PRINTED: 12/17/2013
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
	ALF021	A. BUILDING: _____ B. WING _____	12/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING PIONEER HOME	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
S5094	Ch 12 Sec 7 (o)(iii)(A-E) Assisted Living facility (ALF) Core Services (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (iii) Fire Safety. (A) Portable fire extinguishers shall be installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers. (I) State of Wyoming certified individuals shall inspect and service the extinguishers. All extinguishers shall have a tag or label securely attached that indicate the month and year the maintenance was performed and that identifies the person performing the service. (B) Readily available and clearly readable telephone numbers for emergency contacts shall be located near all telephones. (C) Clearly readable floor diagrams reflecting the actual floor arrangement showing the exit locations and evacuation routes shall be posted in conspicuous places. Each resident shall be instructed with its use on the first day of admission. (D) Resident training for the fire emergency plan shall be in accordance with the Life Safety Code Operating Features sections. (I) On the first day of admission, each resident shall be instructed in the proper action of the fire emergency plan, including the location of all the exits. A record of this instruction shall be in each resident file.	S5094		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Facility Manager (X6) DATE: Jan 1, 2014

POC ACCEPTED W/ SHARON SKINNER, MANAGER ON 1/03/14.

[signature]

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1/02/14

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S5094	Continued From page 1 (E) Fire exit drills shall be conducted in accordance to the Life safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility. (I) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following: (1.) Date of drill; (2.) Time of day; (3.) Type of drill (Practice, Announced, Surprise); (4.) Residents who participated including staff and family members; (5.) Time required (minutes and seconds) to evacuate all residents (including staff) from the occupied areas to a point of assembly as defined in the Life Safety Code; (6.) List of anyone, including staff and family members, who did not evacuate in the required time allowed by the evacuation capability rating of the facility. Evacuation capability rating for each facility shall be listed on the form; (7.) Comments on the factors that contributed to each individual's inability to evacuate successfully and any corrective actions recommended; and	S5094	It is the practice of the Wyoming Pioneer Home to ensure that fire drills are held in accordance to the Life Safety Code Operating Features section. 1. The Wyoming Pioneer Home will conduct fire drills (12) twelve times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. a. Beginning in December of 2013, a new form will be used to record the Wyoming Pioneer Home monthly fire drills. This new form will help to ensure that fire drills will be held to cover all shifts every quarter. b. The Wyoming Pioneer Home Fire Marshall (Dawn Larson) will be responsible to ensure that fire drills are conducted (12) twelve times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. c. The Wyoming Pioneer Home Fire Marshall (Dawn Larson) will report to the Quality Assurance Committee. d. The Facility Manager will oversee the Quality Assurance Committee.	12/31/13

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S5094	Continued From page 2 (8.) Signature and date of the person completing the form. This State Rule and Regulation is not met as evidenced by: Based on record review and facility staff interview, the facility failed to ensure fire drills were held on 2 of 3 shifts on a quarterly basis. The findings were:	S5094		
	Review of the fire drill records showed the first shift occurred between 6 AM and 2:30 PM, the second shift occurred between 2 PM and 11 PM and the third shift occurred between 11 PM and 7:30 AM. Further review showed a fire drill was not conducted on the first shift during the third quarter of 2013. A fire drill was not conducted on the third shift during the second quarter of 2013. Review also showed fire drills were held on a monthly basis but not on each shift. On 12/4/13 at 2 PM, the fire drill coordinator could not explain why fire drills were not conducted on the aforementioned shifts.			
S5166	Ch 4 Sec 10 (ii) 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.	S5166		

