PRINTED: 01/07/2010
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
	ALF021	A. BUILDING _____ B. WING _____	12/15/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING PIONEER HOME	141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443

(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 December 15, 2009 by the Office of Healthcare Licensing and Surveys (OHLS). 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: A. Based on observation and staff interview the facility failed to ensure hazardous areas had smoke resistant walls in 1 of 12 smoke compartments. The findings were: 1. Observation on 12/15/09 at 1:20 PM showed the basement central supply room had three unsealed wall penetrations. The largest gap was 1 inch larger than the pipe. At the time of this observation the maintenance director reported he did not conduct routine inspections to ensure walls were smoke resistant. 2. Observation on 12/15/09 at 1:29 PM showed the basement laundry room had three unsealed pipe penetrations. The largest gap was ½ inch larger than the pipe.	SALF	The person responsible for these corrections is the Maintenance Manager. A. The basement central supply room and the laundry room each had three unsealed wall penetrations. 1. All unsealed wall penetrations in the central supply room were sealed with fireproof fiberglass, date completed 01/05/10. The Maintenance department will continue to seal any other unsealed wall penetrations whenever they are located. The Maintenance Manager will report the findings to the QA team quarterly. All wall penetrations are sealed. This will continue to be an on-going procedure. 2. All unsealed wall penetrations in the laundry room were sealed with fireproof	01/05/10 01/05/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

01-07-10

STATE FORM 6899 XGYQ11 If continuation sheet 1 of 3

POC ACCEPTED W/ SHARON SKINNER, MANAGER, ON 1/15/10.

RECEIVED
Wyoming Dept of Health
JAN 07 2010
Office of Healthcare Licensing and Surveys

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SALF	Continued From page 1 Reference NFPA 101 Life Safety Code, 1991 Edition: 23-3.3.2.2 Every hazardous area shall be separated from other parts of the building by construction having a fire resistance rating of at least 1 hour, and communicating openings shall be protected by approved self-closing fire doors, or such area shall be equipped with automatic fire extinguishing systems. Hazardous areas include, but are not limited to: Boiler and heater rooms, laundries, repair shops, and rooms or spaces used for storage of combustible supplies.... B. Based on observation and staff interview the facility failed to ensure sprinklers were free of corrosion and unobstructed in 3 of 12 smoke compartments. The findings were: 1. Observation on 12/16/09 at 10:15 AM showed 6 of 7 sprinkler heads in the nursing services shower room were corroded. At the time of observation the maintenance director reported the heads were corroded because the therapy pool was filled with mineral water. He further reported that the therapy pool was replaced more than 10 years ago. He further reported the facility had not inspected all sprinkler heads on an annual basis for corrosion, damage, or foreign material. 2. Observation on 12/16/09 at 10:19 AM showed the sprinkler in the nursing services' storeroom #3 was 2 feet from the ceiling-mounted light and 6 inches above the bottom of the light. At the time of the observation the maintenance director reported he was not aware of the distance requirements to ensure sprinkler flow patterns	SALF	fiberglass, date completed 01/05/10. The Maintenance departments will continue to seal any other unsealed wall penetrations whenever they are located. The Maintenance Manager will report the findings to the QA team quarterly. All wall penetrations are sealed. This will continue to be an on-going procedure. The persons responsible for these corrections are the Maintenance Manager and Facility Manager. B. The Maintenance Manager will ensure that the sprinklers are free of corrosion and unobstructed in all smoke compartments. 1. The Wyoming Pioneer Home is asking that exception be granted as to this finding until new construction is completed on this unit. The Facility Manager and Maintenance Manager will ensure that the new remodel meets all new Construction Life Safety Codes.	

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SALF	Continued From page 2 were unobstructed. Reference NFPA 101 Life Safety Code, 1991 Edition: 23-3.3.5.1 Automatic Extinguishing Systems. Where an automatic sprinkler system is installed for total of partial building coverage, the system shall be installed in accordance with Section 7-7 ... 7-7.1.1 Each automatic sprinkler system required by another section of the Code shall be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems .... NFPA 13, Standard for the Installation of Sprinkler Systems, 1991 edition: 2-2.4.1 Listed corrosion-resistant sprinklers shall be installed in locations where chemicals, moisture, or other corrosive vapors sufficient to cause corrosion of such devices exist. 4-4.1.3.1.2 Horizontal Obstructions. The minimum separation of a sprinkler from a horizontal obstruction shall be determined by the height of the deflector above the bottom of the obstruction as shown in Table 4-4.1.3.1.2 ... Table 4-4.1.3.1.2 ..... Distance from.....Maximum allowable sprinklerto side.....distance deflector above of obstruction.....bottom of obstruction ..... Less than 1 foot ... ...0 inch 1 foot to2 feet ... ...1 inch 2 feet to 2 ½ feet ... ...2 inches 2 ½ feet to 3 feet ... ...3 inches 3 feet to 3 ½ feet ... ...4 inches	SALF		