

RECEIVED

JAN 4 2018

Healthcare Licensing and Surveys

PRINTED: 12/28/2017
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY9014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2017
NAME OF PROVIDER OR SUPPLIER MISSION AT THE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 14 UINTA DR GREEN RIVER, WY 82935		
(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 was conducted by Healthcare Licensing and Surveys on December 12, 2017. The facility was a two story fully sprinklered building of Type V (111) with a construction plan review date in 2017. The building was equipped with a supervised automatic wet sprinkler system with an glycol loop and an addressable fire alarm system. The facility had a capacity of 27 licensed beds with a census of 6 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 the 2006 Edition of the Life Safety Code, NFPA 101, New Health Care, of the National Fire Protection Association, and the Wyoming Department of Health Chapter 3 Construction Rules for Health Care Facilities.	S 000	<u>Reference Tag S 7004</u> <u>NFPA Life Safety -NFPA Doors</u> The west stair well door hinges leading directly to the outside were All exit doors have the potential to be affected during winter months with ice and moisture buildup on the hinges. The maintenance supervisor will perform weekly audits of all exits during times of snowfall and ice formation to ensure proper opening of doors. Monthly rounds will be done by the maintenance supervisor or designee on all exits doors to ensure proper working order. All audit findings and follow up will be presented to the Safety/QA team on a quarterly basis. The Maintenance Supervisor is responsible for the compliance of this tag and reporting.	
S7004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by:	S7004		12-15-17

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

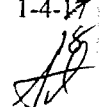
PYFD11

If continuation sheet 1 of 3

Accepted POC via phone call with Sara Barenz on the Director of nursing on 1/16/18.

PRINTED: 12/28/2017
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY9014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2017
NAME OF PROVIDER OR SUPPLIER MISSION AT THE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 14 UINTA DR GREEN RIVER, WY 82935		
(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
S7004	Continued From page 1 Based on observation and staff interview, the facility failed to maintain egress doors in accordance with the 2006 NFPA 101 (Life Safety Code). The findings were: Observation on 12/12/2017 at 3:00 PM in the West Stair well revealed a door leading directly to the outside that was labeled as an exit. Further observation revealed that the door could not be opened with force greater than 100 lbf. Interview with the facility maintenance manager at the time of observation indicated that the door was jammed due to moisture and the door swelling. Failure to maintain doors in accordance to the 2006 Life Safety Code may result in death or injury due to an emergency situation. Ref: 2006 NFPA 101, Sections 32.2.2.5.6, 7.2.1.4.5	S7004	<u>Reference S 7036</u> IPC Life Safety – Int'l Plumbing Code Water-hammer arrestors have been purchased and placed on the two washing machines in the laundry room. All washers have a possibility of being affected. The Maintenance Supervisor or designee will reference the IPC life safety code with any changes or additions to plumbing. Monthly audits will be conducted to ensure all work meets IPC Life Safety.	
S7036	IPC Life Safety - Int'l Plumbing Code This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide plumbing systems in accordance with 2006 IPC (International Plumbing Code). The findings were: Observation on 12/12/2017 at 3:11 PM located in the resident laundry room revealed that the washing machines were not equipped with water-hammer arrestors. Interview with the facility maintenance manager at the time of the survey indicated that they were unaware of the requirement. Failure to equip water-hammer arrestors in accordance with the 2006 IPC may	S7036	All audit findings will be reported to the Safety/QA committee quarterly. The Maintenance Supervisor is responsible for the compliance of this tag and reporting.	1-4-18 

PRINTED: 12/28/2017
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY9014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2017	
NAME OF PROVIDER OR SUPPLIER MISSION AT THE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 14 UINTA DR GREEN RIVER, WY 82935		
(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
S7036	Continued From page 2 result in a catastrophic failure in the plumbing system. Ref: 2006 IPC Section 604.9	S7036		