From:

PRINTED: 02/28/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BH004	A. BUILDING _____ B. WING _____	02/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOME OF GILLETTE	2300 WEST BOXELDER ROAD GILLETTE, WY 82716

(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
9BH	LIC REGS FOR BOARDING HOMES	9BH		

A Health and Life Safety Code survey was conducted at your facility on February 12, 2013 by the Healthcare Licensing and Survey (HLS). The survey revealed the facility was out of compliance with the Rules and Regulations for Licensure (Chapter 7) and for Program Administration (Chapter 8) for Boarding Homes.

The facility was a single-story, fully sprinkled building of Type V (111) construction built in 1989. The building was equipped with a supervised automatic wet and dry sprinkler systems and a zoned fire alarm system. The facility had a capacity of 14 beds. Census at the time of survey was 4.

Chapter 7: Rules and Regulations for Licensure of Boarding Homes
Section 6. Building and Physical Plant.
(a) ...Facilities licensed 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 a boarding home.

This regulation is NOT MET as evidence by:

1. Based on observation and staff interview, the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 400-8. The findings were:

Observation on 2/12/13 between 11:48 AM and 1:29 PM revealed an extension cord in resident room #50. Plugged into the extension cord was an electric lamp. In addition, an unprotected

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Revised approved with changes on page 2 after telephone call with Mark Wilson onsite on 3/7/13 @ 3:25 pm

From: 03/05/2013 12:29 #277 P.004/008

PRINTED: 02/26/2013
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
	BH004	A. BUILDING _____ B. WING _____	02/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOME OF GILLETTE	2500 WEST BOXELDER ROAD GILLETTE, WY 82718

(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
BBH	Continued From page 1 electrical splitter was used in resident room #12. Interview with the facility manager at the times of the observations confirmed the above findings. Reference NFPA 101 Life Safety Code, 1994 Edition: Chapter 32 Referenced Publications: NFPA 70, National Electrical Code: 400-8, Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: As a substitute for the fixed wiring of a structure... 2. Based on observations and staff interview, the facility failed to maintain the installed sprinkler system in accordance with NFPA 101, Sections 22-3.3.5.1. The findings were: Observation on 2/12/13 at 12:45 PM revealed one sprinkler head in resident room #10 was unsecured approximately one inch from the wall. Interview with the facility manager at the time of the observation confirmed the finding. Reference NFPA 101 Life Safety Code, 1994 Edition: 22-3.3.5.1 All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with Section 7-7. 7-7.5 All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested and maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection systems, 1992 edition. Chapter 6, Rules and Regulations for Program Administration of Boarding Homes.	BBH	1st Regulation not met: Our on-site manager removed the extension cord in room resident room #60 (E) immediately following our survey. The electric lamp was plugged directly into the wall outlet at that time. 2/12/13 Our on-site manager removed the electrical splitter in resident room #12 and replaced it with a qualified surge protection cord. Surveyor specified to manager as to which cord was acceptable. Photographs are included in the mailed in copy of our PoC. ✓ 02/13/13 2nd Regulation not met: Our on-site manager secured the sprinkler head in resident room #10. The collar was approximately 1 inch from the wall and the manager secured the collar the day following our survey. Photograph is included of this correction ✓ 02/13/13 maintenance Sta will conduct monthly resident Room inspections for extension cords, splitters and sprinkler heads. Results will be reported to QA quarterly. We will use the new DOS form in conducting background checks on all New Employees.

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Healthcare Licensing and Surveys

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	BH004	A. BUILDING _____ B. WING _____	02/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOME OF GILLETTE	2300 WEST BOXELDER ROAD GILLETTE, WY 82716

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BBH	Continued From page 2 Section 6. Management. (a) Manager shall: (vii) Provide verification of a Department of Family Services (DFS) central registry check on all employees hired at the time or after the filing of these rules; This regulation was not met as evidence by: 3. Based on staff and review of (#2), 1 of 5 current employee personnel files did not have a completed DFS central registry background check. The findings were: Employee #2 was hired as a LPN on 11/30/11. Review of the employees personnel file revealed a DFS central registry background check was not done. Interview with the house manager on 2/12/13 at 3:4 : PM confirmed the DFS form was missing from the file.	BBH	3rd Regulation not met: The employee #2 file that was missing the required DFS central background check was rectified as follows. On-site manager sent in the background check on 2/13/13 as required. DFS sent back her form and stated that they now have a new form and the background check had to be done on the new form. The manager then filled out the "new" form and mailed it into DFS. At this point, the on-site manager has not received DFS's response. Administrator called Surveyor at Wyoming Department of Health and asked if I could send our PoC in without a copy of the background check on Employee #2 and fax it when we receive it back. It was confirmed that that would be o.k. The new, correct for was sent on 2/13/13.	2/13/13

3-5-13