Healthcare Licensing and Surveys

PRINTED: 03/16/2020
FORM APPROVED

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 _____	03/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SUGARLAND RIDGE	1651 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
S 000	General Comments A Life Safety Code survey was conducted on March 4, 2020 by Healthcare Licensing and Surveys. The facility was a three story, fully sprinklered, building of Type II (111) construction built in 1993. The building was equipped with a supervised automatic wet and dry sprinkler system and an addressable fire alarm system replaced in 2018. The wing has a capacity of 65 licensed beds with a census of 55. 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 operation 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 Assisted Living Facility. All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 1991 Edition, unless otherwise noted.	S 000		
S8003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the means of egress in accordance with the 1991 NFPA 101, Life Safety	S8003		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ED — (X6) DATE: Revised 4/8/20

STATE FORM 6899 S66111 If continuation sheet 1 of 8

POC approved via phone call with Administrator Tamara Yelton-Boone on 04/15/20 at 4:30 PM. Matthew Shawcross

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S8003	Continued From page 1 Code. Failure to maintain the means of egress could result in injury or death in the event of an emergency. The deficiency affected an exterior exit. The finding was: Observation on 03/04/20 at 12:30 PM revealed an exterior ramp as part of the means of egress to a public way which had a rise greater than 6 inches. The ramp was not provided with handrails. Ramps with a rise greater than 6 inches shall be provided with handrails along both sides. Interview with the facility manager at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 1991 NFPA LSC Section 5-2.5.4, 5-2.2.4	S8003	S8003 A bid has been obtained to add a handrail along both sides of exterior ramp where the egress had a rise greater than 6 inches. This deficiency will be corrected by 5/3/20. The Maintenance Director will inspect all ramps to ensure no deficiencies exist. The Maintenance Director will also oversee any new ramps to ensure no deficiencies exist.	5/3/20
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 2002 NFPA 72, National Fire Alarm Code. Failure to test and maintain the fire alarm system could result in injury or death in the event of a fire. The deficiencies affected the fire alarm system.	S8017	S8017 The requirement to activate and test the fire alarm system monthly has been added to the TELS system by the Maintenance Directory. Ensuring this requirement is met monthly. The	3/27/20

Revised 4/13/20

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S8017	Continued From page 2 The findings were: Document review on 03/04/20 at 1:20 PM revealed the facility activated and tested the fire alarm system eight (8) of the last twelve (12) months. The fire alarm system shall be activated and tested monthly. Interview with the facility manager at the time of the observation acknowledged the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2002 NFPA 72 Table 10.4.3-23 Document review on 03/04/20 at 1:20 PM revealed the facility did not test fire alarm notification appliances within the past twelve months. Fire alarm notification appliances shall be tested once every twelve months. Interview with the facility manager at the time of the observation acknowledged the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2002 NFPA 72 Table 10.4.3-19 Document review on 03/04/20 at 1:20 PM revealed the facility inspected and tested the fire alarm system batteries once within the past twelve months. Fire alarm system batteries shall be tested once every six months.	S8017	~~Maintenance Director will also oversee~~ the completion of this requirement monthly. S8017 The company who completed the testing of fire alarm notification appliances was contacted. Our internal records show this test had been completed but the facility did not have any documentation to substantiate this claim. Attached is the documentation substantiating that the alarm notification appliances were tested within the past 12 months. The Maintenance Director will ensure the correct paperwork is on hand yearly to ensure this requirement is met. S8017 Testing of fire alarm system batteries has been added to TELS by the Maintenance Director to ensure this requirement is met. The Maintenance Director will also be responsible for	5/3/20 3/27/20

Clamy Yell-Rose EO

Revised 4/3/20

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S8017	Continued From page 3 Interview with the facility manager at the time of the observation acknowledged the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2002 NFPA 72 Table 10.4.3-6, Table 10.3.1-3	S8017	completing the testing of the fire alarm system batteries every six months.	
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to store oxidizing gas in accordance with the 2005 NFPA 99, Health Care Facilities. Failure to properly store oxidizing gas could result in injury or death in the event of a fire. The deficiency affected one (1) of three (3) smoke compartments on the first floor. The finding was: Observation on 03/04/20 at 12:15 PM revealed resident room 113 had sixteen (16) E cylinders oxygen bottles, with approximately 25 cubic feet capacity, stored together in the living room. Storage of oxygen gas in quantity over three hundred (300) cubic feet shall be stored outdoor in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors that can be secured against unauthorized entry. The oxidizing gas shall be separated from combustible materials by	S8030	S8030 The oxygen company has been notified that storage of oxygen gas in quantities of three hundred (300) cubit feel shall not be stored indoors. This notification was made by the Executive Director. The Director of Nursing was also notified and will do a monthly review of stored oxygen in apartments to ensure this requirement is being met.	3/26/20

Mary Kelly-Boen ED

Revised 4/3/20

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S8030	Continued From page 4 a minimum of 5 feet, or stored in a cabinet of noncombustible construction having a minimum fire protection rating of one-half (1/2) hour. Interview with the facility manager at the time of the observation acknowledged the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 99 9.4.2, 9.4.2.1, 9.4.2.3	S8030		

Revised 4/3/20