PRINTED: 01/20/2015
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
	ALF010	A. BUILDING: _____ B. WING _____	01/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930

(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
S 000	General Comments A Life Safety Code survey was conducted at your facility on January 12, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a single story, fully sprinklered building of Type V (000) construction built in 2000. The building was equipped with a supervised, automatic wet 13R sprinkler system with an addreseable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 11 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 and Regulations for Healthcare Facilities apply. (ii) Assisted Living Facilities operation 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, New Board and Care, 2000 Edition, unless otherwise noted.	S 000	The door latch for Room #2 has been fixed. The door latch for the linen closet has also been fixed and now stays closed when shut. The facility manager will continue to check door latches on a quarterly basis.	
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide doors that would remain closed per latches or other mechanisms in 1 of 2	S8004	Date of Completion. January 14, 2015	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Florence J. Parks — TITLE — (X6) DATE: 1-30-2015

STATE FORM 6899 6E3F11 If continuation sheet 1 of 3

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WY Dept of Health
JAN 30 2015
Healthcare Licensing and Surveys

POC Accepted VIA phone Call with Administrator Marilyn Facana on 2-10-15 at 3:22pm. 34354

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S8004	Continued From page 1 smoke compartments. The findings were: Observation of the Resident Room #2 on 01/12/15 at 12:23 PM revealed that the door would not latch and close completely into the door frame and remained closed. At the time of the observation, the Facility Manager acknowledged the door would not latch into nor remain closed in the frame. Ref: 2000 NFPA 101, Section 32.2.3.6.3	S8004	The manager of the facility was not aware of the extension cord that was in Room #12. It was immediately removed and replaced with the proper fire safety cord. The facility manager will continue to make sure all rooms are using proper cords. Date of Completion. January 12, 2015	
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the electrical wiring and equipment was in accordance with NFPA 70. The findings were: Observation of Resident Room #12 on 01/12/15 at 11:55 AM revealed an extension cord plugged into a clock. At the time of the observation, the Facility Manager acknowledge the use of the extension cord. Ref: 2000 NFPA 101, Sections 32.2.5.1 and 9.1.2 Ref: 1999 NFPA 70, Article 305	S8022		
S8028	NFPA Life Safety - Smoking NFPA 101 Smoking	S8028	The manager of the facility had informed all smokers that they could not use coffee cans for	

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S8028	Continued From page 2 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure ashtrays of noncombustible material and metal containers with self-closing covers were being utilized. The finding were: Observation of the smoking area off the front entrance of the building on 01/12/15 at 12:29 PM revealed the area was not provided with noncombustible ashtrays and metal containers with self-closing lids into which ashtrays could be readily emptied. However upon further observation it was revealed that two, large metal coffee cans without self-closing lids were being utilized for ashtrays and the extinguishing of cigarettes. At the time of the observation, the Facility Maintenance Manager acknowledge the two coffee cans in the smoking area. Ref: 2000 NFPA 101, Section 32.7.4.2	S8028	extinguishing of cigarettes. They obviously did not follow directions. The cans have been removed and again all smokers have been notified not to use coffee cans. The front patio does have the proper equipment to dispose of cigarettes which was requested by the State from another inspection. The facility manager will continue to make sure coffee cans are not used and that the proper noncombustible ashtrays will be used. Date of Completion. January 12, 2015	