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S5166	Continued From page 3 This State Rule and Regulation is not met as evidenced by: A Life Safety Code survey was conducted at your facility on December 04, 2013 by the office of Healthcare Licensing and Surveys, (HLS). The facility was a two story, fully-sprinklered, facility of Type V (111) construction built in 2009, 2011 and 2012 with a basement. The facility was divided by 2-hour rated fire barrier walls into 14 smoke compartments. The building was	S5166		
	equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 64 licensed beds with a census of 47 residents. All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 2006 Edition, unless otherwise noted. This regulation was NOT MET as evidence by: --- The facility is not in compliance with the following state assisted living Life Safety Regulations: 8004 - Doors 8010 - Discharge for Exits 8015 - Protection from Hazards 8017 - Detection, Alarm and Communication 8018 - Extinguishment Requirement 8022 - Electrical			
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors	S8004		

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S8004	Continued From page 4 This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure corridor doors were smoke resistant in 2 of 14 smoke compartments. The findings were: 1. Observation of the activities room on 12/4/13 at 12:45 PM showed there were three corridor doors equipped with self-closing devices. Further observation showed the self-closing devices on two doors were unable to fully latch the doors into the door frames. At the time of the observation, the building and grounds supervisor could not explain why the doors were not noticed and modified during the quarterly safety inspections. 2. Observation on 12/4/13 between 12:30 PM and 1 PM showed the corridor doors for resident room #60 and #61 were not smoke resistant. These doors were not equipped with doors stops. Door stops typically run the full length of both side jams and the top of the door frame. The allowed gap between doors and door frames is 1/8 inch. The largest gap measured ¼ inch. On 12/4/13 at 12:50 PM, the building and grounds supervisor could not explain why the gap had not been noticed and modified during the quarterly safety inspections. Reference NFPA 101, 2006 Edition; 32.3.3.6.4 Doors protecting corridor openings shall not be required to have a fire protection rating, but shall be constructed to resist the passage of smoke.	S8004	It is the practice of the Wyoming Pioneer Home to ensure that corridor doors are smoke resistant. 1. The Wyoming Pioneer Home maintenance staff adjusted the activity room doors on 12/06/2013. The self-closing devices were adjusted so that a positive latch could be obtained every time the door was unlatched from the magnet. a. The Maintenance Manager will be responsible to ensure that the corridor doors are smoke resistant. b. The Maintenance Manager will check the doors quarterly to assure a positive latch. c. The Maintenance Manager will report to Quality Assurance Committee. d. The Facility Manager will oversee the Quality Assurance Committee. 2. On 12/18/2013, the Wyoming Pioneer Home maintenance staff installed UL Listed smoke and fire air infiltration strips on (room doors 60 & 61) and all other doors that needed air infiltration strips to assure the gap between the door and the door jamb would be less than 1/8 of an inch. a. The Maintenance Manager will be responsible to ensure that the corridor doors do not have a gap of more than 1/8 of an inch. Please see attached pictures. b. The Maintenance Manager will report to Quality Assurance Committee. c. The Facility Manager will oversee the Quality Assurance Committee.	12/6/13 12/18/13
S8010	NFPA Life Safety - Nfpa Discharge from Exits NFPA 101	S8010		

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S8010	Continued From page 5 Discharge from Exits This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure 1 of 17 exit discharge pathways were maintained accessible at all times. The findings were: Observation of north exit door #3 on 12/4/13 at 10:20 AM showed the discharge pathway/sidewalk was covered with ½ inch of snow for the entire 80 foot length. The last storm was two days earlier. At the time of the observation, the building and grounds supervisor reported he was unaware this exit discharge pathway had to be shoveled. All other discharge pathways were maintained clear of snow to the public way. Reference NFPA 101, 2006 Edition, 32.3.2.1; 7.1.10.1 General. Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.	S8010	It is the practice of the Wyoming Pioneer Home to ensure that exit discharge pathways are well maintained and accessible at all times. 1. The Wyoming Pioneer Home maintenance staff shoveled exit door # 3. The Wyoming Pioneer Home maintenance staff will ensure that exit door #3 is shoveled and accessible at all times. a. The Maintenance Manager will be responsible to ensure that exit door #3 is shoveled and accessible at all times. b. The Maintenance Manager will report to Quality Assurance Committee. c. The Facility Manager will oversee the Quality Assurance Committee.	1/5/13
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure all habitable spaces were sprinklered and failed to ensure sprinkler shut-offs valves were electronically supervised in 2 of 14 smoke compartments. The findings were:	S8018		

