

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALF018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CASCADES OF SUGARLAND RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1551 SUGARLAND DRIVE SHERIDAN, WY 82801</b>
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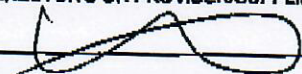
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
S 000	<p><b>General Comments</b></p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 06/19/2024.</p> <p>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 sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 65 licensed beds with a census of 48 residents.</p> <p>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 and Regulations for Healthcare Facilities applies (II) Assisted Living Facilities in operation prior to the effective date of those rules shall meet the Life Safety Code of National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility.</p> <p>All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 1991 Edition, unless otherwise noted.</p>	S 000		
S8017	<p><b>NFPA Life Safety - Nfpa Det, Alarm &amp; Comm Systems</b></p> <p>NFPA 101 Detection, Alarm and Communication Systems</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly test and maintain the fire alarm system in accordance with the 1991</p>	S8017		

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

TITLE

(X6) DATE

STATE FORM



Vanessa Whiting

Executive Director

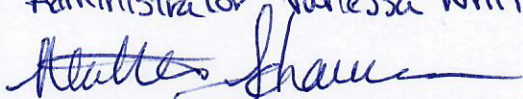
7/10/24

6899

V0UQ11

If continuation sheet 1 of 6

POC approved via phone call with Administrator Vanessa Whiting on 7/11/24 at 9:10 AM.



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S8017	<p>Continued From page 1</p> <p>NFPA 101, Life Safety Code, and 1990 NFPA 72, National Fire Alarm Code. Failure to properly test and maintain the fire alarm system could result in malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 06/19/24 starting at 2:00 PM revealed that the facility failed to conduct all required annual and semi-annual testing of the fire alarm system. No documentation was available at the time of the survey to demonstrate that the annual testing of the fire alarm system had been completed, including the annunciator panels, alarm notification devices, pull stations, smoke detectors, or heat detectors. There was also no documentation available to demonstrate that the semi-annual inspection and testing of the fire alarm system batteries had been completed in the last twelve (12) months.</p> <p>Interview with the administrator at the time of exit confirmed the deficiency.</p> <p>Ref: 1991 NFPA 101 22-3.3.4.1, 7-6.1.4; 1990 NFPA 72 Table 7-3.2</p>	S8017	<p>Facility will ensure all documentation is available post inspection completion to re-assure compliance and safety for all persons (including residents, staff &amp; visitors).</p> <p>This will be accomplished by:</p> <p>A) Maintenance Director will ensure documentation is received from inspecting vendor within one week and placed in binder same business day as received.</p> <p>B) Maintenance Director will review binder on a monthly basis to ensure all documentation is available. Executive Director will verify.</p> <p>C) Task will be added to TELS to document &amp; ensure compliance.</p>	08/05/24
S8018	<p>NFPA Life Safety - Nfpa Extinguishment Req</p> <p>NFPA 101 Extinguishment Requirements</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly test and maintain the</p>	S8018		

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S8018	<p>Continued From page 2</p> <p>fire sprinkler system in accordance with the 1991 NFPA 101, Life Safety Code, and 1989 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly test and maintain the fire sprinkler system could result in malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 06/19/24 starting at 2:00 PM revealed that the facility failed to conduct all required fire sprinkler system testing. The contractor inspection report noted four (4) deficiencies. The deficiencies noted included the gauges not having been replaced or recalibrated since 2018, the internal inspection being due in 2023, the quick response sprinkler heads needing to be sample tested or replacement in 2022, and the three (3) year full flow test for the dry system last being conducted in 2020. No documentation was available to demonstrate that any of the noted deficient items had been corrected since the time of the inspection.</p> <p>Interview with the administrator at the time of exit confirmed the deficiency.</p> <p>Ref: 1991 NFPA 101 22-3.3.5.1; 7-7.5; 1989 NFPA 25 Table 2-1</p>	S8018	<p>Facility will ensure all necessary deficiencies during inspections are corrected in a timely manner and all necessary inspections are scheduled by due dates to ensure compliance and safety for all persons (including residents, staff &amp; visitors). This will be accomplished by:</p> <p>A) Maintenance Director will submit a plan of correction to Executive Director on all deficiencies noted during inspection within (3) business days and Executive Director will follow up on completion.</p> <p>B) All deficiencies will be added to TELS tasks and corrections documented in TELS and survey binder.</p> <p>C) Maintenance Director will review binder on a monthly basis to ensure all documentation is available. Executive Director will verify. Compliance will be documented in TELS.</p> <p>D) The inspections are scheduled as follows:                      - 20-year test/inspection of the quick response sprinkler heads sample: 7/17/24                      - 5-year internal inspection &amp; replacing gauges: 7/17/24                      - 10-year dry head: measuring of heads scheduled 7/17/24 &amp; installation 8/15/24                      - Replacing of leaking grooved couplings on dry system: materials ordered 7/1/24, fix leaks 7/17/24 &amp; full flood trip test on dry system scheduled after repair on 7/17/24.</p>	07/17/24
S8023	<p>NFPA Life Safety - Nfpa Utilities</p> <p>NFPA 101 Utilities</p>	S8023		

