Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	C 03/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOME OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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 complaint investigation (LIC-15-022) and annual survey was conducted at your facility on March 25, 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 1998. The building was equipped with a supervised automatic wet 13R sprinkler system with an addressable fire alarm system. The facility had a capacity of 15 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 the 2000 Edition of the Life Safety Code, NFPA 101, Existing Health Care, of the National Fire Protection Association. The facility meets the Life Safety Code Standard based on the acceptance of a plan of correction and a Fire Safety and Evaluation System (FSES). The corridor width deficiency (S8002) can be obviated by the Fire Safety and Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write a "F" in the providers Plan of Correction column and	S 000		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Dennis J. Laurence — President — 4/10/15

STATE FORM 6899 25T511 If continuation sheet 1 of 7

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WY Dept of Health
APR 13 2015
Healthcare Licensing
and Surveys

POC Accepted via Phone Call with Owner Dennis Laurence on 4/14/15 at 3:00pm

34354

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S 000	Continued From page 1 Complete Date column to accept the FSES. If the facility wants to fix the deficiency, they can fill in the providers Plan of Correction column with the appropriate information and dates.	S 000		
S8002	NFPA Life Safety - Nfpa Minimum Construction Req NFPA 101 Minimum Construction Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the corridor width was a minimum of 6 feet (72 inches) wide in 2 of 2 smoke compartments. The findings were: Observation of the corridor system on 03/25/15 between 11:25 AM and 12:00 PM showed the corridor width measured 39 1/2 inches after the deduction of the hand rail. At the time of the observation the manager reported she was not aware of the requirement. The deficiency can be obviated by the Fire Safety and Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write a "F" in the providers Plan of Correction column and Complete Date column to accept the FSES. If the facility wants to fix the deficiency, they can fill in the Providers Plan of Correction column with the appropriate information and dates. Ref: 2000 NFPA 101, Section 19.2.3.3	S8002	F	F

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S8008	Continued From page 2	S8008		
S8008	NFPA Life Safety - Nfpa Arrange of Means of Egress NFPA 101 Arrangement of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to continuously maintain the means of egress free of locking devices requiring use of keys or special knowledge for operation in 1 of 2 smoke compartments. The findings were: Observation of the means of egress through the small fenced-in assembly area on 03/25/15 at 11:50 AM revealed the swinging gate in the means of egress to an adjacent field had a one action latch located on the outside of the fence, requiring the occupant to reach over the fence to unlock the gate. At the time of the observation the Facility Manager acknowledge the latch located on the outside of the gate. Ref: 2000 NFPA 101, Section 19.2.2.2.4	S8008	A. Latch will be placed on the inside of the gate on April 15, 2015. This will eliminate the need to reach over the fence to unlatch the gate.	4/15/15
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation identifying a maintenance policy of the emergency lighting system. The findings were:	S8012		

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S8012	Continued From page 3 Document review and staff interview of the testing and maintenance documentation on 03/25/15 from 12:20 PM to 12:55 PM revealed no documentation was made available during the survey to indicate that the required 30 second monthly and the required 90 minute annual testing of the emergency lighting had been performed. Interview with the Facility Manager confirmed that the required testing had not been completed. Ref: 2000 NFPA 101, Sections 19.2.9.1 and 7.9.3	S8012	A. Monthly testing of the emergency lights (30 seconds) was completed for April on April 8, 2015. B. Manager is aware that a 30 second test of emergency lights is required on a monthly basis and that a 90 minute test of emergency lights is required annually. Manager will ensure that testing is carried through. C. Manager will ensure that proper documentation will be completed after each test of emergency lights.	4/8/15
S8013	NFPA Life Safety - Nfpa Marking of Means of Egress NFPA 101 Marking of Means of Egress This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure access to exits were marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants. The findings were: Observation of the exit access corridors throughout the facility on 03/25/15 from 11:25 AM to 12:15 PM revealed no battery-powered illuminated exit signage marking the access to exits. At the time of the observations the Facility Manager acknowledged the lack of exit signage in all locations throughout the facility.	S8013	D. Annual 90 minute test of the emergency lights will be completed in August 2015, and each August thereafter. A. Battery powered exit signs will be installed above all exits by May 1, 2015.	5/1/15

