PRINTED: 07/29/2013
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
	ALF010	A. BUILDING: _____ B. WING _____	07/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930

(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 Life Safety Code survey was conducted at your facility on July 17, 2013 by the office of Healthcare Licensing and Surveys, (HLS).

The facility was a single story, fully sprinklered building of Type V (000) construction built in 2000. The building was equipped with a supervised, automatic 13R wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 16 licensed beds with a census of 15 residents.

Wyoming Department of Health Aging Division 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, New Board and Care, 2000 Edition, unless otherwise noted.

This regulation was NOT MET as evidence by:

A. Based on record review and staff interview, the facility failed to ensure the sprinkler system was

A. The sprinkler system was tested during the fourth quarter of 2012. The sprinkler contractor did not leave a copy of the inspection report. The report dated 10-17-2013 is attached.

The director will make sure that the sprinkler contractor provides a copy of the inspection report for the facility records.

Date of Completion. July 30, 2013

POC ACCEPTED W/ FLORENCE PARKS, DIRECTOR, ON 8/14/13.

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SALF	Continued From page 1 tested during 1 of the past 4 quarters. The findings were: Review of the sprinkler system testing records showed the waterflow and supervisory signal devices were not tested during the fourth quarter of 2012. On 7/17/13 at 1:45 PM the director confirmed the aforementioned sprinkler system tests had not been conducted. She could not explain why the sprinkler contractor had not performed the test. The sprinkler system was last tested on 4/4/13. Reference NFPA 101, 2000 Edition, 32.2.3.4.1, 9.6.1.4, NFPA 72, 1999 Edition; Table 7-3.2 Testing Frequencies. 15. Initiating Devices j. Supervisory Signal Devices, ... quarterly k. Waterflow Devices, ... quarterly --- Wyoming Department of Health Aging Division Rules 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. (iii) Fire Safety. (A) Portable fire extinguishers shall be installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers. This regulation was NOT MET as evidenced by: ---	SALF		

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8/14/13

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SALF	Continued From page 2 B. Based on observation and staff interview, the facility failed to ensure portable fire extinguishers were inspected during 1 of the past 12 months. The findings were: Observation of the portable fire extinguisher near resident room #4 on 7/17/13 at 12:57 AM showed an inspection had not occurred during the month of June 2013. Review of all three extinguishers confirmed the inspection had not been conducted. At the time of the observation the director reported she was on vacation at the time the inspection was normally scheduled. NFPA 10, 1998 Edition; 4-3 Inspection. 4-3.1 Frequency. Extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals	SALF	**B. The portable fire extinguishers are tested are on a monthly basis. They were tested in June of 2013. The director failed to record the test date of June 18, 2013.** **The director will continue to check all three fire extinguishers on a monthly basis and record.** **Date of Completion. July 30, 2013.**	