PRINTED: 02/24/2011
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
	ALF016	A. BUILDING _____ B. WING _____	02/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	639 AVENUE H POWELL, WY 82435

(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: An annual Life Safety Code survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 2/10/11. The survey revealed the facility was out of compliance with the Rules and Regulations for Licensure (Chapter 4) of Assisted Living Facilities (ALF). Chapter 4. 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 evidence by: A. Based on observation and staff interview, the facility failed to ensure proper operation of the smoke barrier doors between the dining room and the egress hallway in accordance with NFPA 101. The findings were: Observation during a fire drill on 2/10/11 at 1:30 PM revealed the magnetically secured double doors leading from the dining room into the egress hallway released upon activation of the fire alarm. The doors, however, could not be opened again. Closer observation revealed a	SALF	#1 (A) The facility shall ensure proper operation of the smoke barrier doors in accordance with NFPA 101. A. The Plant Operations department technician has adjusted the door latching device to assure proper operation of the barrier doors. B. All residents have the potential to be affected by failing to maintain the smoke barrier doors in accordance with NFPA 101. C. The Plant Operations technician has provided written documentation to the Director of Plant Operations that the situation has been corrected. ~~D. The Director of Plant Operations shall provide an aggregated~~ report to the Safety Committee on a monthly basis. Completion Date: 3/4/11	

#1

D, Staff will inspect all door closure mechanisms on a monthly basis and..

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

Chere Bernard-Wilson RN — TITLE VP Resident Care Services — (X6) DATE 3/3/2011

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

STATE FORM 6899 EZVN11 If continuation sheet 1 of 3

Revised/approved ē changes on pages 1 & 2 a/ter T.C. ē DON on 3/16/11 @ 2:48PM — LG

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Wyoming Dept of Health
MAR 08 2011
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SALF	Continued From page 1 locking mechanism on the lower edge of one door was stuck in the open position, jamming the doors together and preventing the doors from being opened. During the fire drill the facility administrator was standing in the dining room and confirmed that she was unable to open the doors. Upon completion of the fire drill, maintenance staff verified the two doors required an adjustment. 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. OK B. Based upon observation and staff interview, the facility failed to ensure the following hazardous locations had operational self-closing devices (SCD). The findings were: Observation on 2/10/11 at 2:48 PM revealed the self closure devices on the door leading into the general public men's bathroom and the door to the kitchen dry storage room did not allow for complete door closure with three attempts. Interview with the maintenance staff at the time of the observation verified the SCD required an adjustment. Reference NFPA 101-Life Safety Code, 1994 Edition, 22-3.3.6.6 Doors in walls required by 22-3.3.6.1 and 22-3.3.6.2 shall be self closing or automatic-closing in accordance with 5-2.1.8 doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 5-2.1.8.	SALF	#2 (B) The facility shall ensure that hazardous locations shall have properly functioning self-closing devices (SCD) that meet or exceed NFPA Life Safety Code 101 31-1.2.1 A. The Plant Operations department technician has adjusted the door closing device on the general public men's room and the kitchen dry storage room. B. All residents have the potential to be affected by failing to assure hazardous locations have properly functioning self-closing devices on the doors. C. The Plant Operations department technician has provided written documentation to the Director of Plant Operations indicating the doors in question have been repaired and tested. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a monthly basis. Completion Date: 3/4/11	

Insert Repeat #1

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SALF	Continued From page 2 5-2.1.8 Self Closing Devices. A door designed to normally be kept closed in a means of egress shall be a self-closing door. C. Based upon record review and and staff interview, the facility failed to ensure the fire alarm system was fully operational. The findings were: Record review on 2/10/11 at 1:48 PM revealed the fire alarm panel was inspected by "API Systems" from Casper on 6/28/10. The inspection revealed "the key pad on the panel was not working and was unable to perform any menu functions on the fire alarm panel." Interview with the maintenance staff at the time of the record review verified API's findings. Reference: NFPA 101 Life Safety Code, 1994 Edition 22-3.3.4.1 General. A fire alarm system in accordance with Section 7-6 shall be provided. 7-6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code.	SALF	#3 (C) The facility shall provide and maintain the fire alarm system in accordance with NFPA 72. A. The current fire alarm system is operating with all safety features fully functional. The programming portion of the panel is not functioning to make programming changes and additions. A waiver request has been included for this fire alarm panel replacement process. PVHC will budget and replace the fire alarm system as funds and plan review documentation are approved in fiscal year 2011-12. B. All residents have the potential to be affected by failing to test the installed fire alarm system in accordance with NFPA 72. C. The Plant Operations department technician shall remain aware of the situation and monitor for any further issues and report them to the Director of Plant Operations. D. The Director of Plant Operations shall provide an aggregated report to the Safety Committee on a monthly basis. Completion Date: 3/4/11	