Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF021	A. BUILDING _____ B. WING _____	06/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING PIONEER HOME	141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443

(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 27, 2018. The facility was a two story building with a basement, fully sprinklered, building of Type V (111) construction built in 2009, 2011, and 2012. The facility was divided by 2-hour rated fire barriers into 14 smoke compartments. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility has a capacity of 61 licensed beds with a census of 42 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 in 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, 2006 Edition, unless otherwise noted. Note: Residential Board and Care, small facility, for the seven (7) resident sleeping wings, and Business or Assembly for central building, second floor, and basement. Resident wings are separated from all other portions of the building by 2-hour fire barriers.	S 000		
S8000	NFPA Life Safety - Nfpa General Requirements	S8000		

POC accepted via phone call with Administrator on 07/17/18 at 9:30 AM.

Martin Braucmann

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S8000	Continued From page 1 NFPA 101 General Requirements This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain fire resistance rated assemblies in accordance with the 2006 NFPA 101, Life Safety Code. Failure to properly maintain fire barriers could result in injury or death in the event of a fire. The deficiency affected one resident sleeping wing on the main floor. The findings were: Observation on 6/27/18 at 12:34 PM revealed the "Meadowlark" resident wing had an activities room which had two doors that were part of a 2-hour fire barrier. When these doors were released from their open position they did not completely close and seal, but got stuck on the door frames. Doors in fire barriers shall limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.1.5, 8.3.4.1	S8000	<u>RESPONSE/CORRECTIVE PLAN:</u> <u>S8000</u> <u>1.</u> On 07/05/18 the two Activity Room doors on "Meadowlark" self-closing devices were adjusted so that a positive latch could be obtained every time the door was unlatched from the magnet. A. The Maintenance Manager will check these doors quarterly to assure a positive latch. B. This was added to the Maintenance checklist for QA Maintenance Quarterly tracking. C. The Maintenance Manager will report to the QA team and Administrator Quarterly.	
S8003	NFPA Life Safety - Nfpa Means of Egress Components NFPA 101 Means of Egress Components	S8003		

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S8003	Continued From page 2 This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain egress components in accordance with the 2006 NFPA 101, Life Safety Code. Failure to properly maintain the means of egress could result in injury or death in the event of an emergency. The deficiency affected one resident sleeping wing on the main floor. The findings were: Observation on 6/27/18 at 11:22 AM revealed an exterior ramp on the east side of the "Meadowlark" resident wing, which had hand rails on both sides, but had newel posts that extended up every 5 feet along the length of the rails. Handrails must be continuously graspable along their entire length. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 7.2.5.4.2, 7.2.2.4.4.7	S8003	<u>RESPONSE/CORRECTIVE PLAN:</u> <u>S8003</u> 1. By August 17 the "Meadowlark" resident wing handrail will be fixed to be continuously graspable along the entire length of the handrail. A. The Wyoming Pioneer Home will consult with an architect to draw up plans to fix the handrails to ensure that the handrails will be continuously graspable along their entire length. B. The Wyoming Pioneer Home will hire a contractor to ensure that the handrails are fixed to be continuously graspable along the entire length. C. The Maintenance Manager will ensure that the handrails are fixed to be continuously graspable along their length. D. The Maintenance Manager will report to the QA team and Administrator.	
S8023	NFPA Life Safety - Nfpa Utilities NFPA 101 Utilities This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical equipment in accordance with the 2006 NFPA 101, Life Safety	S8023		

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S8023	Continued From page 3 Code. Failure to properly maintain electrical equipment could result in injury or death in the event of an emergency. The deficiency affected the business occupancy of the basement floor. The findings were: Observation on 6/27/18 at 2:22 PM revealed the central laundry room in the basement had storage being kept in front of an electrical panel, which was obstructing access to it. Electrical panels must have a maintained 36 inches of clearance at all times to allow access in an emergency. Interview with maintenance staff at the time of the observation acknowledged the deficiency, but indicated they were unaware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 38.5.1, 9.1.2; 2011 NFPA 70 110.26(A)	S8023	**RESPONSE/CORRECTIVE PLAN:** S8023 1. By August 17, 2018, all items will be removed from in front of the electrical panel in the laundry room. A. The Housekeeping Manager will ensure that this area is kept clear of items. B. All Departments will ensure that the areas in front of electrical panels are kept clear. C. This will be added to the QA tracking report of both Housekeeping and Maintenance. D. The Housekeeping and Maintenance Managers will report to the QA team and Administrator Quarterly.	