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WY Dept of Health
APR 29 2015
Healthcare Licensing and Surveys

PRINTED: 04/21/2015
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
	ALF016	A. BUILDING: _____ B. WING _____	04/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	639 AVENUE H POWELL, WY 82435

(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 April 08, 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 1999. The building was equipped with a supervised, automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 24 licensed beds with a census of 26 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	The facility shall ensure that hazardous areas are protected from the corridor with self-closing doors in smoke compartments. A. Self-closing devices will be installed on both doors leading into the kitchen to ensure protection of the hazardous areas from the corridor in the smoke compartment. B. All residents, staff, and visitors have the potential to be affected by failure to maintain protection of the hazardous areas within a smoke compartment. C. Education will be provided to the Maintenance Techs and Assisted Living staff to ensure all hazardous areas are protected from the corridor with self-closing doors in smoke compartments. The Plant Operations Manager or designee will perform monthly inspections to ensure the doors between the corridors and hazardous area have self-closures and they are functioning properly.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nicole Ostermiller LNHA | TITLE | (X6) DATE: 4/29/15

POC Accepted VIA Phone Call with Administrator Nicole Ostermiller on 5/14/2015 at 11:09AM.
LSC 34354

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S8015	Continued From page 1 were: Observation of the Kitchen on 04/08/15 at 8:50 AM revealed that both doors were not provided with a self-closing device. At the time of the observation, the Facility Maintenance Manager acknowledged the doors were not self-closing. Ref: 1994 NFPA 101, Section 23-2.3.2	S8015	D. The Plant Operations Manager or designee will aggregate random monthly data and report results to the Administrator, Care Center Medical Director and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance.	
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were: Observation of the Janitor Closet on 04/08/15 at 9:05 AM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a means of backflow prevention. The chemical dispensing system was connected to the faucet discharge via a hose connection which had the ability to be under constant pressure. This can disabled the atmospheric vacuum breaker creating a potential means for cross connection. The Facility Maintenance Manager at the time of the observation acknowledged that the connection was not provided with an acceptable means of backflow prevention. Ref:	S8032	Completion Date The facility shall ensure that the existing plumbing systems are maintained in accordance with original design and in a safe and sanitary condition. A. A pressure indicating tee will be installed in the faucet connected to the wall-mounted chemical dispensing unit in the janitor's closet to prevent backflow from occurring. B. All residents, staff, and visitors have the potential to be affected by failure to prevent backflow of chemicals. C. Education will be provided to the Maintenance Techs to ensure a wasting tee is in place for each faucet to prevent backflow. The Plant Operations Manager or designee will perform monthly inspections to ensure the wasting tee is in place in the faucet in the Janitors' Closet.	05/15/2015

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S6032	Continued From page 2 2006 IPC, Sections, 411, 608.6, and 608.13	S6032	D. The Plant Operations Manager or designee will aggregate random monthly data and report results to the Administrator, Care Center Medical Director and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date	06/05/2015