Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF020	A. BUILDING: _____ B. WING _____	03/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOMES ASSISTED LIVING	2391 MUDDY STRING RD 117 THAYNE, WY 83127

(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 March 9, 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 1997. The building was equipped with a supervised automatic wet 13R sprinkler system with a fire pump and a hard wired fire alarm system. The facility had a capacity of 16 licensed beds with a census of 14 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		
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 facility failed to provide electrical wiring and equipment in accordance with NFPA 70 in 1 of 1 smoke compartments. The findings were:	S8022		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Owner — (X6) DATE: 03/24/16

POC Accepted via Phone call with Administrator Eileen Merritt on 4/07/16 @ 0854pm 34354

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF020	A. BUILDING: _____ B. WING _____	03/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOMES ASSISTED LIVING	2391 MUDDY STRING RD 117 THAYNE, WY 83127

(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
S8022	Continued From page 1 Observation of room #2 on 03/09/16 at 1:28 PM revealed an outlet with a broken face plate. At the time of the observation the Facility Nursing Assistant acknowledged the outlet. Ref: 1994 NFPA 101, Sections 22-2.5.1 and 7-1.2 1993 NFPA 70, Article 370-25	S8022	To prevent this from happening again Maintenance personnel will do regular monthly checks on all electrical equipment, such as outlets and switches. Making note of equipment to be repaired or replaced. Then contacting a licensed electrician if needed to replace said such equipment repairing equipment to code. All staff will also do a weekly checks and make note in maintenance log for maintenance personal. Completed on 3/09/2016	
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous This State Rule and Regulation is not met as evidenced by: Based on observation and 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. The findings were: Observation on 03/09/16 at 1:37 PM revealed (7) M6 oxygen tanks unsecured sitting on top of a small refrigerator inside the facility maintenance closest. At the time of the observation the Facility Nursing Assistant acknowledged the unsecured oxygen tanks. Ref: WDH Chapter 3 Guidelines, Section 5(a)(ii) 1993 NFPA 99, Section 4-6.2.2.1	S8030	The facility will ensure that all oxygen cylinders will be stored in approved racks, or fastenings this will be met by: We will be notifying all oxygen suppliers that they train delivery drivers that racks must be provided for all oxygen bottles when delivered and bottles are to be placed in racks upon delivery and secured properly. Management and staff will monitor. Completed on 3/09/2016	
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by:	S8999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF020	A. BUILDING: _____ B. WING _____	03/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOMES ASSISTED LIVING	2391 MUDDY STRING RD 117 THAYNE, WY 83127

(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
S8999	Continued From page 2 Based on observation and staff interview, the facility failed to ensure resident safety and conformance to NFPA 101 Life Safety Code, heating, ventilating, and air conditioning equipment. The findings were: Observation on 03/09/16 at 1:30 PM revealed a space heater being utilized in resident room #4. At the time of the observation the Facility Nursing Assistant acknowledged the space heater in use. She also stated she was unaware that residents could not use space heaters in there sleeping units. Ref: 1994 NFPA 101, Sections 22-2.5.2.2, 7-2.1, and 7-2.2	S8999	Maintenance, and Manager will re-advise staff, residents and family members to our policy on the use of portable space heaters as they are not allowed per State Regulations. Staff will monitor this existing policy regularly. Maintenance and manager will monitor staff, residents and family members for compliance on an on going basis. Completed on 3/16/2016 Staff was informed at staff meeting. Memo reminder was sent to all family members and residents.	