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WY Dept of Health
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FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING _____ B. WING _____	10/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

(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: A Life Safety Code survey was conducted at your facility on October 3, 2012 by Healthcare Licensing and Surveys (HLS). The facility was a single story fully sprinkled building of Type II (111) construction with a basement built in 1957. The building was equipped with a supervised automatic wet sprinkler system and a zoned fire alarm system. The facility had a capacity of 50 licensed beds and a total census of 31 residents. 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 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. All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 1994 Edition, unless otherwise noted. This regulation was NOT MET as evidence by: A. Based on observation and staff interview, the facility failed to ensure 1 of 5 smoke barrier	SALF	Life Safety Code A. 1) The facility will ensure all smoke barrier doors will fully latch into the door frame 2) The maintenance man adjusted the self-closing device on the smoke barrier door so the door will latch into the door frame on one attempt. 3) The smoke barrier doors will be checked monthly. 4) The manager will review the monthly QA monitoring tool to ensure the staff has observed all smoke barrier doors are latching into the door frame.	10-26-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 10/26/12

POC ACCEPTED W/ MARSHALL SOOTS, ADMINISTRATOR, ON 11/1/12.

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SALF	Continued From page 1 double doors were smoke resistant. The findings were: Observation of the smoke barrier double doors near the administrator office on 10/3/12 at 9:32 AM showed the doors were equipped with self-closing devices. Further observation showed one of the closing devices was unable to fully latch a door into the door frame, with three attempts. At the time of the observation the manager was unable to explain why the door had not been noticed and repaired during the semi-annaul inspection. Reference NFPA 101, 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 doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 5-2.1.8.... B. Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas in 1 of 7 smoke compartments. The findings were: Observation of the owner's office on 10/3/12 at 10:10 AM showed the room was used for storage of assorted files and cardboard boxes. Further observation showed the room did not have sprinkler coverage and the self-closing device had been removed from the corridor door. At the time of the observation the manager was unaware the room required either sprinkler coverage or a 1-hour separation with a self-closing device. Reference NFPA 101, 1994 Edition; 22-3.3.2.2 Every hazardous area shall be	SALF	B. 1) The facility will ensure that the self-closing device on the office door at the south end of the building will be in place. 2) The maintenance man installed the self-closing door device to the office at the south end of the building. 3) The manager will review the QA monitoring tool to ensure the self-closing door device is in placed and mounted on the door correctly at the office at the south end of the facility.	10-26-12

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SALF	Continued From page 2 separated from other parts of the building by construction having a fire resistance rating of at least 1 hour, with communicating openings protected by approved self-closing fire doors, or such area shall be equipped with automatic fire extinguishing systems. Hazardous areas shall include, but shall not be limited to the following: (1) Boiler and heater rooms (2) Laundries (3) Repair shops (4) Rooms or spaces used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction C. Based on observation and staff interview, the facility failed to ensure corroded sprinkler heads were replaced in 1 of 7 smoke compartments. The findings were: Observation of the basement kitchen dish washing room on 10/3/12 at 10:38 AM showed both sprinkler heads were corroded. At the time of the observation the manager could not explain why the heads had not been noticed ans replaced during the annual sprinkler inspection. Reference NFPA 101, 1994 Edition, 22-3.3.5.1, NFPA 13 R 1993 Edition, 2-7, NFPA 25 1993 Edition; 2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, obstructions to spray pattern, foreign materials, paint, and physical damage. Any automatic sprinklers shall be replaced that are painted, corroded, damaged or loaded with foreign material. D. Based on observation and staff interview, the facility failed to ensure self-closing ashtrays were	SALF	C. 1) The facility will ensure sprinkler heads will be maintained in proper working order and all sprinkler heads will be free of any corrosion, obstructions to spray patterns, foreign materials, paint, and physical damage. 2) The two sprinkler heads in the basement kitchen dish washing room will be replace with corrective proper sprinkler head. 3) The manager will review the QA monitoring tool with the maintenance person quarterly to ensure all sprinkler heads in the facility are inspected and in compliance annually.	11-27-12

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SALF	Continued From page 3 provided at 1 of 2 exterior smoking areas. The findings were: Observation of the north exterior smoking area on 10/3/12 at 10:25 AM showed the provided ash tray was an open steel dish without a self-closing lid. At the time of the observation the manager reported he was unaware of the aforementioned requirement. Reference NFPA 101, 1994 Edition; 31-7.4 Smoking. Where smoking is permitted, noncombustible safety-type ashtrays or receptacles shall be provided in convenient locations. E. Based on observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring, failed to ensure damaged electrical equipment was replaced and failed to ensure electrical outlet in wet locations had ground fault circuit interruption (GFCI) protection in 3 of 7 smoke compartments. The findings were: 1. Observation of the electrical system on 10/3/12 between 9 AM and 10:30 AM showed temporary wiring replaced permanent fixed wiring in the following locations: a. Resident room #213 had a clock plugged into two surge protectors in-line. b. Resident room #411 had a computer plugged into a surge protector which was plugged into a 6-way adapter. On 10/3/12 at 9:10 AM the manager reported he was unaware electrical adapters could not be chained together. 2. Observation of resident room #200 on 10/3/12 at 9:58 AM showed the power cord to a lamp was	SALF	D. 1) The facility will ensure all exterior smoking areas are provided with a self-closing ashtray. 2)The facility will provide self-closing ashtrays at the exterior smoking areas. 3) The manager will monitor the QA monitoring tool on a monthly routine to ensure the ash tray in the exterior smoking area are self-closing. E. 1) The facility will ensure temporary electrical wiring is in compliance with Life Safety Codes and electrical outlets in wet locations have ground fault circuit interruption (GFCI) protection.	11-27-12

