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
	ALF024	A. BUILDING _____ B. WING _____	10/19/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOME OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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 19, 2011 by the Office of Healthcare Licensing and Surveys (OHLS). The facility was a single story fully sprinkled building of Type V (000) construction built in 1998. The building was equipped with a supervised automatic wet 13R sprinkler system with an addressable fire alarm system. The facility had a capacity of 15 licensed beds and a census of 9 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, 2000 edition, unless otherwise noted. The facility meets the Life Safety Code standard based on the acceptance of a plan of correction and a Fire Safety and Evaluation System (FSES).	SALF		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Bruce Fenton Administrator — (X6) DATE: 11-21-11

STATE FORM 6899 SHFL11 If continuation sheet 1 of 10

Wyoming Dept of Health
NOV 25 2011
Office of Healthcare Licensing and Surveys

POC ACCEPTED W/ BRUCE FENTON, ADMINISTRATOR ON 11/28/11. JK

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SALF	Continued From page 1 The corridor width deficiency (C) can be obviated by the Fire Safety and Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write and "F" in the providers Plan of Correction column and Complete Date column to accept the FSES. If the facility wants to fix the deficiency they can fill in the Providers Plan of Correction column with the appropriate information and dates. This regulation was NOT MET as evidence by: --- A. Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas in 1 of 2 smoke compartments. The findings were: Observation of the laundry room on 10/19/11 at 1:36 PM showed there were two corridor doors on either end of the room. Further observation showed the doors were not equipped with self-closing devices. At the time of observation the manager reported she was unaware the laundry was designated as a hazard and that the doors required self-closing devices. Reference: 18.3.6.3.4 Door-closing devices shall not be required on doors in corridor wall openings other than those serving required exits, smoke barriers, or enclosures of vertical openings and hazardous areas. --- B. Based on observation and staff interview, the facility failed to ensure 5 of 6 exit doors only had	SALF	(A) 1:All hazardous areas will be separated from use areas. 2: The maintance man was contracted to install door closures on the laundry room doors. 3: The laundry room doors closures have now been installed with self closures. (see pictures) 4: The manger/administrator will test door closures to make sure they have been properly installed 5: Quality assurance will be met by checking and recording the door closures on the life safety annual check off list	10/29/11

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SALF	Continued From page 2 one lock. The findings were: Observation of the egress system on 10/19/11 between 1 PM and 2 PM showed the courtyard gate, northwest exit door, southwest exit door, southeast exit door, and front main exit door all were equipped with two locks. At 1:08 PM the manager reported she was unaware doors in the required means of egress could only have one lock. Reference: 18.2.2.2.5 Doors located in the means of egress that are permitted to be locked under other provisions of this chapter shall have adequate provisions made for the rapid removal of occupants ... Only one such locking device shall be permitted on each door. --- C. Based on observation and staff interview, the facility failed to ensure the corridor width was a minimum of 6 feet (72 inches) wide in 2 of 2 smoke compartments. The findings were: Observation of the corridor system on 10/19/11 between 1 PM and 2 PM showed the corridor width measured 39 ½ inches after the deduction of the hand rail. At the time of observation the manager reported she was aware of the 6 foot requirement and planned on needing to use the Fire Safety Evaluation System (FSES) to meet the Life Safety Code requirements. This deficiency can be obviated by the Fire Safety and Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write and "F" in the providers Plan of Correction column and Complete Date column to accept the	SALF (B) (C)	1: All exit doors will have on more than one lock , and the court yard gate will have on more than one latch at any given time. 2: The lock smith has been contracted to remove one of the locks on the exit doors. The maintance man was contracted to remove the extra latch on the court yard gate. 3: The doors on all entrances as well as the courtyard gate have had 1 locking mechanism and one latch removed. (see pictures) 4: A plug has been installed in the place where the second locks and the latch were. 5: Quality assurance will be met by recording on the life safety code annual check off list that it has been checked by the Administrator. "F"	11/2/11 "F"

