PRINTED: 03/11/2015
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
	ALF020	A. BUILDING: _____ B. WING _____	03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOMES ASSISTED LIVING	2391 MUDDY STRING RD 117 THAYNE, WY 83127

(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 03, 2015 by the office of Healthcare Licensing and Surveys (HLS). The facility was a fully sprinklered, single story building of Type V (000) construction built in 1997. The building was equipped with a supervised, automatic wet 13R sprinkler system with a fire pump and a hard wired fire alarm system. The facility had a capacity of 16 licensed beds with a census of 8 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 1 of 1 smoke compartments. The findings	S8015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eileen Merritt — TITLE: Owner — (X6) DATE: 3-17-15

STATE FORM 6899 N5JY11 If continuation sheet 1 of 2

POC accepted via Phone Call with Administrator Eileen Merritt on 4/2/15 at 3:40pm.

34354

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S8015	Continued From page 1 were: Observation of the Mechanical Room on 03/03/15 at 1:45 PM 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. Ref: 1994 NFPA 101, Section 23-2.3.2	S8015	the Facility will meet this requirement to insure proper door closeures are in place by notfying building maint. and letting them know of the deficency and placed on work ordder to be repaired to meet life safty standard Compleated by April 1st 2015	
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure that racks were provided to protect oxygen cylinders from accidental damage or dislocation in accordance with NFPA 99. The findings were: 1. Observation of resident room #9 on 03/03/2015 at 1:52 PM revealed oxygen cylinders being stored on the floor without racks or fastenings. At the time of the observations, the Facility Manager acknowledged the unsecured cylinders. Ref: 1987 NFPA 99, Section 4-6.2.2.1	S8030	The Facility will ensurethat all oxygen cylinders will be stored in approved Racks, or fastenings this will be met by Notfying all oxygen venders and or suppiyersthat racks mush be provided for all oxygen and bottles when delivered and bottles are to be placed in racks upon delivery Compleated by April 1st 2015	