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S8013	Continued From page 4 Ref: 2000 NFPA 101, Sections 19.2.10.1 and 7.10.1.2	S8013		
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation identifying a maintenance policy of the fire alarm system. The findings were: Document review and staff interview of the testing and maintenance documentation on 03/25/15 from 12:20 PM to 12:55 PM confirmed the lack of a testing and maintenance policy of the following aspects of the fire alarm system: 1. Fire Alarm Activation - monthly to the fire department 2. Battery Load Voltage Test - semi-annual Interview with the Facility Manager during the review of the documentation revealed that she was not aware of the testing requirements, and no policy was available to establish responsibility for ensuring that the required testing is performed and documented. Ref: 1999 NFPA 72, Table 7-3.2, 23 and 7-3.2,6,c,3	S8017	outside Contractor gcs 4/16/15 A. ~~Comtronix~~ completed a Battery Load Voltage Test on March 17, 2015. B. Manager has scheduled another Battery Load Voltage Test in September 2015 to meet the semi-annual requirement. C. Fire Alarm Activation will be completed on a monthly basis during required fire drills. First monthly activation will take place mid-April. D. Manager will ensure that proper documentation will be completed after each Fire Alarm Activation and Battery Load Voltage test.	3/17/15
S8018	NFPA Life Safety - Nfpa Extinguishment Req	S8018		

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S8018	Continued From page 5 NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that automatic sprinkler systems are continuously maintained per the requirements of NFPA 25. The findings were: Observation of the Spare Sprinkler Cabinet located in the crawl space on 03/25/15 at 12:00 PM revealed that no special sprinkler wrench was provided and kept in the cabinet to be used in the removal and installation of sprinklers. At the time of the observation the Facility Manager acknowledge no wrench was present within the cabinet. Ref: 1998 NFPA 25, Section 2-4.1.6	S8018	A. A Water Main Drain Test was completed April 1, 2015. B. Water Main Drain Tests will be performed on a quarterly basis. Manager will ensure proper documentation after each test. C. A sprinkler wrench has been put in place.	4/1/15
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation indicating that portable fire extinguishers throughout the facility are installed, inspected and maintained in accordance with NFPA 10. The findings were: Document review and staff interview of the testing and maintenance records on 03/25/15 from 12:20	S8019		

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S8019	Continued From page 6 PM to 12:55 PM revealed no documentation was available for the monthly fire extinguisher inspection for 2014. At the time of the document review the Facility Manager acknowledge the lack of documentation. Ref: 1998 NFPA 10, Section 4-3.1	S8019	A. Manager documented and checked the range on the fire extinguishers on April 1, 2015. B. Manager will check the fire extinguishers on a monthly basis to ensure they are within proper range. C. Manager will document the date the check was completed and initial the tag on the fire extinguisher.	4/1/15
S8027	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr NFPA 101 Emergency Egress and Relocation Drills This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure fire drills were held on a quarterly basis for all shifts. The findings were: Review of the fire drill records on 03/25/15 from 12:20 PM to 12:30 PM revealed that no fire drill records were present for the year 2014. Additionally in 2015 only one fire drill had been conducted in the month of March. At the time of the record review the Facility Manager acknowledge that fire drills were not being conducted, but she was aware of the requirement. Ref: 2000 NFPA 101, Section 19.7.1.2	S8027	A. A fire drill was completed during the survey on March 25, 2015. B. Manager is aware that fire drills are to be conducted on a quarterly basis with one drill for each shift, for a total of three fire drills quarterly. C. Fire drills will be conducted starting the second quarter. The first drill will be in April, starting with the day shift. D. Manager will ensure proper documentation after each fire drill.	3/25/15