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SALF	Continued From page 4 damaged at the plug with interior wires exposed. At the time of the observation the manager could not explain why the cord had not been noticed and replaced during the quarterly electrical inspection . 3. Observation of the electrical system on 10/3/12 between 10 AM and 10:30 AM showed electrical outlets were located less than six feet from a water source and did not have GFCI protection in the following locations: a. Resident room #200 an outlet was 6 inches from a sink b. Resident room #413 an outlet was 10 inches from a sink On 10/3/12 at 10 AM the manager could not explain why these outlets had not been provided with GFCI protection since the entire building was inspected for this issue last year. Reference NFPA 101, 1994 Edition, 22-3.6.1, NFPA 70 1993 Edition; 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces --- Wyoming Department of Health Aging Division Rules Program Administration of Assisted Living Facilities Chapter 12 Section 7. Assisted Living Facility (ALF) Core Services.	SALF	a. The two surge protectors in-line were removed and replaced with just one surge protector in resident room #213. b.The 6-way adapter in resident room#411 was removed and replaced with one surge protector. c. The damaged power cord to a lamp in resident room #200 was removed and replaced with a new surge protection power cord d. In resident room #200 a GFCI outlet will be put in on wall next to the sink. e. In resident room # 413 two GFCI out lets will replace the two outlets currently on walls next to the sinks. 10-26-12 2) The manager and the maintenance personal will monitor with the QA monitoring tool and ensure the outlets in the above apartment are in compliance by having GFCI outlets installed, all damaged electrical equipment is replaced, and any temporary wiring is in compliance with Life Safety Codes. 11-27-12	

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SALF	Continued From page 5 (n) Furnishings, Buildings, Physical Plant. (ii) Sleeping rooms shall be homelike, well lighted, ventilated and equipped in compliance with the requirements below; (M) The facility shall be maintained so that it is free of hazards, such as loose or broken window glass, loose or cracked floors or floor coverings, or cracked or loose plaster on wall or ceilings; This regulation was NOT MET as evidenced by: --- F. Based on observation and staff interview, the facility failed to ensure oxygen cylinders were restrained in 1 of 7 smoke compartments. The findings were: Observation on 10/3/12 between 9 AM and 9:30 AM showed oxygen cylinders were not restrained and prevented from falling over and potential damage in the following resident rooms: a. Resident room #211 had four unrestrained "E" cylinders. b. Resident room #212 had two unrestrained "E" cylinders. On 10/3/12 at 9 AM the manager was unaware oxygen cylinders were required to be restrained. --- Wyoming Department of Health, Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4 Section 9. Construction/remodeling. Department of Health Chapter III, Construction Rules for Health Facilities apply. This regulation was NOT MET as evidenced by:	SALF	F. 1) The facility will ensure to restrain oxygen cylinders to prevent them from falling over and create potential damage in resident rooms. a. All "E" cylinders in resident rooms #211 & #212 will be restrained so they do not fall over and create any damage. b. As the manager and staff complete daily routines they will observe to ensure all residents that have "E" cylinders in apartments are restrained c. The manager and staff will monitor through QA program to ensure all "E" cylinders are restrained.	10-26-12

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SALF	Continued From page 6 G. Based on observation and staff interview, the facility failed to ensure new construction projects had plan approval from the Wyoming Department of Health, Healthcare Licensing and Surveys (HLS) before the project was started. The findings were: Observation of the front canopy on 10/3/12 at 9:26 AM showed the canopy was constructed of pine trusses with plywood sheeting, with all wood exposed from below. At the time of the observation the owner confirmed the project did not have plan approval from the Wyoming Department of Health, Office of Healthcare Licensing and Surveys before the project was started. She reported that she was unaware all construction projects required HLS plan approval.	SALF	G. 1) The facility will ensure new construction projects have plan approval from the Wyoming Department of Health, Healthcare Licensing and Surveys. a. The administrator and manager will submit to the Wyoming Department of Health any new plans for any type of construction to the facility. b. Annual QA meetings will involve the awareness of the correct procedure for any new construction to the facility.	10-26-12