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 _____	12/17/2012

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	SALF		

A survey was conducted at your facility on December 17, 2012 by the Office of Healthcare Licensing and Surveys (HLS).

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 7 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 the 2000 Edition of the Life Safety Code, NFPA 101, Existing Health Care, of the National Fire Protection Association.

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).

The corridor width deficiency (B) can be obviated

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

STATE FORM 6899 22RM11 If continuation sheet 1 of 6

PoC Accepted w/ Robin Ruff, Manager on 1/16/13.

1-09-13

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SALF	Continued From page 1 by the Fire Safety and Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write a "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/hot water heater room on 12/17/12 at 1:40 PM showed both of the corridor doors were impeded from closing by rubber wedges. At the time of the observation certified nurse ' s assistant #1 was unaware the corridor doors were prohibited from being held in the open position unless they would close with the activation of the fire alarm system. Reference: 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:	SALF	**A)As of 12-17-12 corridor doors of the laundry hot water heater room will be kept closed. Rubber wedges will be removed from premisis. Manager will oversee all shifts in monitoring and do an inservice on this procedure for awareness and safety. Addressed immediately and removed and signs will be posted instructing all employees to follow this rule.**	12-17-12

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SALF	Continued From page 2 (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft2 (9.3 m2) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. B. 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 12/17/12 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 using 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 a "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.	SALF	F	F

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SALF	Continued From page 3 Reference: 19.2.3.3* Any required aisle, corridor, or ramp shall be not less than 4 ft (1.2 m) in clear width where serving as means of egress from patient sleeping rooms. The aisle, corridor, or ramp shall be arranged to avoid any obstructions to the convenient removal of nonambulatory persons carried on stretchers or on mattresses serving as stretchers. --- Wyoming Department of Health Aging Division Rules Program Administration of Assisted Living Facilities Chapter 12 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	SALF		

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SALF	Continued From page 4 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 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: ---------- C. Based on record review and staff interview, the facility failed to ensure fire drills were held on each shift during each quarter and failed to collect the minutes and seconds during each fire drill. The findings were: 1. Review of the fire drill records showed the first shift occurred between 8 AM and 2 PM, the second shift between 2 PM and 10 PM and the third shift between 10 PM and 8 AM. Further review showed a fire drill had not been conducted on the third shift during the first quarter of 2012. Review also showed a test drill was conducted on 12/27/11 on the third shift, but the residents were not evacuated as this was a staff training drill. On 12/17/12 at 2:35 PM the manager could not explain why the fire drills were missed. 2. Review of the fire drill records showed the facility had only collected the minutes, but not the seconds to evacuate the building. On 12/17/12 at 2:35 PM the manager reported she was unaware	SALF	**Manager is aware that minutes and seconds will be documented on EACH resident when fire drills occur. Documentation will be kept on fire drill evaluation form.** **Manager will ensure that staff and residents will evacuate the building on ALL fire drills with no exception. Staff will be informed and educated to how fire drills will be conducted and that all individuals in the building are required to exit the building. Fire drills will be documented as required with the all staff and employees names, times (minutes and seconds) and dates at irregular shifts and at irregular times as required. Administrator in corporate office will also monitor.**	**1-1-13**

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SALF	Continued From page 5 the minutes and seconds were required to be collected.	SALF		