Healthcare Licensing and Surveys

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0021 | A. BUILDING: _____ B. WING _____ | 08/28/2014 |

RECEIVED
WY Dept of Health
SEP 24 2014
Healthcare Licensing and Surveys

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PIONEER MANOR NURSING HOME | 900 W 8TH ST GILLETTE, WY 82716 |

| (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 |
|---|---|---|---|---|
| S3059 | Ch 19 Sec 7 Construction/Remodeling<br><br>Department of Health Chapter III, Construction Rules for Health Facilities apply.<br><br>This State Rule and Regulation is not met as evidenced by:<br>The Facility is not in compliance with WDH Chapter 3 Rules and Guidelines.<br><br>Please refer to the following tags: 7026, 7035 and 7036 | S3059 | **LSC State Plan of Correction 2014** | |
| S7026 | NFPA Life Safety - Nfpa Electric<br><br>NFPA 101<br>Electric<br><br>This State Rule and Regulation is not met as evidenced by:<br>Observations of the light fixtures in the Wing 5 Soiled Linen Room on 08/27/14 at 2:51 PM revealed covers were missing, leaving the bulbs exposed with no protection from breakage. Interview with the Facility Maintenance Director at the time of the observation confirmed the missing lens covers. (Reference WDH Chapter 3 Guidelines, Section 7). | S7026 | S7026<br>**Correction for cited residents/areas:**<br>Wing 5 Soiled Linen Room plastic bulb protectors placed on exposed bulbs<br><br>**Identification of other residents will occur by:**<br>All residents/staff have the potential to be affected by injury from broken light fixtures<br><br>**Systemic Corrective Action:**<br>1.Inspection of all areas in the facility and any exposed light bulbs will have plastic sleeve bulb protectors installed.<br>2. Any bulb replacements to have plastic sleeve bulb protectors. Installed<br>3. Leadership rounds revision to include inspection of light fixtures<br><br>**Outcome:**<br>100% of light bulbs will have protective device to prevent injury from breakage<br>Administrator or designee will collect inspection data monthly.<br>Data will be aggregated and reported quarterly at long term care quality meetings with discrepancies investigated and resolved. | 10/12/14 |
| S7035 | IMC Life Safety - Int'l Mechanical Code<br><br>This State Rule and Regulation is not met as evidenced by:<br>Observation of the Wing 1 Shower Room on 08/27/14 at 1:36 PM, the Wing 1 Tub Room on 8/27/14 at 1:50 PM, the Public Restrooms on | S7035 | | |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 9/23/14



POC Accepted per Phone Call with Jonni Beldon Administrator on 10/2/14 @ 2:05pm.

J Wyatt

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0021 | A. BUILDING: _____ B. WING _____ | 08/28/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PIONEER MANOR NURSING HOME | 900 W 8TH ST GILLETTE, WY 82716 |

| (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 |
|---|---|---|---|---|
| S7035 | Continued From page 1<br>Wing 5 by the large fish tank on 08/27/14 at 2:24 PM, the Wing 5B Tub Room on 08/27/14 at 2:29 PM, and the Wing 4 Tub Room on 08/27/14 at 3:24 PM could not establish that continuous mechanical exhaust ventilation was provided within the spaces. Interview with the Facility Maintenance Director at the time of the observation acknowledged that exhaust airflow could not be established. (Reference WDH Chapter 3 Guidelines, Section 5(b)(iii)(B)) | S7035 | | |
| S7036 | IPC Life Safety - Int'l Plumbing Code<br><br>This State Rule and Regulation is not met as evidenced by:<br>1. Observations and document review of the handwash stations located in Room #303 on 8/27/14 at 2:00 PM, Room #305 on 8/27/14 at 2:04 PM, and the Women's Bathroom located in the foyer area on 08/27/14 at 3:34 PM revealed past renovations had included faucets with aerators discharging approximately 2 inches above the sinks flood rim in lieu of the required faucets with spray heads discharging at least 5 inches above the sinks flood rim with temperature limiting devices conforming to ASSE 1070. Interview with the Facility Maintenance Director could not establish the dates the renovations took place. Document review of the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities since the effective rules from 5/29/1991 to 4/3/2008 revealed that all new handwash station faucets were to be installed with spray heads discharging at least 5 inches above the sink's flood rim. Further document review revealed that ASSE 1070 temperature limited devices were to be installed on handwash faucets since the effective rules from 4/3/2008. | S7036 | S7035 10/12/14<br>**Correction for cited residents/areas:**<br>1.Wing 1 Shower room ventilation fan belt replaced and ventilation fan cleaned and lubed. Continuous mechanical exhaust ventilation verified.<br><br>2.Wing 1 Tub room ventilation fan belt replaced and ventilation fan cleaned and lubed. Continuous mechanical exhaust ventilation verified.<br><br>3. Public Restrooms on Wing 5 by the large fish tank ventilation fan belt replaced and ventilation fan cleaned and lubed. Continuous mechanical exhaust ventilation verified.<br><br>4. Wing 5B tub room, continuous mechanical exhaust ventilation installation<br><br>5. Wing 4 Tub room ventilation fan belt replaced and ventilation fan cleaned and lubed. Continuous mechanical exhaust ventilation verified.<br><br>**Identification of other residents will occur by:**<br>All residents have the potential to be affected by inadequate continuous mechanical exhaust ventilation. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0021 | A. BUILDING: _____ B. WING _____ | 08/28/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PIONEER MANOR NURSING HOME | 900 W 8TH ST GILLETTE, WY 82716 |

