Healthcare Licensing and Surveys

PRINTED: 04/18/2016
FORM APPROVED

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 _____	04/06/2016

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

(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 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 with a total census of 34 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	S8008 The facility will ensure that readily accessible exit areas in all smoke compartments are clear and compliant. This will be accomplished by: A. Smoke Compartments 1. Bathroom doors will be set up with single action operation for egress in all rooms including 106, 411, 408, 413, 400 and 216. 2. All smoke barrier doors which have door latches that are over 60 inches from the finished floor will be removed and covered or disabled. All smoke barrier doors will be able to open in a single action.	6.1.16

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X5) DATE 5.12.16

STATE FORM 6899 NOHZ11 If continuation sheet 1 of 8

APPROVED 5/23/2016

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S8008	Continued From page 1 are readily accessible at all times in 6 of 7 smoke compartments. The findings were: 1. Observation on 04/06/16 from 10:50 AM to 12:15 PM of the resident bathroom doors revealed the lock required tight pinching, and more than one releasing operation to make the door operable in the following resident rooms. Room #106, #411, #408, #413, #400, and #216. At the time of the observations the Facility Manager acknowledged the door locks required more than one releasing operation. 2. Observation on 04/06/16 from 11:00 AM to 12:20 PM of smoke barrier doors throughout the facility revealed door latches 60 inches above the finished floor. Further observation revealed when the smoke barrier doors were closed they latched into the door frame, requiring the use of the releasing device. At the time of the observation the Facility Manager acknowledged the height of the door latches on all smoke barrier doors. 3. Observation on 04/06/16 from 10:55 AM to 12:05 PM of room #212, #301, and the public bathroom adjacent to room #301 revealed slide hinge locks 60 inches off the finished floor, requiring more than one releasing operation. At the time of the observations the Facility Manager acknowledged the height of the locks and the need for more than one releasing operation. Ref: 1994 NFPA 101, Sections 23-3.2.2.2 and 5-2.1.5.3 4. Observation on 04/06/16 at 11:37 AM of the exit adjacent to room #407 revealed snow and ice on the walkway. At the time of the observation the Facility Manager acknowledged the condition of	S8008	3. Slide hinge locks on public restroom and in rooms 212 and 301 will be either removed or will become single action. 4. Exit adjacent to room 407 will be maintained clear of snow and ice. 5. Exit enclosure used as smoke room on SW side of building be cleared. This exit will no longer allow any furniture or ashtrays in the exit. The exit will always remain clear for emergency egress. B. The Manager will oversee maintenance staff to ensure that readily accessible exit areas in all smoke compartments are clear and compliant. C. The Manager will complete visual weekly inspection to sure ensure that readily accessible exit area in all smoke compartments are clear and compliant. D. The Manager will do monthly building and apartment inspections and will document compliance in monthly building and apartment monitoring tools. E. Documentation of monthly building and apartment monitoring tools will be reviewed at the Quarterly Quality Assurance Management Meeting.	

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S8008	Continued From page 2 the sidewalk exit. Ref: 1994 NFPA 101, Sections 22-3.2.1 and 5-5.1.1 5. Observation on 04/06/16 at 12:03 PM revealed the exit enclosure adjacent to room #301 was being utilized as an indoor smoking area. Two chairs and an ashtray were located within the inclosure. Interview with the Facility Manager at the time of the observation confirmed the area was utilized as an indoor smoking area. Ref: 1994 NFPA 101, Sections 23--3.2.1 and 5-1.3.4	S8008		
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 ensure that the electrical wiring and equipment was in accordance with NFPA 70. The findings were: Observation of Resident Rooms #106 and #213 on 04/06/16 from 10:50 AM to 11:05 AM revealed an extension cord plugged into a surge protector in resident room #106, and a surge protector piggy backed into another surge protector in resident room #213. At the time of the observations the Facility Manager acknowledged the extension cord and surge protectors in the resident rooms. Ref:	S8022	S8022 The facility will ensure electrical wiring and equipment comply with FFPA 70. This will be accomplished by: A. Extension cord in room 106 has been removed. Piggy backed surge protector in room 213 has been removed. B. Residents were reminded of policy regarding extension cords and piggy back surge protectors at Resident council meeting on 4/15/16. C. The Manager will check specifically for extension cords and piggy backed surge protectors during his monthly apartment checks. D. The Manager and Housekeeper will visually check apartments on a weekly basis for improper electrical wiring. This will be documented on monthly apartment check monitoring tool. E. Documentation will be discussed by Administrator, Manager and maintenance personnel and will be reviewed at the Quarterly Quality Assurance Management Meeting.	6.1.16

