PRINTED: 02/13/2015
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Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF013	A. BUILDING _____ B. WING _____	02/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHOWBOAT RETIREMENT CENTER	150 WYOMING STREET LANDER, WY 82520

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S 000	General Comments A Life Safety Code survey was conducted at your facility on February 3, 2015 by Healthcare Licensing and Surveys (HLS). The facility was a single story fully sprinkled building of Type II (111) construction with a basement built in 1957. The building was equipped with a supervised automatic wet sprinkler system and a zoned fire alarm system. The facility had a capacity of 50 licensed beds and a total census of 30 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		
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 ensure exits were readily	S8008		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Arvedell Foote | TITLE: Adm. | (X6) DATE: 2.26.15

Modified POC Accepted Via Phone Call with Administrator Arvedell Foote on 2/27/15 at 4:45pm

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S8008	Continued From page 1 accessible at all times. The findings were: 1. Observation of the West Corridor #1 exit discharge on 02/03/2015 at 9:00 AM revealed snow and ice on the wheelchair ramp. At the time of the observation, the Facility Administrator acknowledged the snow and ice covered exit discharge . 2. Observation of the West Corridor #2 exit discharge on 02/03/2015 at 9:15 AM revealed snow and ice on the steps and walk way. At the time of the observation, the Facility Administrator acknowledged the the snow and ice covered steps and walk way. 3. Observation of the East Corridor #2 exit discharge on 02/03/2015 at 9:50 AM revealed snow and ice covering the walk way. At the time of the observation, the Facility Administrator acknowledged the snow and ice covered walk way. 4. Observation of the Basement exit discharge on 02/03/2015 at 10:35 AM revealed snow and ice covering the walk way. At the time of the observation, the Facility Administrator acknowledged the snow and ice covered walk way. Ref: 1994 NFPA 101, Sections 22-4.4 and 31-1.2.1	S8008	The facility will ensure all exits including wheelchair ramps, walk ways, and steps will be free from ice and snow. 1.The maintenance person will remove all ice and snow from west exit corridor 1 & 2, east corridor #2, and basement exit discharge. 2.The manager will check all exits when we have received snow to ensure all exits are free form ice and snow. 3. The manager will monitor and document in QA reports that all exits are free from ice and snow.	2-25-15
S8011	NFPA Life Safety - Nfpa Illum of Means of Egress NFPA 101 Illumination of Means of Egress This State Rule and Regulation is not met as	S8011		

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S8011	Continued From page 2 evidenced by: Based on observation and staff interview, the facility failed to provide illumination of the means of egress in 1 of 5 stairwells. The findings were: Observation of the Basement Stairwell exit leading to the loading dock on 02/03/2015 at 10:45 AM revealed the stairwell did not have illumination, leaving the area in darkness. At the time of the observation, the Facility Administrator acknowledged the lack of lighting in the stairwell. Ref: 1994 NFPA 101, Sections 22-3.2.8, 5-8.1.2, and 5-8.1.4	S8011	The facility will ensure all basement stairwell are illuminated at all times. 1.The maintenance person will ensure that proper lighting in in all basement stairwells are working..	
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide emergency lighting in 1 of 5 stairwells. The findings were: Observation of the Basement Stairwell exit leading to the loading dock on 02/03/2015 at 10:45 AM revealed the stairwell did not have emergency lighting, leaving the area in darkness. At the time of the observation, the Facility Administrator acknowledged the lack of emergency lighting in the stairwell. Ref: 1994 NFPA 101, Sections 22-3.2.9 and 5-9.2.1	S8012	2. The maintenance person will replace the florescent bulbs in the light fixtures in the basement stairwell. 3. The maintenance person will ensure all emergency lighting is working at all times. 4. The manager will monitor and document in QA reports that all lighting in stairwell are working properly at all times.	3-6-15

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S8015	Continued From page 3	S8015		
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 staff interview, the facility failed to provide self-closing doors to hazardous areas in 1 of 7 smoke compartments. The findings were: Observation of the File Storage Room in the circle on 02/03/2015 at 9:55 AM revealed the area was used for the storage of combustible material. The space was sprinkled but was not provided with a self-closing device on the door. At the time of the observation, the Facility Administrator acknowledge that a closing device was not provided for the door. Ref: 1994 NFPA 101, Section 22-3.3.2.2	S8015	The facility will ensure the self-closing device on the storage room door at the east end of facility will be in place. 1.The maintenance person will install the self-closing device to the storage room at the east wing of the facility. 2.The manager will check the storage room door at the east end of the facility to ensure door closure mounted and working properly.	3-6-15
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 staff interview, the facility failed to maintain and inspect the automatic sprinkler system. The findings were: Observation of the Patient Storage Room located in West Corridor #2 on 02/03/2015 at 9:23 AM revealed boxes stacked on the top shelf obstructing the sprinkler head in the room. At the	S8018		

