Healthcare Licensing and Surveys

PRINTED: 10/07/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0021	A. BUILDING: _____ B. WING _____	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR NURSING HOME	900 W 8TH ST GILLETTE, WY 82716

(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 September 22, 2015 by the office of Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinkled, single story building of Type V (111) and Type II (000) construction built in 1965 and 1985. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 150 certified Medicare and Medicaid beds with a census of 116. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply.	S 000		
S7035	IMC Life Safety - Int'l Mechanical Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing mechanical systems in a manner that is in accordance with the WDH Chapter 3 Guidelines. The findings were: Observation of the roof on 09/22/15 starting at 12:00 PM revealed that the (5) roof-mounted air handling units that had been replaced after 2008 were located with their outside air intakes within 25 feet of the gas flue vents for each of the units. Interview with the Facility Maintenance Manager at the time of the observations acknowledged the distance to the gas flue vents, and that the	S7035	S7035 Correction Repair of the roof mounted air handling units to meet the requirement their outside air intakes within 25 feet of the gas flue vents for each of the units. Identification of other residents will occur by: All residents and staff have the potential to be affected by failure to maintain the existing mechanical systems in a manner that is in accordance with the WDH Chapter 3 guidelines. Systemic Changes and Monitoring: Future modifications to mechanical systems will be submitted for state approval and meet the regulations in WDH Guidelines. Review and repair of existing mechanical systems to ensure they are maintained in a manner consistent with WDH guidelines. Outcome: Existing mechanical systems will be maintained in a manner that is in accordance with the WDH Guidelines Plant Operations or designee will collect data from surveillance reports. Data will be aggregated and reported quarterly at long term care quality meetings with discrepancies investigated and resolved.	11/08/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jonni Belden — TITLE: Administrator — (X6) DATE: 10-26-15

STATE FORM 6899 OROS11 If continuation sheet 1 of 2

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WY Dept of Health
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POC Accepted VIA Phone Call with Administrator Jonni Belden on 11/13/15 @ 4:11pm

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S7035	Continued From page 1 replacement roof-mounted units had not been submitted to HLS prior to installation. Ref: WDH Chapter 3 Guidelines, Section 5(b)(i))	S7035		