Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF017	A. BUILDING: _____ B. WING _____	04/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	950 HOMESTEAD AVENUE RIVERTON, WY 82501

(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 06, 2016 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 1995 and 1997. The building was equipped with a supervised automatic dry sprinkler system with a anti-freeze loop and an addressable fire alarm system. The facility had a capacity of 49 licensed beds with a census of 44 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 arrange exit access so that exits	S8008	The facility will ensure that all exit accesses are readily accessible at all times in all compartment.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah E. Gallatin | TITLE: RN, Adm | (X6) DATE: 04/26/16

STATE FORM 6899 XPU711 If continuation sheet 1 of 4

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WY Dept of Health
APR 25 2016
Healthcare Licensing and Surveys

POC Accepted via Phone Call with Administrator Deborah Gallatin on 5/11/16 @ 10:17 AM.

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S8008	Continued From page 1 are readily accessible at all times in 1 of 4 smoke compartments. The findings were: 1. Observation on 04/06/16 at 8:55 AM of the bathroom door in resident room #25 revealed the lock required tight pinching, and more than one releasing operation to make the door operable. At the time of the observation the Facility Maintenance Manager acknowledged the door lock required more than one releasing operation. Ref: 1994 NFPA 101, Sections 23-3.2.2.2 and 5-2.1.5.3	S8008	This will be accomplished by: 1. All facility door locks will be evaluated by Operations Manager of designee, for one motion releasing operation. 2. Operations Manager or designee will order an appropriate number of door handles to replace all faulty locks. 3. All faulty locks will be replaced by maintenance.	04/11/16 04/18/16 05/15/16
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 in 1 of 4 smoke compartments. The findings were: Observation on 04/06/16 at 9:05 AM of the south hallway furnace room revealed a sprinkler head obstructed by newly installed duct work. At the time of the observation the Facility Maintenance Manager acknowledged the sprinkler head was obstructed. 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 that the automatic sprinkler system will be inspected and maintained in all compartments. This will be accomplished by: 1.All sprinkler heads will be inspected by Administrator or designee. 2. All sprinkler will be inspected quarterly by Administrator or designee to ensure compliance with regulations. Building will be divided into 3 zones, 1 zone per month will be inspected. All issues will be reported to facility Operations Manager for repair.	04/30/16 04/30/16

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S8019	Continued From page 2	S8019	3. Sprinkler head in South Hall furnace room will be adjusted for appropriate clearance. Arrangements to be made by Operations Manager.	05/30/16
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide portable fire extinguishers in accordance with NFPA 10 in 1 of 4 smoke compartments. The findings were: Observation on 04/06/16 at 9:16 AM of the kitchen revealed both extinguishers were mounted on the wall with the top of the fire extinguisher approximately 69 inches from the floor. At the time of the observation the Facility Maintenance Manger acknowledge the height of the extinguishers. Ref: 1964 NFPA 101, Sections 23-3.3.5.3 and 7-7.4.1 1964 NFPA 10, Section 1-6.10	S8019	The facility will ensure that all fire Extinguishers meet NFPA 10 regulations. This will be accomplished by: 1.Fire extinguishers will be lowered to meet NFPA 10 regulations by Operations Manager or designee.	04/08/16
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 compressed gas cylinders were secured to prevent accidental damage or dislocation in accordance with NFPA 99 in 1 of 4 smoke compartments. The findings were: Observation on 04/06/16 at 9:00 AM revealed a	S8030		

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S8030	Continued From page 3 helium H cylinder unsecured sitting on the floor inside the east hallway storage closet. At the time of the observation the Facility Maintenance Manager acknowledged the unsecured tank. Ref: WDH Chapter 3 Guidelines, Section 5(a)(ii) 1998 NFPA 99, Section 4-6.2.2.1	S8030	The facility will ensure that compressed gas cylinders are secured, per NFPA 99 to prevent accidental damage or dislocation. This will be accomplished by: 1.Helium tank will be secured to the wall of hallway storage closet. Compliance per Administrator or Operations Manager.	04/08/16