| (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 |
|---|---|---|---|---|
| S7036 | Continued From page 2<br>(Reference WDH Construction Rules and Regulations for Healthcare Facilities)<br><br>2. Observation of the emergency eyewash stations located at the Wing 5 Nurses Station on 8/27/14 at 2:46 PM, the Men and Women's Restroom located in the cafeteria lobby on 8/27/14 at 4:19 PM, and the Laundry Room on 8/27/14 at 4:31 PM revealed that tepid water was not provided to the eyewash station's via an ASSE 1071 - Performance Requirements for Temperature Actuated Mixing Valves for Plumbed Emergency Equipment - mixing valve in compliance with ANSI Z358.1 - Standard for Emergency Eye Wash and Shower Equipment. An interview with the Facility Maintenance Director at the time of the observations confirmed that the eyewash stations were not provided with tempering valves in compliance with the requirements of ANSI Z358.1. (Reference 2006 IPC, Section 411)<br><br>3. Observation of the utility sink in the Wing 4-5 Janitor Closet on 08/27/14 at 3:03 PM, the Kitchen on 08/27/14 at 3:38 PM, and the Laundry Room on 08/27/14 at 4:31 PM revealed that a hose connection to the chemical dispensing system had been installed without a means of backflow prevention. The chemical dispensing system was connected to the faucet discharge via a tee and shut-off valve which disabled the atmospheric vacuum breaker, and created a potential means for cross connection if the shut-off valve was utilized in lieu of the fixture valves. The Facility Maintenance Director acknowledged that the fixtures were not provided with an acceptable means of backflow prevention at the time of the observations. (Reference 2006 IPC, Section 608.6 and 608.13) | S7036 | S7035 continued<br>Systemic Corrective Action:<br>1. Review of all bathing areas and public restrooms to ensure appropriate functioning of continuous mechanical exhaust ventilation.<br>2. Leadership rounds to include continuous mechanical exhaust ventilation<br>3. Electronic preventive maintenance record to reflect review of continuous mechanical exhaust ventilation quarterly<br><br>Outcome:<br>100% of bathing and public restroom areas will have continuous mechanical exhaust ventilation.<br>Plant Operations or designees will maintain and verify continuous mechanical exhaust ventilation function quarterly<br>Data will be aggregated and reported quarterly at long term care quality meetings with discrepancies investigated and resolved.<br><br>S7036<br>Correction for cited residents/areas:<br>Faucets and temperature limiting device<br>1.Room #303 handwash station faucet replaced with faucet with spray heads discharging at least 5 inches above the sinks flood rim and a temperature limiting device.<br><br>2.Room #305 handwash station faucet replaced with faucet with spray heads discharging at least 5 inches above the sinks flood rim and a temperature limiting device.<br><br>3.Womens Bathroom in the foyer area handwash station faucet replaced with faucet with spray heads discharging at least 5 inches above the sinks flood rim and a temperature limiting device. | 10/12/14 |

