Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF016	A. BUILDING: _____ B. WING _____	05/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	639 AVENUE H POWELL, WY 82435

(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 May 19, 2016 by Healthcare Licensing and Surveys. (HLS) The facility was a fully sprinklered, single story building of Type V (111) construction built in 1999. The building was equipped with a supervised automatic sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 24 licensed beds with a census of 28 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		
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure that the kitchen hood was maintained in accordance with NFPA 96 for 1 of 1 Ansul systems. The findings were:	S8018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Nicole Osborn — BSN, RN, NHA — 5/31/2016

left voice mail + sent email at 2:59 PM July 22, 2016 accepting this POC.
7/22/2016

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S8018	Continued From page 1 Document review on 05/19/16 from 9:30 AM to 10:00 AM revealed the Ansul System was last inspected 04/20/16. Further review revealed the system was only being checked annually. Interview with the Facility Maintenance Manager at the time of the document review confirmed no additional documentation was available. Ref: 1994 NFPA 101, Section 31-1.3.4 1994 NFPA 96, Section 8-2	S8018	The facility shall ensure that kitchen hood Ansul systems are inspected semi-annually in accordance of NFPA 101. A. A semi-annual kitchen hood inspection will be preformed. The Plant Operations Director or designee will add this requirement to his semi-annual inspection list. B. All residents, staff, and visitors have the potential to be affected by failure to ensure the kitchen hood Ansul system is inspected semi-annually. C. Education will be provided to the Maintenance Techs and Assisted Living kitchen staff that this must be done every 6 months. D. The Plant Operations Director or designee will ensure that the hood is inspected in October of 2016 and aggregate random semi-annual and report results to the Administrator, Assisted Living Director and Quality Council on a semi-annual basis. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date	06/03/2016
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were: Observation of the emergency eyewash station located in the kitchen area on 05/19/16 at 9:22 AM revealed that tepid water was not provided to the eyewash via an ASSE 1071 - Performance Requirements for Temperature Actuated Mixing Valves for Plumbed Emergency Equipment - mixing valve in compliance with ANSI Z358.1 - Standard for Emergency Eye Wash and Shower Equipment. An interview with the Facility Maintenance Manager at the time of the observation confirmed the eyewash station was not provided with a tempering valve in compliance with the requirements of ANSI	S8032		

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S8032	Continued From page 2 Z358.1. Ref: 2006 IPC, Section 411	S8032	The facility shall ensure that the existing plumbing systems are maintained in accordance with original design and in a safe and sanitary condition. A. The emergency eyewash station located in the kitchen area will be changed to a kitchen hand wash sink only as the installation of equipment associated with a tempering valve will not fit in this space. An eye wash station with temperature actuated mixing valves will be installed on the second sink located in the kitchen area near the dish machine. B. All residents, staff, and visitors have the potential to be affected by failure to provide tepid water to the eye wash station. C. Education will be provided to the Maintenance Techs to ensure tepid water is provided via the eyewash station per regulatory guidelines. An audit will be conducted during weekly safety rounds and maintain documentation of the same.	

D. The Plant Operations Manager or designee will aggregate random monthly data and report results to the Administrator, Care Center Medical Director and Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance.

Completion Date 07/13/2015