

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/20/2011
NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 980 HOMESTEAD AVENUE RIVERTON, WY 82601		
(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 An annual Life Safety Code survey for Assisted Living Facilities (ALF) was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLIS) on 1/21/11. The survey revealed the facility was out of compliance with the Rules and Regulations for Licensure (Chapter 4) 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. This REGULATION was not met as evidence by: 1. Based upon observation and staff interview, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13. The findings were: Observation on 1/20/11 between 8:55 AM and 10:22 AM revealed the following concerns: a. The sprinkler head and escutcheon in the vaulted ceiling of the hallway outside resident room #36 had dropped away from ceiling leaving a one inch gap. b. Sprinkler head escutcheons were missing	SALF			

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

M C Christensen RW
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

3409

MOP611.

TITLE
Administrator

(X6) DATE

2-3-11

If continuation sheet 1 of 3

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Wyoming Dept of Health

FEB 03 2011

Office of Healthcare
Licensing and Surveys

Approved without changes on 2/7/11
@ 11:30 AM - *[Signature]*

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 850 HOMESTEAD AVENUE RIVERTON, WY 82501		
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SALF	Continued From page 1 from the following sprinkler heads: Two were missing on the underside of the exterior patio. One was missing from the ceiling of the water closet. One was missing from the ceiling in the refrigerator room. Reference NFPA 101 Life Safety Code, 1994 Edition 22-3.3.5.1 All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with section 7-7.... 7-7.1.1 Each automatic sprinkler system required by another section of the Code shall be installed in accordance with NFPA 13, NFPA 13 Standards for the Installation of Sprinkler Systems. 6.2.7.2 Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly. 2. Based on observation and staff interview, the facility failed to limit the use of flexible electrical cables in accordance with the provisions of NFPA 70. The findings were: Observation on 1/20/11 at 9:48 AM revealed the following concerns: a. The facility TV in the main living room was plugged into an extension cord which was then plugged into a wall outlet. b. Three and four way electrical splitters (adapters) were plugged into electrical outlets in resident rooms: #10, #11, #18, #19 and #26. Multiple appliances were then plugged into the splitters. c. The corner of the plastic electrical outlet wall cover in the pantry was busted. Interview with the facility maintenance manager confirmed	SALF	Issues regarding sprinkler head and all escutcheons out side room #36, on exterior patio, ceiling in water closet and refrigerator room have been resolved by the maintenance mgr. as of 2/2/11. Maintenance mgr. will complete quarterly observations of escutcheons and repair deficiencies as soon as possible. Any deficiencies will be reported at monthly meetings. Electrical supply for living room TV and other devices will be modified by an electrical contractor. The three and four way splitters with multiple devices in Room # 10, 11, 18, 19, and 26 have been replaced with surge protectors. The Floor Supervisor will monitor the facility for the use of approved electrical cords and devices in use when making wkly. facility rounds. Any deficiency will be corrected as soon as possible. Residents will be notified again at the next Resident Council meeting.	2/2/11	

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 960 HOMESTEAD AVENUE RIVERTON, WY 82501		
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SALF	Continued From page 2 the above observations. Reference NFPA 101 Life Safety Code, 1988 Edition: NFPA 101, Chapter 32 Referenced Publications: NFPA 70, National Electrical Code, 1999 edition: 400-8, Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: As a substitute for the fixed wiring of a structure...	SALF	Wall cover in the pantry area was replaced by maintenance mgr. Maintenance mgr. will complete quarterly observations of electrical wall coverings. Any deficiencies will be repaired as soon as possible.	1/22/11	