff interview, the facility failed to ensure the fire suppression (sprinkler) system was properly maintained. The findings were: Observation on 10/18/11 at 11:48 AM revealed a sprinkler head cabinet near the facility sprinkler system riser. The cabinet did not have a sprinkler head wrench. Interview with the facility maintenance manager at that time confirmed the cabinet did not contain a wrench. Ref: 2000 NFPA 101 Section 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. 9.7.5 All automatic sprinkler and standpipe	SALF	Observation revealed an extension cord being used in resident room #221 and a splitter being used in resident room #104. These items were removed from rooms immediately. Maintenance Director, Executive Director and Housekeeping staff will monitor on a weekly basis the use of extension cords and splitters in resident rooms. 10/18/2011 Observation revealed a sprinkler head cabinet near the facility sprinkler system riser. The cabinet did not have a sprinkler head wrench. Wrench placed in room in red sprinkler box. Placement of wrench will be monitored monthly by Maintenance Director. 10/21/2011	

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SALF	Continued From page 4 systems requred by this Code shall be inspected, tested and maintained in accordance with NFPA 25. NFPA 25. Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection systems, 1992 edition. 2-4.1.6 A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed.	SALF		