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SALF	Continued From page 3 FSES. If the facility wants to fix the deficiency they can fill in the Providers Plan of Correction column with the appropriate information and dates. Reference: 18.2.3.4 Aisles, corridors, and ramps required for exit access in a limited care facility or hospital for psychiatric care shall be not less than 6 ft (1.8 m) in clear and unobstructed width. Where ramps are used as exits, see 18.2.2.6. Exception No. 1*: Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (112 cm) in clear and unobstructed width. --- D. Based on observation and staff interview, the facility failed to ensure storage areas were fully sprinkled in 1 of 2 smoke compartments and failed to ensure the spare sprinkler cabinet had the adequate number of heads. The findings were: 1. Observation of the crawl space under the building on 10/19/11 at 1:41 PM showed decorations and carpet remnants were stored in this space. Further observation showed this area did not have sprinkler coverage. At the time of observation the manager reported she was unaware items could not be stored in an un-sprinkled crawl space. 2. Observation of the spare sprinkler cabinet on 10/19/11 at 1:45 PM showed there was a single 165 degree sidewall sprinkler heads and two 165 degree pendent sprinkler heads. At the time of observation the manager was unaware three	SALF D2 D1	1: There will be at least 3 types of sprinkler heads for each type of sprinkler at all times in the building. 2:Manager/Administrator bought additional sprinkler heads for the facility 3: Sprinkler heads now have 3 extra heads for each type 4: Manager will store extra sprinkler heads in the office 5: Quality Assurance will be met by inspecting the sprinkler heads to make sure they are all there, and adding to the annual life safety code check off list to be checked by the manager. 1: Nothing will be stored under the house in the crawl space. 2: The manager will clear out all the stuff stored in the crawl space	10/30/11 10/24/11

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SALF	Continued From page 4 spare heads for each type installed was required. Reference; 18.3.5, 9.7.1.1; NFPA 13R, 1999 Edition; 6.4.1 At least three spare sprinklers of each type, temperature rating, and orifice size used in the system shall be installed on the premises. 6.8.1 Sprinklers shall be installed in all areas except where omission is permitted by 6.8.2 through 6.8.3. 6.8.2 Sprinklers shall not be required in bathrooms ...not exceeding 55 ft square. 6.8.3 Sprinklers shall not be required in clothes closets, linen closets, and pantries ...not exceeding 24 feet square. --- E. Based on record review and staff interview, the facility failed to ensure 2 of 7 fire alarm system components were properly tested. The findings were: 1. Review of the fire alarm system testing records showed the semi-annual load voltage test was last tested on 3/30/11, more than 6 months ago. On 10/19/11 at 2:15 PM the manager reported she was unaware of the aforementioned requirement. 2. Review of the fire alarm system testing records showed the facility did not have record of the last bi-annual smoke detector sensitivity test. On 10/19/11 at 2:15 PM the manager confirmed she did not have any additional records to review. Reference: 18.3.4.1, 9.6.1.4; NFPA 72, 1999 Edition;	SALF E1 E2	3: The crawl space was cleared of all stored items. 4: Manager will ensure this space is not used for any type of storage. 5: Quality Assurance will be met by an annual inspection conducted by the manager and recorded on the annual life safety cod check off list 1: A load voltage test will be conducted semi-annually. 2: The manager will conduct the load voltage test semi-annually 3: The Manager conducted the load volt test and recorded the results. 4: The Administrator will check to see that the manager properly tests and records the results of the test. 5: The Quality Assurance plan is that the load voltage test will be placed on the annual life safety check off list to make sure it was completed. Comtronix conducted a sensitivity test on March 25, 2010. It will be tested again in March 2010 as required by rules. (see attached biannual test)	10/28/11

