PRINTED: 01/20/2016
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
	ALF010	A. BUILDING: _____ B. WING _____	01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930

(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 January 05, 2016 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 2000. The building was equipped with a supervised automatic wet 13R sprinkler system and an addressable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 11 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, 2000 Edition, unless otherwise noted.	S 000		
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, document review, and staff interview, the facility failed to maintain emergency lighting in 2 of 2 smoke compartments. The findings were:	S8012		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dennis K. Lawrence — TITLE: President — (X6) DATE: 1/29/16

STATE FORM 6899 GUFR11 If continuation sheet 1 of 3

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WY Dept of Health
JAN 29 2016
Healthcare Licensing and Surveys

POC Accepted Via Phone Call with owner Dennis Lawrence on 1/29/16 at 12:00pm. 34354

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S8012	Continued From page 1 Observation and document review on 01/05/16 from 12:45 PM to 1:30 PM revealed no documentation was available for the monthly 30 second or annual 90 minute emergency lighting tests for the past 12 months. Observation of the battery operated light adjacent to the pantry on 01/05/16 at 1:05 PM revealed when the test button was activated the lighting would not activate. At the time of the document review the Facility Staff Member acknowledged the emergency lighting documentation was not present. Ref: 2000 NFPA 101, Section 4.6.12.2	S8012	A. A new LED Emergency Light was installed to replace the non-working emergency light adjacent to the pantry. B. Management has been educated on the monthly and annual requirements involving emergency lights. Management is aware that a 30 second emergency light test needs to be completed on a monthly basis, and that a 90 minute emergency light test needs to be completed annually.	1/22/16
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 provide fire drills held at unexpected times and at least quarterly on each shift. The findings were: Document review on 01/19/16 from 9:00 AM to 9:30 AM revealed that no record of fire drills were available for the month of March, May, August, or September of 2015. Interview with the Facility Staff Member on 01/05/16 at 1:15 PM confirmed that fire drills were not completed on a monthly basis. Ref:	S8027	C. For quality assurance purposes, management has been provided with forms to document when the emergency light testing is completed. These forms provide a space to record the date and time the testing took place, the duration of the testing, and a signature line. A. Management has been educated on the importance of completing all required fire drills. Management is aware that fires drills must be completed quarterly, with a minimum of one for each shift.	1/22/16

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S6027	Continued From page 2 WDH Chapter 12 Section 7 (o)(iii)E	S6027	B. For quality assurance purposes, management has been provided with forms to document when the fire drills are completed. A fire drill schedule will be implemented that has a fire drill scheduled for each month, which will cover the quarterly and shift requirements.	