

PRINTED: 02/24/2011
FORM APPROVED

WVDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2011
NAME OF PROVIDER OR SUPPLIER WYOMING PIONEER HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443		
(X4) ID PREFIX TAG SALF	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG SALF	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE 02/08/11
	LIC. REGS FOR ASSISTED LIVING FACILITIES A Life Safety Code survey was conducted at your facility on February 07-08, 2011 by the Office of Healthcare Licensing and Surveys, (QHLS). The facility was a two story partially sprinkled building of Type II (111) construction built in 1949, 1951, 1953, 1986 and 2009. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility was licensed for 108 beds, but staffed for 60 beds, the census at the time of survey was 43 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 NFPA 101, Life Safety Code, 1991 Edition, unless otherwise noted. This regulation was NOT MET as evidenced by:		A. It is the practice of the Wyoming Pioneer Home to ensure that all bulbs in the all exit lights are illuminated. 1. The burnt out light bulbs in the dining room exit lights were replaced on February 8, 2011. a. Each department will monitor exit lights daily in their area to ensure that no exit lights in their area have any burnt out light bulbs and report any burnt out light bulbs to the Maintenance Department ASAP. b. The Building & Grounds Assistant II will monitor exit lights in all areas as he cleans the floors. He will fix any burnt out exit lights ASAP. c. The Sub-Safety Committee will monitor the exit lights in the area that they are reviewing for the month and report any burnt out exit light bulbs to Maintenance to be replaced ASAP. d. On March 2, 2011 an in-service with 18 staff in all departments was completed. The in-service was on the fact that it is the practice of the Wyoming Pioneer Home that all bulbs in all exit lights will be illuminated. e. The Maintenance Manager will be responsible to ensure that all bulbs in all exit lights will to be illuminated. f. The Maintenance Manager will report to the Quality Assurance Committee.	

Wyoming Dept of Health - Office of Healthcare Licensing and Surveys

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

STATE FORM

TITLE

(X6) DATE

Facility Manager March 4, 2011
Wyoming Dept of Health

If continuation sheet 1 of 3

POC ACCEPTED SHARON SKIVER, FACILITY MANAGER
ON 3/24/11

Office of Healthcare
Licensing and Surveys

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/08/2011
NAME OF PROVIDER OR SUPPLIER WYOMING PIONEER HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443		
(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	Continued From page 1 A. Based on observation and staff interview the facility failed to ensure exit signs were illuminated in 1 of 12 smoke compartments. The findings were: Observation of the dining room on 2/07/11 at 4:03 PM showed one of two bulbs was not illuminated in each of two exit signs. At the time of observation the maintenance director reported the signs were inspected on a weekly basis. He further reported the bulbs in the exit signs were regularly burned out. Reference: 22-3.2.10.1 Marking of Means of Egress. Means of egress shall be marked in accordance with Section 5-10. 5-10.3.5 Every sign required to be illuminated by 5-10.3 shall be continuously illuminated as required under the provisions of Section 5-8. 5-8.1.4 Any required illumination shall be arranged so that the failure of any single unit, such as the burning out of an electric bulb, will not leave any area in darkness. B. Based on observation and staff interview the facility failed to ensure temporary electrical wiring did not replace fixed permanent wiring in 1 of 12 smoke compartments. The findings were: Observation of the electrical system on 2/08/11 between 7 AM and 8 AM showed the computer server was plugged into a surge protector which was, itself, plugged into a 6-way electrical adapter. Further review showed the computer in the mail room was plugged into a surge protector which was plugged into a uninterrupted power	SALF	B. It is the practice of the Wyoming Pioneer Home to not plug a surge protector into a 6-way electrical adapter. It is the practice of the Wyoming Pioneer to not plug a surge protector into an uninterrupted power supply (UPS) surge protector. 1. The surge protector that was plugged into a 6-way electrical adapter was removed on February 8, 2011. The surge protector that was plugged into an uninterrupted power supply (UPS) surge protector was removed on February 8, 2011. a. The 6- way electrical adapter was removed in the middle office where the server is. The server now is plugged into a surge protector that is plugged directly into a regular wall outlet. b. In the mail room the surge protector that was plugged into the power supply (UPS) surge protector was removed. The computer is plugged into a power supply (UPS) surge protector that is plugged directly into the regular wall outlet. c. All departments will monitor & ensure that no power strip will be plugged into any other power strip or 6-way wall adaptor or (UPS) surge protector. If they see a power strip plugged into another power strip they will remove one power strip ASAP. d. The Sub-Safety Committee will monitor to make sure that temporary	02/08/11	

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NAME OF PROVIDER OR SUPPLIER WYOMING PIONEER HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443 3/04/11		
(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	Continued From page 2 supply (UPS) surge protector. At 7:50 AM the maintenance manager reported he was aware chaining electrical adapters was prohibited. He further reported electrical adapters in offices were not routinely inspected. Reference: 22-3.5.1 Utilities. Utilities shall comply with provisions of Section 7-1. 7-1.2 Electrical wiring and equipment installed shall be in accordance with NFPA 70, National Electrical Code. 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: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	SALF	electrical wiring does not replace fixed permanent wiring in the area they are reviewing that month. If any problems are found they will report it to Maintenance to be fixed ASAP. e. On March 2, 2011 an in-service with 18 staff in all departments was completed. The in-service was on the fact that it is the practice of the Wyoming Pioneer Home to not plug a surge protector into a 6-way electrical adapter and to not plug a surge protector into an uninterrupted power supply (UPS) surge protector. f. The Maintenance Manager will be responsible to ensure that temporary electrical wiring does not replace electrical wiring anywhere in the Wyoming Pioneer Home. g. The Maintenance Manager will report to the Quality Assurance Committee.		