STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535022	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR NURSING HOME	900 W 8TH ST GILLETTE, WY 82716

(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) COMPLETION DATE
K 000	INITIAL COMMENTS Requirements for Long Term Nursing Homes Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 Edition of the Life Safety Code, Existing Health Care of the National Fire Protection Association. The facility was a fully sprinklered, one-story building of Type II (111) 1960 and Type V(111) 1985. The building was equipped with a supervised automatic wet and dry sprinkler system with an addressable fire alarm system. The facility had a capacity of 150 certified Medicare and Medicaid beds with a census of 120.	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to protect a hazardous area in accordance with NFPA 101. The findings were: Observation on 09/28/2016 at 2:25 PM located at the elevator equipment room revealed a door that is accessible from the corridor without a door closure. Interview with the Facility Maintenance	K 029	K029 **Correction for cited residents/environment:** Door closure installed on the elevator equipment room door. **Identification of other residents:** All residents/staff have the potential to be affected by non-self-closing doors in a hazardous area. **Systematic changes and Monitoring:** Safety officer to conduct annual safety sweep of all hazardous areas. **Outcome:** All hazardous areas will have self-closing doors. Safety officer will conduct annual survey of hazardous areas to determine self-closing doors are installed and functioning. Data will be aggregated on Environment of Care dashboard and reported annually with action plans as appropriate.	11/13/16 10/26/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jonni Beldea RN — TITLE: Administrator — (X6) DATE: 10/21/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

RECEIVED
WY Dept of Health
OCT 24 2016
Healthcare Licensing and Surveys

Spoke with Jonnion 10/26/2016 informing her that our office has accepted the facilities Plan of correction.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535022	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR NURSING HOME	900 W 8TH ST GILLETTE, WY 82716

(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) COMPLETION DATE
K 029	Continued From page 1 Manager at the time of observation acknowledged that the door was missing a closure, but was unaware of the requirement. Ref: 2000 NFPA 101, Section 19.3.2.1	K 029		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to arrange exits that are readily accessible at all times in accordance with NFPA 101. The findings were: 1. Observation on 09/28/2016 1:05 PM revealed a delayed egress door located in the secured unit at the dining room door to the courtyard without the proper signage indicating the use of the delayed egress locking system. Interview with the Facility Maintenance Manager at the time of observation acknowledged the missing sign and indicated that the reason the sign was not there was because patients could read the sign and escape. 2. Observation on 09/28/2016 at 1:30 PM located in the medical clinic revealed an office door to the main means of egress with a two-action door knob. Interview with the Facility Maintenance Manager at the time of observation acknowledged that the door knob required two actions for operation and egress. 3. Observation on 09/28/2016 at 2:19 PM located in the corridor bathrooms on the lower level revealed bar locks on each bathroom door.	K 038	K038 **Correction for cited residents/environment:** 1. Signage applied to delayed egress door identifying it as delayed egress door in MSU. 2. Two action door knob replaced with single action for operation and egress in the medical clinic door. 3. Basement corridor bathrooms with bar locks replaced with single action lock for operation and egress. 4. Boiler room door repaired to not exceed 30 pounds of force to open the door. **Identification of other residents:** All residents/staff have the potential to be affected by failure to have easily accessible egress. **Systematic changes and Monitoring:** Safety officer to conduct annual safety sweep of all doors to ensure easily accessible egress. **Outcome:** All paths of egress will have single action locks and exert less than 30 pounds of force to open. Safety officer will conduct annual survey of egress doors for easily accessible egress. Data will be aggregated on Environment of Care dashboard and reported annually with action plans as appropriate.	11/13/16 10/26/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535022	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER MANOR NURSING HOME	900 W 8TH ST GILLETTE, WY 82716

(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) COMPLETION DATE
K 038	Continued From page 2 Interview with the Facility Maintenance Manager at the time of observation acknowledged that the bar locks were used to prevent people from coming in and also acknowledged that they required two-actions to open the doors. 4. Observation on 09/28/2016 at 2:15 PM located at the boiler room exit door to the outside revealed that when trying to exit the force exceeded 30 pounds of force. Interview with the Facility Maintenance Manager at the time of observation acknowledged that the door force exceed 30 pounds of force. Ref: 2000 NFPA 101, Sections 19.2.1 And 7.2.1.6.1	K 038		