NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
THE WYOMING PIONEER HOME ALF	141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443	03/13/08

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
A Health and Life Safety Code survey was conducted at your facility on March 13, 2008 by the Office of HealthCare Licensing and Survey (OHLS) **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. The following regulations were NOT MET: A. Refer to Life Safety Code (LSC), National Fire Protection Association (NFPA) 101, 1991 edition in effect at the time the facility was licensed. **22-3.3.5.1** All buildings shall be protected throughout with 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	**RESPONSE/CORRECTIVE ACTION PLAN:** It is the practice of the Wyoming Pioneer Home to properly maintain a clean environment free from safety hazards in accordance with the NFPA 13, Standards for the Installation of Sprinkler Systems. 1. A new escutcheon will be installed above nursing services. a. The Sub-Safety Committee will continue to monitor for missing escutcheons. If they find an escutcheon that is missing they will report it to maintenance. b. The Maintenance Manager will be responsible to ensure that there are no missing escutcheons. c. The Maintenance Manager will report to the Quality Assurance Committee. 2. All escutcheons are now flush to the ceiling. a. The Sub-Safety Committee will continue to monitor that all escutcheons are flush to the ceiling. b. The Maintenance Manager will be responsible to ensure that there are no missing escutcheons. c. The Maintenance Manager will report to the Quality Assurance Committee. 3. All sprinkler heads are now free from dust and cobwebs.	Will be completed by May 9, 2008. Date completed April 2, 2008. Dated completed April 1, 2008.

Provider Representative's Signature/Title

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APR 14

April 10, 2008
Date

Wyoming Dept of Health
Licensing and Surveys

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the Code shall be installed in accordance with NFPA 13, Standards for the Installation of Sprinkler Systems. **NFPA 13. 6.2.7.2** Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly. Based on observation on 3/13/08 at 4:48 PM, the facility failed to maintain the automatic sprinkler system as required. The following concerns were noted: 1. An escutcheon was missing from the ceiling sprinkler head located directly over the nurses station. 2. Escutcheons were not flush against the ceiling creating an air gap in the following locations in the nursing hall: the bathroom of resident room #3, resident rooms #1 and #2, the hallway outside resident room #1, in the soiled utility room, in the janitors' closet and next to the exit light leading from the nursing hall into the main hallway. 3. One sprinkler head in the vicinity of the back door entry to the nursing hallway and one sprinkler head in the shower room located in the nursing hall were encased in dirt and cobwebs. B. Refer to: NFPA 101, Chapter 32 Referenced Publications **NFPA 72,** National Fire Alarm Code, 2002 edition	a. The Nurse Manager and one night nursing staff member were trained on how to clean sprinkler heads keeping them free from cobwebs and dust. b. The nursing services staff will be trained on how to clean sprinkler heads to keep them free from cobwebs and dust. c. The nursing services staff will be responsible for keeping the sprinkler heads free from cobwebs and dust. d. The Sub-Safety Committee will check the sprinkler heads. If they find that the heads are not clean they will report to the Nurse Manager. e. The Nurse Manager will be responsible to ensure that the sprinkler heads are kept free of dust and cobwebs. f. The Nurse Manager will report to the Quality Assurance Committee.	Date completed April 2, 2008. Please see in-service training report. This will be completed April 30, 2008.

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10.4.2.2 Fire alarm systems and other systems and equipment that are associated with fire alarm systems and accessory equipment shall be tested according to Table 10.4.3. **10.4.3 Testing Frequency**. Testing shall be performed in accordance with the schedules in Table 10.4.3, except as modified in other paragraphs of 10.4.3, or more often if required by the authority having jurisdiction. Table 10.4.3 15. Initiating Devices (i) Smoke detectors-sensitivity, Tested every two years. Based upon record review and staff interview on 3/13/08 at 2:48 PM, the facility failed to conduct smoke detector sensitivity testing as prescribed by NFPA 72. The finding were: Review of the smoke detector sensitivity testing documents revealed the facility's smoke detector sensitivity tests had not been done within the previous 2 year period. Interview with the maintenance director on 3/13/08 at 3:38 PM, confirmed the testing had not been done. **Chapter 12. Program Administration for Assisted Living Facilities** Section 7. Assisted Living Facility (ALF) Core Services. (o) Evacuation Capability, Emergency	**RESPONSE/CORRECTIVE ACTION PLAN:** It is the practice of the Wyoming Pioneer Home to properly conduct the smoke detector sensitivity testing in accordance with the NFPA 72. 1. Communication Systems Incorporated will conduct a sensitivity testing for the Wyoming Pioneer Home. 2. The Wyoming Pioneer Home will conduct sensitivity testing every two years. 3. The Maintenance Manager will be responsible for this standard. 4. The Maintenance Manager will report to the Quality Assurance Committee.	This will be completed by April 7, 2008.

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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. **4-3.1** Frequency. Extinguishers shall be inspectred when initially placed in service and thereafter at approximately 30 day intervals. Based on observation the facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10. The findings were: On 3/13/08 at 10:48 AM, observation the K type portable fire extinguisher attached to the wall in the kitchen next to the cooking appliance revealed the extinguisher had not been inspected within the previous 30 days. In addition, 3 regulation size and 1 "E" size multipurpose (ABC) type extinguishers in the nursing hall had not been inspected within the previous 30 day period. <u>Section 7. Assisted Living Facility (ALF) Core Services.</u> (j) Food Service and Nutrition (vi) The kitchen shall be kept clean and sanitary in accordance with the standards established in the current edition of FDA Food Code (2005). 3-303.12(A) Packaged food may not be stored in direct contact with ice or water if the food is subject to the entry of water because of the nature of its packaging, wrapping, or	**RESPONSE/CORRECTIVE ACTION PLAN:** It is the practice of the Wyoming Pioneer Home to provide a clean and sanitary environment, free from hazards to health, in accordance with the standards established in the current edition of FDA Food Code (2005).3-303.12(A). 1. The Wyoming Pioneer Home will install pallets in the freezer to remove the boxes off the floor. This will be completed by April 30, 2008. 2. The Dietary Manager will make certain that all boxes in the freezer are always placed on the pallets. 3. The Dietary Manager will ensure the Dietary department completes an in-service training that all boxes are to always be placed on pallets in the freezer. 4. The Dietary Manager will monitor that all boxes are kept on pallets in the freezer at all times. 5. The Dietary Manager will report to the Quality Assurance Committee.	This will be completed by April 7, 2008. This will be completed by April 30, 2008.

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container. Based on observation the facility failed to ensure food was stored in a sanitary manor. Finding were: Observation on 3/13/08 at 10:58 AM, revealed more that 20 cardboard boxes containing food were stored directly on the floor of the freezer located on the back receiving dock.		