PRINTED: 11/23/2009
FORM APPROVED

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
	ALF016	A. BUILDING _____ B. WING _____	11/04/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	639 AVENUE H POWELL, WY 82435

(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 survey was conducted at your facility on November 03-04, 2009 by the Office of Healthcare Licensing and Surveys (OHLS). Program Administration of Assisted Living Facilities Section 7. Assisted Living Facility (ALF) Core Services. (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (iii) Fire Safety. (E) Fire exit drills shall be conducted in accordance to the Life Safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility. (I) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following: (1.) Date of drill; (2.) Time of day; (3.) Type of drill (Practice, Announced, Surprise); (4.) Residents who participated including staff and family members; (5.) Time required (minutes and seconds) to evacuate all residents (including staff) from the occupied areas to a point of assembly as defined in the Life Safety Code; (6.) List of anyone, including staff and family members, who did not evacuate in the required time allowed by the evacuation capability rating of	SALF	A. The Assisted Living Facility shall conduct fire drills intended to meet the current NFPA code requirements. A. The ALF Engineering Technician has performed a fire drill which has initiated the residents being instructed to completely evacuate the facility. B. All residents of the ALF have the potential to be affected by failing to conduct fire drill training to meet all code requirements. C. The Director of Plant Operations or his designee shall conduct fire drill training to meet NFPA code requirements. D. The Director of Plant Operations shall present an aggregated report to the Safety Committee on a quarterly basis. Completion Date: 11/18/09	11/18/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE CEO (X6) DATE 12-1-09

STATE FORM 6899 2F4M11 If continuation sheet 1 of 3

POC ACCEPTED W/ ROB EATON, CEO, ON 12/02/09.

RECEIVED
Wyoming Dept of Health
DEC 01 2009
Office of Healthcare Licensing and Surveys

PRINTED: 11/23/2009
FORM APPROVED

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
	ALF016	A. BUILDING _____ B. WING _____	11/04/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	639 AVENUE H POWELL, WY 82435

12/02/09

(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	Continued From page 1 the facility. Evacuation capability rating for each facility shall be listed on the form; (7.) Comments on the factors that contributed to each individual's inability to evacuate successfully and any corrective actions recommended; and (8.) Signature and date of the person completing the form. This regulation was NOT MET as evidenced by: A. Based on observation and staff interview the facility failed to ensure residents were fully evacuated during 12 of the past 12 fire drills. The findings were: Observation of the fire drill on 11/03/09 at 4:40 PM showed the residents stop at the exit door and did not fully evacuate the building. At the time of observation maintenance staff reported the residents never evacuated the building. The residents had been instructed to meet at the exit doors until everyone had been accounted for. The time of evacuation was determined when the last resident reached the exit door. 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:	SALF	B. The ALF shall meet the Life Safety Code that was in effect at the time the facility was licensed. A. The Engineering Technician has obtained and stored additional sprinkler heads to assure compliance of two sprinkler heads being required for each type installed.	12/02/09

PRINTED: 11/23/2009
FORM APPROVED

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
	ALF016	A. BUILDING _____ B. WING _____	11/04/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	639 AVENUE H POWELL, WY 82435

12/02/09

(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	Continued From page 2 B. Based on observation, record review and staff interview the facility failed to ensure they had adequate spare sprinkler heads and failed to conduct 1 of 7 sprinkler system tests. The findings were: 1. Observation on 11/03/09 between 3:30 PM and 4 PM showed the sprinkler head in the dining room was a 165 degree pendent head and the sprinkler head installed in the lobby was a 165 degree extended coverage side wall head. Review of the spare sprinkler cabinet showed the facility only had one spare sprinkler for the aforementioned heads. At 3:38 PM maintenance staff reported they were aware two spare heads were required for each type installed. They further reported the sprinkler system was inspected annually by an outside contractor and the lack of two spare heads was not noted on the last report. 2. Review of the sprinkler system testing records documented the waterflow device had not been tested on a quarterly basis for the past year. On 11/04/09 at 8:30 AM the maintenance director reported he was not aware how to test the waterflow device. Review of the contractors testing report documented they had not tested the device in the past year.	SALF	A. The ALF Technician has scheduled to conduct the required testing on the water flow device. This information has been added to the quarterly test procedure documentation. B. All residents have the potential to be affected by failing to provide adequate spare sprinklers and testing procedures of the fire alarm system. C. The Director of Plant Operations or his designee shall conduct quarterly fire sprinkler system testing procedures to assure compliance. D. The Director of Plant Operations shall present an aggregated report to the Safety Committee on a quarterly basis. Completion Date: 12/2/09	