

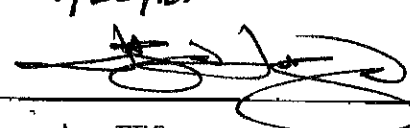
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HEALTHCARE LIC. NOV 12 2010 PAGE 03/06

PRINTED: 10/15/2010

Office of Healthcare  
Licensing and Surveys FORM APPROVED

## WDH - Office of Healthcare Licensing and Surveys

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>ALF010 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                                                          |                          | (X3) DATE SURVEY<br>COMPLETED<br><br>10/04/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BEE HIVE HOMES OF EVANSTON |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1949 WEST UINTA STREET<br>EVANSTON, WY 82930                                                                     |                          |                                                 |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                  | (X5)<br>COMPLETE<br>DATE |                                                 |
| SALF                                                           | <p><b>LIC REGS FOR ASSISTED LIVING FACILITIES</b></p> <p>This State Rules and Regulations is not met as evidenced by:<br/>A survey was conducted at your facility on October 4, 2010 by the Office of Healthcare Licensing and Surveys, (OHLS).</p> <p>The facility was a single story fully sprinkled building of Type V (000) construction built in 2000. The building was equipped with a supervised automatic wet sprinkler system with a zoned fire alarm system. The facility had a capacity of 16 licensed beds.</p> <p>Wyoming Department of Health Aging Division Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4<br/>Section 10. Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply.</p> <p>(i) 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, 1994 Edition, unless otherwise noted.</p> <p>This regulation was NOT MET as evidence by:</p> <p>Based on observation and staff interview the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 2 smoke compartments. The findings were:</p> | SALF                                                                | <p>POC ACCEPTED W/<br/>FLORENCE PARKS, DIRECTOR<br/>ON 11/22/10.</p>  |                          |                                                 |

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

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

TITLE

(X6) DATE

STATE FORM

11-10-10

If continuation sheet 1 of 2

Bee Hive Homes of Evanston  
1949 W. Uinta Street  
Evanston, WY 82930

307-444-4483

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>ALF010 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | (X3) DATE SURVEY COMPLETED<br><br>10/04/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BEE HIVE HOMES OF EVANSTON |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1949 WEST UINTA STREET<br>EVANSTON, WY 82930                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                              |
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| SALF                                                           | Continued From page 1<br><br>1. Observation of the electrical system on 10/04/10 between 4:30 PM and 5 PM showed laundry washing machine and television set in resident room #4 were plugged into extension cords. At 4:38 PM the administrator reported she was aware extension cords were prohibited. She further reported the electrical system was inspected quarterly to ensure extension cords were not in use. She could not explain why the above mentioned cords were in place.<br><br>2 Observation of the electrical system on 10/04/10 at 4:53 PM showed the computer in resident room #4 was plugged into three surge protector's in-line that were attached together. At the time of observation the administrator reported she was aware chaining surge protectors' was prohibited.<br><br>Reference:<br><br>22-3.6.1 Utilities. Utilities shall comply with provisions of Section 7-1.<br>7-1.2 Electrical wiring and equipment installed shall be in accordance with NFPA 70, National Electrical Code.<br>NFPA 70, National Electrical Code, 1993 Edition, 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following:<br>(1) As a substitute for the fixed wiring of a structure<br>(2) Where run through holes in walls ...<br>(3) Where run through doorways, windows, or similar openings<br>(4) Where attached to building surfaces | SALF                                                             | The facility will ensure that extension cords will not be used to ensure electrical safety.<br><br>1) CD Electric installed a new electrical outlet in the laundry room to allow the washing machine be plugged into a separate outlet. This eliminated the use of an extension cord.<br><br>The extension cord in Room #4 was removed.<br><br>The director will continue to do quarterly inspections to prevent the use of extension cords.<br><br>The facility will ensure that only one surge protector is used for electrical components.<br><br>1) The computer in Room #4 was plugged into three surge protectors in line and were attached together. One of the surge protector was eliminated and the other two surge protectors are now separately plugged into the electrical outlet.<br><br>The director will continue to do Quarterly inspections to prevent the Chaining of surge protectors. | 10/12/10           |                                              |