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SALF	Continued From page 5 Table 7-3.2 Testing Frequencies. 6. Batteries-Fire alarm systems d. Sealed Lead-Acid Type 3. Load Voltage Test,.....semi-annually 15. Initiating Devices i. Smoke Detectors- Sensitivity, ...bi-annually --- F. Based on observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 1 of 2 smoke compartments. The findings were: Observation of the living room on 10/19/11 at 1:22 PM showed the fish tank pump was plugged into an electrical 3-way adapter. At the time of observation the manager reported she was aware electrical adapters were prohibited. She could not explain why the adapter had not been noticed and removed during the last quarterly safety inspection. Reference; 18.5.1.1, 9.1.2; NFPA 70, 19999 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 --- G. Based on policy review and staff interview, the	SALF (F)	1: No three way adapters are allowed to be used in the facility. 2: The Manager will remove the 3-way adapter from the building. 3: The 3-way adapter was removed from the building. 4: Manager will not allow adapters to be used in facility. 5: The Quality Assurance will be met by the manager/administrator checking the rooms on a regular basis to make sure adapters were not brought into the home	10/19/11

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SALF	Continued From page 6 facility failed to ensure the fire policy addressed 3 of 8 criteria. The findings were: Review of the fire/disaster plan showed the plan did not address the use of the fire alarm, isolation of the fire, and evacuation of the smoke compartment of fire origin. On 10/19/11 at 12:40 PM the manager reported she was unaware the fire policy needed to meet the criteria for health care facilities now that they are housing level two assisted living residents. Reference; 18.7.2.1* For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy ' s fire safety plan. 18.7.2.2 A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire 18.7.2.3 All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following	SALF	1: The facility will have a safety plane to meet the criteria for health care facilities showing the use of the fire alarm, isolation of the fire, and evacuation of the smoke compartment of the fire origin. 2: The manager and the Administrator will develop the safety plan. 3: Safety plan is now in place to ensure safety of residents is addressed. (see attached plan) 4: On 11/8/11 manager had training with all staff on safety plan. 5: The Quality Assurance will be met by the manager conducting by-annual training with all employees and recording that training in the quality assurance manual	10/25/11

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SALF	Continued From page 7 conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person (2) During a malfunction of the building fire alarm system Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan. --- H. Based on policy review and staff interview, the facility failed to ensure they had a complete smoking policy. The findings were: Review of the facilities policies showed the smoking policy did not address the posting of "NO SMOKING" signs in oxygen use and storage areas. On 10/19/11 at 12:50 PM the manager reported she was unaware of the need for the aforementioned signage, now that they are housing level two assisted living residents. Reference: 18.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. Exception: In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs	SALF	1: All entrances to the facility will have "NO Smoking" signs and in oxygen use and storage areas. 2: The manager will post signs at each entrance. 3: All entrances to the facility have been posted with "NO Smoking" signs. Rooms in which oxygen is being used have also been posted with "NO Smoking-oxygen in use" signs. 4: Manager will make sure any and all rooms will be posted as is needed. 5: The Quality Assurance will be met by the manager/administrator doing a annual inspection of the facility to ensure that all sign are properly placed in the usage and storage areas.	10/30/11

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SALF	Continued From page 8 with language that prohibits smoking shall not be required. (2) Smoking by patients classified as not responsible shall be prohibited. Exception: The requirement of 18.7.4(2) shall not apply where the patient is under direct supervision. (3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. --- I. Based on policy review and staff interview, the facility failed to ensure they had a fire watch policy for the impairment of the fire alarm and sprinkler systems. The findings were: Review of the facilities policies showed they did not have a fire watch policy in the event the sprinkler system and or fire alarm system were out of service for more than 4 hours in a 24 hour period. On 10/19/11 at 1:02 PM the manager reported she was unaware a fire watch policy was required. Reference: 18.3.4.1, 9.6.1.8* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 18.3.5.1,9.7.6.1 Where a required automatic	SALF	1: The facility will have a fire watch policy for the impairment of the fire alarm and sprinkler systems. 2: The manager/administrator will train will train all employees on the fire watch policy. 3: Fire watch policy is now in effect. (see attached fire watch policy) 4: Manager will monitor the need for fire watch and document as needed. 5: The Quality Assurance will be met by the manager/administrator insuring on going training to employees on the fire watch policy	10/28/11

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SALF	Continued From page 9 sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.	SALF		