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PRINTED: 07/23/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF017	A. BUILDING: _____ B. WING _____	07/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	950 HOMESTEAD AVENUE RIVERTON, WY 82501

(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 July 18, 2018. The facility was a single story, fully sprinklered, building of Type V (111) construction built in 1995 and 1997. The building was equipped with a supervised automatic dry sprinkler system with an anti-freeze branch and a addressable fire alarm system. The facility had a capacity of 49 licensed beds with a census of 43 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 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		
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on documentation review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with the 1994	S8017	Facility will test and maintain the Fire alarm system in accordance With the 1994 NFPA 101 Life Safety Code. Compliance will be met by:	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah E. Gallatin | TITLE: RN, ADM | (X6) DATE: 8/3/18

STATE FORM 6899 H2EX11 If continuation sheet 1 of 4

Deborah E. Gallatin RN, ADM 8/7/18

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S8017	Continued From page 1 NFPA 101 Life Safety Code. Failure to correctly test and maintain the fire alarm system could result in injury or death in the event of a fire. The deficiencies affected four (4) of four (4) smoke compartments. The findings were: 1) Review of documentation on 7/18/18 starting at 1:00 PM revealed that the fire alarm system batteries had last been inspected in December of 2017, and not within the last 6 months. Interview with maintenance staff at the time of the observation revealed that they believed Inspection of the fire alarm batteries had been completed within the last 6 months, but they did not have the documentation on hand. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 22-3.3.5.1, 7-6.1.7; 2002 NFPA 72 Table 10.3.1.3(d) 2) Review of documentation on 7/18/18 starting at 1:00 PM revealed that the fire alarm system batteries had last been load voltage tested in December of 2017, and not within the last 6 months. Interview with maintenance staff at the time of the observation revealed that they believed testing of the fire alarm batteries had been completed within the last 6 months, but they did not have the documentation on hand. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 22-3.3.5.1, 7-6.1.7; 2002 NFPA 72 Table 10.4.3.6(d)(3)	S8017	Facility will test and maintain the Fire alarm system in accordance With the 1994 NFPA 101 Life Safety Code. Compliance will be met by: Administrator will develop form For semi-annual (every six (6) month) testing of fire alarm batteries. Form will be hung on door of alarm panel and will be signed when testing occurs. Administrator will provide this information to Operations manager, who is responsibly, for conducting test. Administrator will monitor for battery testing compliance twice a year. Administrator will revise "Battery Test" form to include area for load testing. Load testing will occur every 6 months and will be conducted during battery test. Form will be hung on door of alarm panel and will be signed when testing occurs.	8/02/18 8/02/18 8/02/18 8/02/18 8/07/18 8/07/18

Debbie Gallatin RN, HDM 8/7/18

POC accepted via phone call with administrator Debbie Gallatin on 08/01/18 at 8:30 AM.

Heather Shaverman

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S8017	Continued From page 2 3) Review of documentation on 7/16/18 starting at 1:00 PM revealed that the fire alarm heat detectors were last tested in September 2014, and not within the last 12 months. Interview with maintenance staff at the time of the observation revealed that they believed testing of the fire alarm heat detectors had been completed within the last 12 months, but they did not have the documentation on hand. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 22-3.3.5.1, 7-6.1.7; 2002 NFPA 72 Table 10.4.3.15(e)	S8017	Administrator will provide this information to Operations manager, who is responsibly, for conducting tests. Administrator will monitor for load testing compliance twice a year. Operations Manager will contact Contractor regarding fire alarm heat detectors test, will request hard copy of tests performed.	8/07/18 8/07/18 8/07/18
S8018	NFPA Life Safety - Nfpa Extinguishment Req NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by: Based on documentation review and staff interview, the facility failed to test and maintain the fire sprinkler system in accordance with the 1994 NFPA 101 Life Safety Code. Failure to correctly test and maintain the fire sprinkler system could result in injury or death in the event of a fire. The deficiency affected four (4) of four (4) smoke compartments. The findings were: Review of documentation on 7/18/18 starting at 1:00 PM revealed that the automatic sprinkler system backflow preventer had last been tested in June of 2017, and not within the last 12 months.	S8018	If test not completed, Contractor Will be scheduled to do so now and every 6 months thereafter. Testing will be filed in Emergency Binder. Administrator will audit Emergency Binder (2) two times a year. Facility will test and maintain the fire sprinkler system in accordance with the 1994 NFPA 101 Life Safety Code. Compliance will be met by:	8/30/18 8/30/18 8/30/18

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S8018	Continued From page 3 Interview with maintenance staff at the time of the observation revealed that they believed testing of the backflow preventer had been completed within the last 12 months, but they did not have the documentation on hand. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 22-3.3.5.1, 7-7.6; 2002 NFPA 25 Table 12.1	S8018	Administrator will contact Fire Sprinkler Contract company and Request copy of last Backflow test. Copy of last Backflow test dated 04/03/2018 placed in Emergency Systems binder. Administrator will speak with Fire Sprinkler Contract company and request all hard copy reports to be left with administrator. Administrator will audit Emergency Systems binder two (2) times a year.	7/25/18 7/25/18 7/25/18 7/25/18

Julie Gallatin BN, HADM 8/7/18