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S8018	Continued From page 4 time of the observation, the Facility Administrator acknowledged the obstructed sprinkler head. Ref: 1994 NFPA 101, Sections 22-3.3.5 and 7-7.5 1994 NFPA 25, Section 2-2.1.1	S8018	The facility will ensure no material will be stored on top shelves of storage units that would obstruct any sprinkler heads. 1.The maintenance person will remove all materials on the top shelf of storage unit in West Corridor #2. 2. The maintenance person will continue to monitor all storage unit making sure no material is stored on any top shelf of any storage unit that would obstruct any sprinkler head. 3.The manager will monitor and document at the QA meetings that all top shelves in storage units are not obstructing any sprinkler heads.	2-25-15
S8021	NFPA Life Safety - Nfpa Smoke Resistant Barriers NFPA 101 Smoke Resistant Barriers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure smoke barrier doors are self closing in 1 of 7 smoke compartments. The findings were: Observation of the smoke barrier doors located in the basement on 02/03/2015 at 10:25 AM revealed that the doors were blocked open with wood wedges preventing them from closing in the event of a fire alarm. The Facility Administrator acknowledged the doors being blocked open at the time of the observation. Ref: 1994 NFPA 101, Sections 22-3.3.6.6 and 5-2.1.6	S8021	S8021 The facility will ensure all smoke barrier doors in the basement will automatically close without any obstructions. The doors will not be blocked open with wood wedges. 1.The maintenance person will monitor all smoke barrier doors in the basement so they are not blocked open with any wood wedges at any time.	
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	S8022		

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S8022	Continued From page 5 facility failed to ensure that the electrical wiring and equipment was in accordance with NFPA 70. The findings were: Observation of resident rooms #106, #206, and #213 on 02/03/2015 from 8:03 AM to 9:32 AM revealed extension cords being utilized by residents. At the time of the observations, the Facility Administrator acknowledged the use of the extension cords in the resident rooms. Ref: 1994 NFPA 101, Sections 22-3.6.1 and 7-1.2 1993 NFPA 70, Article 305	S8022	2.The maintenance person will monitor and document the basement smoke barrier doors are free from any obstruction and automatically close with the fire alarm system. 3.The manager will monitor the basement smoke barrier doors closing properly and document at the QA meetings. The facility will ensure extension cords are not being utilized by residents. 1.The manager removed extension cords from resident room #106,#206 and#213. The resident were informed not to use extension cords but use power bars. 2.The manager will inservice this issue at the next resident council. 3.The manager will monitor and document this issue as they do monthly apt. checks.	2-25-15 2-25-15
S8028	NFPA Life Safety - Smoking NFPA 101 Smoking 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 resident room #403 on 02/03/15 at 10:02 AM revealed the area was provided with noncombustible ashtrays and metal containers with self-closing lids into which ashtrays could be readily emptied. Upon further observation, it was noted multiple cigarette butts located on the ground. At the time of the observation, the Facility Administrator acknowledge the code compliant ashtrays were not being utilized in the smoking area.	S8028	The facility will ensure all exterior Smoking areas are provided with self Closing ashtrays. 1.The facility will provide self-closing ashtrays for exterior smoking area of Apt. #403.	

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S8028	Continued From page 6 Ref: 2000 NFPA 101, Section 31-7.4	S8028	2.The manager will monitor the QA Apt. checks to ensure all cigarette butts are in self-closing ashtray and not on the ground.	3-6-15
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 and failed to ensure the emergency generator was maintained in accordance with NFPA 110. The findings were: 1. Observation of resident rooms #106, #102, #205, and #216 on 02/03/2015 from 9:03 AM to 10:18 AM revealed oxygen cylinders being stored on the floor without racks or fastenings. At the time of the observations, the Facility Administrator acknowledged the unsecured cylinders. Ref: 1993 NFPA 99, Section 4-6.2.2.1 2. Observation of the Emergency Generator on 02/03/2015 at 10:55 AM revealed that an emergency stop button was not provided per NFPA 110. At the time of the observation, the Facility Administrator acknowledged the observation. Ref: 1994 NFPA 101, Section 31-1.3.8 1993 NFPA 110, Section 3-5.5.6	S8030	The facility will ensure to restrain oxygen cylinders to prevent them from falling over and create potential damage in resident rooms. 1.All "E" cylinders in resident rooms #106, #102,#205, and#216 are restrained. 2.As the manager and staff complete daily routines they will observe to ensure all residents "E" cylinders are restrained. 3.The manager and staff will monitor through QA monitoring to ensure all "E" cylinders are restrained. 2-25-15 The facility will ensure that a emergency stop button will be provided on the generator. 1.The maintenance person will notify ~~RIC electric~~ outside Contractor 2-27-15 to have an emergency stop button placed on the generator. 3-30-15	
S8031	IMC Life Safety - Int'l Mechanical Code	S8031		

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S8031	Continued From page 7 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure continuous mechanical exhaust ventilation was provided in bath and tub rooms. The findings were: Observation of Staff Restroom #11 and Corridor #2 Tub Room on 02/03/15 from 9:35 AM to 9:40 AM could not establish that continuous mechanical exhaust ventilation was provided within the spaces. Interview with the Facility Administrator at the time of the observation acknowledged that exhaust airflow could not be established. Ref: WDH Chapter 3 Guidelines, Section 5(b)(iii)(B)	S8031	The facility will ensure that continuous mechanical exhaust ventilation is provided in staff restroom #11 and #2 Tub room. 1.The maintenance person will install exhaust ventilation in staff restroom and tub room. 2.The manager will monitor through QA documentation that exhaust ventilation are working in the staff bathroom and the tub room.	3-30-15