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S8018	Continued From page 6 1. Observation of the kitchen's back freezer on 12/4/13 at 11:10 AM showed the interior space measured 6 feet by 4 feet. Further observation showed the freezer was not provided with an interior sprinkler head. The exterior of the freezer was protected by sprinkler coverage. At the time of the observation, the building and grounds supervisor could not explain why a sprinkler head was not added to the freezer during the recent remodel. 2. Observation of the west basement elevator storeroom on 12/4/13 at 1:04 PM showed a sprinkler shut-off valve was located in this room. Further observation showed the shut-off valve was not electronically supervised and connected to the fire alarm system. At the time of the observation, the building and grounds supervisor could not explain why the contractor had not supervised this shut-off valve during the recent remodel of the building. Reference NFPA 101, 2006 Edition; 32.3.3.5.1 General. All buildings shall be protected throughout by an approved automatic sprinkler system installed in accordance with 9.7.1.1(1) and provided with quick- response or residential sprinklers throughout. 32.3.3.5.4 Supervision. Automatic sprinkler systems shall be provided with electrical supervision in accordance with 9.7.2 9.7.2.1 Supervisory Signals. Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code ...	S8018	It is the practice of the Wyoming Pioneer Home to ensure that all habitable spaces are sprinkled and to ensure that sprinkler shut-off valves meets the requirements of the NFPA Life Safety 101 Extinguishment Requirements. 1. Wyoming Pioneer Home will contract with Rapid Fire Protection Inc. to ensure that the back freezer is provided with an interior sprinkle head. a. ~~Plan to state engineers for approval of~~ this project. b. The Maintenance Manager will be responsible to ensure that a sprinkler head is installed. c. The Maintenance Manager will report to Quality Assurance Committee. d. The Facility Manager will oversee the Quality Assurance Committee. 2. Wyoming Pioneer Home will contract with Rapid Fire Protection Inc. to ensure that the west basement sprinkler shut-off value will meet the Life Safety Code NFPA 101 Extinguishment Requirements. a. Plan to state engineers for approval of this project. b. The Maintenance Manager will be responsible to ensure that the shut-off value meets the requirement. c. The Maintenance Manager will report to Quality Assurance Committee. d. The Facility Manager will oversee the Quality Assurance Committee.	2/10/14 2/10/14

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S8022	Continued From page 7	S8022	It is the practice of the Wyoming Pioneer Home to ensure that temporary wiring does not replace permanent fixed wiring.	
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 1 of 14 smoke compartments. The findings were:	S8022	1. The Wyoming Pioneer Home staff will remove all multi-outlet strips that are not UL listed surge protected from the building. a. On 12/20/2013 the Maintenance Supervisor conducted an in-service to the facility housekeeping staff to educate them on the difference between surge protected outlet strips and non-protected strips. Please see attached file #1. b. The Wyoming Pioneer Home has a written policy that states that any new outlet strips that are brought into the facility will need to be checked by Maintenance to assure that they are surge protected. c. The Housekeeping Manager will be responsible to ensure that all resident and families know the policy and that any outlet strip that is not surge-protected will be removed from the facility. d. The Housekeeping Manager will report to Quality Assurance Committee. e. The Facility Manager will oversee the Quality Assurance Committee.	1/31/14
	Observation of resident room #25 on 12/4/13 at 10:54 AM showed the television set was plugged into a 6-way electrical power tap. At the time of the observation, the building and grounds supervisor reported he was unaware there was a difference between multi-plug adapters and surge protectors. He also reported the safety inspections did not ensure multi-plug adapter were surge protectors. Reference NFPA 101, 2006 Edition, 32.3.6.1, 9.1.2, NFPA 70, 2002 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			