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S8022	Continued From page 3 1994 NFPA 101, Sections 22-2.5.1 and 7-1.2 1993 NFPA 70, Article 305	S8022	**S8027** The facility will ensure that proper policies and procedures are followed by staff and residents during fire drills. This will be accomplished by: A. Fire Drill procedures were reviewed and discussed at Resident Council meeting on 4/15/16. All residents were informed of compulsory participation in fire drills. B. A staff inservice will be scheduled to include discussion and review of proper Fire Drill policies and procedures. C. The Manager will ensure that all residents and staff participate in monthly Fire Drills effectively. Documentation of resident and staff participation in fire drills will be recorded in fire drill monitoring tool D. The Manager will ensure that staff observe the participation of residents and are well aware of Fire Drill policies and procedures. E. Fire drill documentation will be reviewed at the Quarterly Quality Assurance Management Meeting.	6.1.16
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 observation and staff interview, the facility failed to provide suitable procedures to ensure that all persons in the building or all persons subject to fire drills actually participate. The findings were: Observation on 04/06/16 from 12:58 PM to 1:05 PM of a facility fire drill revealed three residents located in the day room playing cards, and a resident in room #202 sitting in a chair. These residents did not evacuate or participate during the drill. At the end of the drill the Facility Manager acknowledge the four residents did not participate during the drill. Ref: 1994 NFPA 101, Sections 23-3.5, 31-1.5.5, and 31-7.3	S8027		
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 that non-combustible	S8028	**S8028** The facility will ensure compliance with non-combustible safety-type ashtrays or receptacles to be used in smoking areas. All ashtrays with no cover or lid will be disposed of. This will be accomplished by:	6.1.16

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S8028	Continued From page 4 safety-type ashtrays or receptacles were provided in 1 of 2 smoking areas. The findings were: Observation on 04/06/16 at 12:04 PM of the outside smoking area revealed a metal ashtray located on a table with no lid or means of dumping the contents when the container was full. At the time of the observation the Facility Manager acknowledge the non-compliant ashtray. Ref: 1994 NFPA 101, Sections 23-3.5 and 31-7.4	S8028	A. All improper ash trays will be removed from smoking areas. B. All improper ash trays and receptacles will be removed from all area around the building. C. The Manager, Housekeeper and maintenance personnel will visually check for improper ash trays or receptacles surrounding the building. D. The Manager will document on our building monitoring tool that all outside smoking areas are in compliance. E. Documentation of monthly building monitor tool will be discussed by the Administrator, Manager and maintenance personnel and will be reviewed at the Quarterly Quality Assurance Management Meeting.	
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to submit plans and specifications to the Wyoming Department of Health for evaluation and approval prior to commencement of work to be completed. The findings were: Observation on 04/06/16 from 10:40 AM to 1:30 PM revealed forced gas heaters had been installed throughout the facility. The Facility Administrator stated plans had been submitted to the WDH Construction Branch prior to installation. Review of plan submittals to WDH on 04/07/16 from 9:00 AM to 10:00 AM revealed no record of plan submittals since 2008. It could not be established that plans had been submitted to, and accepted by, the Construction Branch for installation of the gas heaters. Ref: 04/03/2008 WDH Chapter 3 Rules, Section 6 (I)	S8999	S8999 S 8999 A. Administrator will submit documents including invoice from Advance Heating to the Department of Health.	6.1.16

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S8999	Continued From page 5 (A)(B)	S8999	B. Photos of the furnaces, vents, etc. will be submitted to the Department of Health. C. All major maintenance projects will be submitted for approval to the Wyoming Department of Health. D. All construction projects will be documented in building monitoring tool. E. Documentation of new construction and major maintenance projects will be discussed by the Administrator, Manager and maintenance personnel and will be reviewed at the Quarterly Quality Assurance Management Meeting. F. The facility will ensure & the Adm. identifies that the furnaces in apt. meet all state saftey codes. The facility will be in compliance & submitting plans for major projects. This will be accomplised by prior approval from State Dept. of Health.	