PRINTED: 06/25/2018
FORM APPROVED

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 _____	06/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEARTLAND	838 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 by Healthcare Licensing and Surveys on June 13, 2018. The facility was a single story, fully sprinklered, building of Type V(111) construction built in 1999. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility has a capacity of 24 licensed beds with a census of 21. 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 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		
S8003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the means of egress in accordance with the 1994 NFPA 101 Life Safety	S8003		

POC approved via phone call with Facility Director Karen Parker on 07/06/18 at 8:30 AM.

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 _____	06/13/2018

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
S8003	Continued From page 1 Code. Failure to maintain means of egress could result in injury or death in the event of an emergency. The findings were: Observation on 6/13/18 at 1:17 PM revealed a sloped sidewalk on the north west portion of the building which is part of the means of egress. The sidewalk had an approximate slope of 1:17 with an overall rise of 7 inches. No handrails were provided for the ramp. Interview with maintenance staff at the time of the observation acknowledged the deficiency but was unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 5-2.5.4, 5-2.2.4	S8003		
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 plumbing system in accordance with the 2006 ICC International Plumbing Code. Failure to maintain the plumbing system could result in sickness or death in the event that the system becomes contaminated. The findings were: Observation on 6/13/18 at 1:25 PM revealed coffee dispensers in the dining area with no obvious backflow protection. Interview with maintenance staff at the time of the observation acknowledged the deficiency, but	S8032		

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 _____	06/13/2018

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
S8032	Continued From page 2 indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 IPC 608.16.10	S8032		

Powell Valley Healthcare
The Heartland
June 11, 2018 – State Licensure Survey
June 13, 2018 – State Life Safety Code Licensure Survey
Plan of Correction

Page 1

ID Prefix Tag S8003

The facility will ensure appropriate means of egress.

A. A hand rail meeting safety specifications will be installed at the point of the cited sloped sidewalk on the northwest portion of the building.
    a. Maintenance personnel will be coordinating the project.
    b. Specifications of the project will be submitted to the state.

B. While no additional "dangerous" slopes are expected to be discovered on the medical campus, the plant operations staff will review this requirement quarterly in order to ensure the maintenance staff is able to identify such risks over the course of the year. Maintenance staff will confirm the training no later than 24 July 2018.

C. Quarterly training review will conducted from July 2018 to July 2019.

D. Quarterly status will be reported to the Heartland Director.

Expected Completion Date: July 24, 2018

S8032 IPC Life Safety – Int'l Plumbing Code

The facility will ensure compliance with the plumbing code as follows:

1. The Heartland will replace the existing coffee makers that do not have back flow preventers with appropriately designed back flow equipped coffee dispensers or hire a plumber to install a back flow preventer no later than 24 July 2018.
    a. Maintenance personal will be coordinating the project.

2. Beverage dispensing equipment requiring back flow preventers will be reviewed by the maintenance staff no later than 24 July 2018.

3. Quarterly review of equipment will conducted from July 2018 to July 2019.

4. Quarterly status will be reported to the Heartland Director.

Expected Completion Date: July 24, 2018