Healthcare Licensing and Surveys

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0021 | A. BUILDING: _____ B. WING _____ | 08/28/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PIONEER MANOR NURSING HOME | 900 W 8TH ST GILLETTE, WY 82716 |

| (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 |
|---|---|---|---|---|
| S7036 | Continued From page 3<br>4. Observation of the Main Dining Room Ice Machine 08/27/14 at 1:54 PM, and the Wing 4-5 Ice Machine on 08/27/14 at 2:54 PM and by off-site photographic observation on 08/29/14 revealed the ice machine drains were not installed to a code compliant indirect drain with an air gap at a waste receptor (floor sink) or a stand pipe. The locations were not provided with an approved waste receptor or standpipe. The ice machine drain hose was directed below the flood rim of a nearby waste piping on the fixture side of the trap via a tee connection. (Reference 2006 IPC, Section 802 | S7036 | S7036 cont<br>**Emergency eyewash stations**<br>1. Wing 5 nurses station emergency eyewash station temperature actuated mixing valve installed.<br><br>2. Men and Womens restroom emergency eyewash station in the cafeteria lobby temperature actuated mixing valve installed.<br><br>3. Laundry Room emergency eyewash station temperature actuated mixing valve installed.<br><br>**Chemical dispensing units**<br>1.Wing 4-5 Janitor Closet chemical dispensing unit valve replaced to provide backflow prevention and allowed for a atmospheric vacuum breaker to prevent cross connection<br><br>2. Kitchen chemical dispensing unit valve replaced to provide backflow prevention and allowed for a atmospheric vacuum breaker to prevent cross connection<br><br>S7036 continued<br><br>3.Laundry room chemical dispensing unit valve replaced to provide backflow prevention and allowed for a atmospheric vacuum breaker to prevent cross connection<br><br>**Ice Machine drains**<br>1.Main Dining Room Ice Machine indirect drain repaired to provide an air gap at a waste receptor or a stand pipe<br><br>2. Wing 4-5 Ice Machine indirect drain repaired to provide an air gap at a waste receptor or a stand pipe | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0021 | A. BUILDING: _____ B. WING _____ | 08/28/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PIONEER MANOR NURSING HOME | 900 W 8TH ST GILLETTE, WY 82716 |

| (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 |
|---|---|---|---|---|
| S7036 | Continued From page 3<br>4. Observation of the Main Dining Room Ice Machine 08/27/14 at 1:54 PM, and the Wing 4-5 Ice Machine on 08/27/14 at 2:54 PM and by off-site photographic observation on 08/29/14 revealed the ice machine drains were not installed to a code compliant indirect drain with an air gap at a waste receptor (floor sink) or a stand pipe. The locations were not provided with an approved waste receptor or standpipe. The ice machine drain hose was directed below the flood rim of a nearby waste piping on the fixture side of the trap via a tee connection. (Reference 2006 IPC, Section 802 | S7036 | S7036 cont.<br>Identification of other residents will occur by:<br>All residents have the potential to be affected by faucet function and temperature lability at the faucet.<br><br>All residents/staff have the potential to be affected by eyewash function and temperature lability at the eyewash station.<br><br>All residents have the potential to be affected by cross connection and backflow of chemical dispensing units<br><br>All residents and staff have the potential to be affected by backflow into the ice machine.<br><br>S7036 continued<br>Systemic Corrective Action:<br>1.All new faucets installed will have temperature limiting devices.<br>2. All emergency eyewash stations will have temperature actuated mixing valves installed.<br>3.All chemical dispensing units will have backflow prevention valves installed<br>3. Plant operation staff education related to plumbing code rules and regulations related to temperature limiting devices and backflow valve prevention.<br>4. Plant operations staff to audit all outside vendor work for compliance with temperature limiting, temperature actuator and backflow prevention installations. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | WY0021 | A. BUILDING: _____ B. WING _____ | 08/28/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PIONEER MANOR NURSING HOME | 900 W 8TH ST GILLETTE, WY 82716 |

| (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 |
|---|---|---|---|---|
| S7036 | Continued From page 3<br>4. Observation of the Main Dining Room Ice Machine 08/27/14 at 1:54 PM, and the Wing 4-5 Ice Machine on 08/27/14 at 2:54 PM and by off-site photographic observation on 08/29/14 revealed the ice machine drains were not installed to a code compliant indirect drain with an air gap at a waste receptor (floor sink) or a stand pipe. The locations were not provided with an approved waste receptor or standpipe. The ice machine drain hose was directed below the flood rim of a nearby waste piping on the fixture side of the trap via a tee connection. (Reference 2006 IPC, Section 802 | S7036 | Outcome:<br>1. 100% of new faucets installed will have temperature limiting devices<br>2. 100% of eyewash stations will have temperature actuated mixing valves<br>3. 100% chemical dispensing stations will have valve to prevent backflow and cross connection.<br>4. 100% Documentation on electronic work orders will reflect action items<br><br>Safety coach or designee will inspect eyewash stations weekly for function.<br><br>Plant operations or designee will monitor electronic work orders for documentation of action plans monthly<br><br>Data will be aggregated and reported quarterly at long term care quality meetings with discrepancies investigated and resolved. | |