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
	BH001	A. BUILDING _____ B. WING _____	01/07/2010

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
SBH	LIC REGS FOR BOARDING HOMES This State Rules and Regulations is not met as evidenced by: RULES AND REGULATIONS FOR LICENSURE OF BOARDING HOMES CHAPTER 7 Section 6. Building and Physical Plant. (o) ... 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. Multi-storied wood frame buildings shall be sprinklered. This regulation is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to ensure emergency discharge from the facility from 1 of 5 exit doors. The findings were: Observation throughout the survey on 01/07/10 revealed an approximate 2 foot snow drift directly in front of the north east exit. The facility manager confirmed the observation. Reference NFPA 101 Life Safety Code, 1994 Edition: 31-1.2.1. Every required exit access, exit, or exit discharge shall be continuously maintained free of all obstructions or impediments to full instant use in case of fire or other emergency.	SBH	On 1/7/2010 the manager removed the snow from the south east exit. (it was not the north east door in question, it was the south east exit) The manager will take greater precautions to insure that all exits are kept cleared.	01/07/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Bruce Fitz TITLE Administrator (X6) DATE 1-22-10

STATE FORM 6899 JZIS11 If continuation sheet 1 of 1

Approved on 2/3/10 @ 148PM
No changes - SL

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