PRINTED: 03/19/2015
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
	ALF017	A. BUILDING: _____ B. WING _____	03/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	950 HOMESTEAD AVENUE RIVERTON, WY 82501

(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 March 10, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single story building of Type V (111) construction built in 1995 and 1997. The building was equipped with a supervised, automatic dry sprinkler system with a anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 49 licensed beds with a census of 42 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 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, 1994 Edition, unless otherwise noted.	S 000		
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure hazardous areas were protected from the corridor with self-closing doors in 2 of 4 smoke compartments. The findings	S8015	The facility will ensure corridors are protected from hazardous areas with self-closing doors. 1. Furnace Room door in the dining room will have: a) A self-closing device installed. 3/13/15 b) Administrator or designee will visually audit door daily to ensure door is closed and latched. c) Any malfunction of the closure will be reported immediately to maintenance for repair. d) Education will be provided to staff on the importance of ensuring corridors are protected from hazardous areas. 4/1/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Deborah E. Hallett | RN Adm | 3/31/15

STATE FORM 6899 LURK11 If continuation sheet 1 of 2

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WY Dept of Health
MAR 31 2015
Healthcare Licensing and Surveys

POC Accepted VIA Phone with Administrator Deborah Hallett on 4/03/15 @ 10:14 AM.

3/3521

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S8015	Continued From page 1 were: 1. Observation of the Furnace Room in the dining area on 03/10/15 at 9:15 AM revealed the door was not provided with a self-closing device. At the time of the observation, the Facility Manager acknowledged the door was not self-closing. 2. Observation of the Laundry Room on 03/10/15 at 9:25 AM revealed that both doors were provided with self-closing devices but, when activated, would not fully close the door into the frame. At the time of the observation, the Facility Manager acknowledged the doors would not fully close into the door frame. Ref: 1994 NFPA 101, Section 23-2.3.2	S8015	2. Laundry Room doors: a) Will be inspected and repaired to ensure self-closure devices function properly allowing doors to close completely and to latch. b) Administrator or designee will audit doors weekly to ensure proper function of self-closure doors. c) Any malfunction on the closure will be reported immediately to maintenance for repair. d) Education will be provided to staff on the importance of ensuring corridors are protected from hazardous areas.	3/16/15
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 maintain sprinkler systems in a reliable operating condition. The finding were: Observation of the fire riser on 03/10/15 at 9:27 AM revealed hydraulic design information sign was not provided at the dry riser. At the time of the observation, the Facility Manager acknowledged the missing hydraulic information. Ref: 1989 NFPA 13 section 8-5	S8018	Facility will maintain sprinkler systems in a reliable operating condition. 1. Administrator will obtain and post the hydraulic design information signage for the dry sprinkler system. 2. Administrator or designee will audit at least monthly, to ensure signage in place.	4/1/15 4/15/15