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S8023	<p>Continued From page 3</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly test and maintain fire dampers in accordance with the 1991 NFPA 101, Life Safety Code, and 1989 NFPA 80, Standard for Fire Doors and Other Opening Protectives. Failure to properly test and maintain fire dampers could result in malfunction or failure of the dampers, which could allow the spread of fire and smoke, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 06/19/24 starting at 2:00 PM revealed that the facility failed to conduct the required inspection and testing of fire dampers. Document review revealed that the fire dampers in the facility were last inspected and tested in January of 2018. No additional documentation was available to demonstrate that the fire dampers had been tested since the last inspection. Fire dampers shall be inspected and tested once every four years.</p> <p>Interview with the administrator at the time of exit confirmed the deficiency.</p> <p>Ref: 1991 NFPA 101 22-3.6.1; 7-2.1; 1990 NFPA 90A 5.4.7; 1989 NFPA 80 19.4.1.1</p>	S8023	<p>Facility will ensure all necessary deficiencies during inspections are corrected in a timely manner and all necessary inspections are scheduled by due dates to ensure compliance and safety for all persons (including residents, staff &amp; visitors). This will be accomplished by:</p> <p>A) Maintenance Director will submit a plan of correction to Executive Director on all deficiencies noted during inspection within (3) business days and Executive Director will follow up on completion.</p> <p>B) All deficiencies will be added to TELS tasks and corrections documented in TELS and survey binder.</p> <p>C) Maintenance Director will review binder on a monthly basis to ensure all documentation is available. Executive Director will verify.</p> <p>D) Fire Dampener inspection is scheduled for 7/31/24.</p>	08/01/24
S8027	<p>NFPA Life Safety - Nfpa Emergency Egress &amp; Rel Dr</p> <p>NFPA 101 Emergency Egress and Relocation Drills</p>	S8027		

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S8027	<p>Continued From page 4</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly conduct emergency egress and relocation drills in accordance with the 1991 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to properly conduct emergency egress and relocation drills could result in delayed or improper evacuation of the building in the event of a fire, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 06/19/24 starting at 2:00 PM revealed that the facility had not documented all required aspects of the emergency egress and relocation drills. At the time of the survey, documentation was available to demonstrate that the facility had conducted an emergency egress and relocation drill in each of the last twelve (12) months. The facility did not provide documentation recording the residents who participated in the drills. Emergency egress and relocation drills shall be conducted monthly with a minimum of one drill conducted each quarter on each shift, including two at night while residents are sleeping. The drill shall be recorded and include the date, time, type of drill, time required to evacuate all residents and staff, list of anyone who did not evacuate in the required time allowed, and signature and date of person completing the form. The facility shall meet an evacuation capability rating of either prompt or slow.</p> <p>Interview with the administrator at the time of exit confirmed the deficiency.</p>	S8027	<p>Facility will ensure all aspects of fire drills are documented in accordance with the regulations for the safety and welfare of all individuals within the facility. Facility will accomplish this by:</p> <p>A) Creating a fire drill document that encompasses all required aspects of documentation.</p> <p>B) Training staff on the use of the document.</p> <p>C) Maintenance &amp; Executive Directors will review the document to ensure compliance after each drill.</p>	08/01/2024

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S8027	Continued From page 5  Ref: 1991 NFPA 101 22.7.3; WDH Ch. 12 Section 7, (o)	S8027		