

PRINTED: 08/31/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF813	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER SHOWBOAT RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 150 WYOMING STREET LANDER, WY 82520		
(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 at your facility on August 22, 2018 by Healthcare Licensing and Surveys. The facility was a single story, fully sprinklered, building of Type II (111) construction with a basement built in 1957. The building was equipped with a supervised automatic dry sprinkler system and a zoned fire alarm system. The facility had a capacity of 60 licensed beds with a census of 24 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. (B) 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			
87015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain hazardous areas accordance with the 1994 NFPA 101 Life Safety Code. Failure to protect hazardous areas could	87015			

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

TITLE

(X6) DATE

STATE FORM

688

84M711

P.O.C approved via phone call with manager Steve Owen
on 09/24/18 at 10:30 AM. *Martin Braunner*

RECEIVED
SEP 22 2018
Healthcare Licensing and Surveys

PRINTED: 08/31/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER SHOWBOAT RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WYOMING STREET LANDER, WY 82520			
(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	
S7015	Continued From page 1 result in injury or death in the event of a fire. The deficiency affected one (1) of seven (7) smoke compartments. The findings were: Observation on 08/22/18 at 12:10 PM revealed a room labeled "Silled Utility" which was being used as a storage room for Christmas decorations. The room was over sixty (60) square feet in area and had no door closer on the operable door. Hazardous areas that are protected with automatic sprinklers shall have doors that are self-closing. Interview with the owner at the time of the observation acknowledged the deficiency, but indicated they were unaware of the requirement. Interview with the owner and administration at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 22-3.3.2.2	S7016			
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 egress components in accordance with the 1994 NFPA 101 Life Safety Code. Failure to properly maintain egress components could result in injury or death in the event of an emergency. The deficiencies affected two (2) of seven (7) smoke compartments.	S8003			

PRINTED: 08/31/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER SHOWBOAT RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 150 WYOMING STREET LANDER, WY 82520			
(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 2 The findings were: Observation on 08/22/18 at 1:01 PM revealed an exterior ramp on the south end of the building outside of the "old smoking room" which is part of the means of egress. The ramp had a slope of about 1:14 with an overall height of about 12 inches. The ramp was not provided with handrails. Existing ramps with greater than 1:20 slope shall have handrails on at least one side. Interview with the owner at the time of the observation acknowledged the deficiency, but indicated they were unaware of the requirement. Interview with the owner and administrator at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 22-3.2.2.6; 5-2.5.4; 5-2.2.4.2 Observation on 08/22/18 at 12:30 PM revealed resident room #207 had an excessive number of items throughout the room, which limited the ability to egress from the space. Means of egress shall be continuously maintained free of all obstructions or impediments. Interview with the owner at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement, but revealed they were having difficulty getting the resident to clear out the space. Interview with the owner and administrator at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 22-3.2.1; 5-1.9	S8003			

PRINTED: 08/31/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER SHOWBOAT RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 150 WYOMING STREET LANDER, WY 82620			
(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
S8010	Continued From page 3	S8010			
S8010	NFPA Life Safety - Nfpa Discharge from Exits NFPA 101 Discharge from Exits 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 Code. Failure to properly maintain the means of egress could result in injury or death in the event of an emergency. The deficiency affected two (2) of seven (7) smoke compartments. The findings were: Observation on 08/22/18 at 1:14 PM revealed an exterior exit door on the north end of the building which is reached via an exit stairway. The exit was marked with illuminated exit signs. The exterior exit door discharges into a grass field with no sidewalk to reach a public right of way. Exit discharge shall provide safe access to a public way. Interview with the owner at the time of the observation acknowledged the deficiency, but indicated they were unaware of the requirement. Interview with the owner and administrator at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 22-3.2.7; 5-7.1	S8010			
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting	S8012			

PRINTED: 08/31/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER SHOWBOAT RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 150 WYOMING STREET LANDER, WY 82520		
(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
S8012	Continued From page 4 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 emergency lighting in accordance with the 1994 NFPA 101 Life Safety Code. Failure to properly test and maintain emergency lighting could result in injury or death in the event of an emergency. The deficiency affected seven (7) of seven (7) smoke compartments. The findings were: Documentation review on 08/22/18 at 1:30 PM revealed that the facility was performing an annual test on the battery-operated emergency lighting, but that test was only being conducted for 30 minutes in lieu of the required 90 minutes. Interview with the owner at the time of the observation acknowledged the deficiency, but indicated they were unaware of the requirement. Interview with the owner and administrator at the time of exit acknowledged the deficiency. Reference: 1994 NFPA 101 22-3.2.9; 5-9.3	S8012		
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	S8017		

PRINTED: 08/31/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER SHOWBOAT RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 150 WYOMING STREET LANDER, WY 82520			
(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	
S8017	Continued From page 5 the fire alarm system in accordance with the 1993 NFPA 72 National Fire Alarm Code. Failure to properly test and maintain the fire alarm system could result in injury or death in the event of a fire. The deficiency affected seven (7) of seven (7) smoke compartments. The findings were: Documentation review on 08/22/18 at 1:30 PM revealed that the facility had not performed the annual testing of the annunciation panel. Interview with the owner at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. The owner stated they believed the testing was being performed annually, but could not provide supporting documentation. Interview with the owner and administrator at the time of exit acknowledged the deficiency. Reference: 1993 NFPA 72 Table 7-3.1	S8017			
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 automatic sprinkler system in accordance with the 1992 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly test and maintain the automatic sprinkler	S8018			

PRINTED: 08/31/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER SHOWBOAT RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 150 WYOMING STREET LANDER, WY 82520		
(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
S8018	Continued From page 6 system could result in injury or death in the event of a fire. The deficiency affected seven (7) of seven (7) smoke compartments. The findings were: Documentation review on 08/22/18 at 1:30 PM revealed that the pressure gauges at the automatic sprinkler system risers had not been replaced or recalibrated within the last five (5) years. Interview with the owner at the time of the observation acknowledged the deficiency, but indicated they were unaware of the requirement. Interview with the owner and administrator at the time of exit acknowledged the deficiency. Reference: 1992 NFPA 25 2-3.2	S8018		

Showboat Retirement Center ALF 013
Life Safety Survey - August 22, 2018
Plan of Correction

Tag #	Plan of Correction	Completion Date
<u>S7015</u> <u>Protection from Hazards</u>	The facility will ensure that a door closure is placed on the door of the "Soiled Utility" room used for Christmas decoration storage. • The Manager will ensure that maintenance staff place the door closure on the "Soiled Utility" door. • The Manager will supervise an inspection of all doors with maintenance staff to ensure all rooms protected with automatic sprinklers will have door closures. • Maintenance staff will report to Manager any door closures improperly working and schedule needed repairs or adjustments. • Manager will ensure door closures are present where needed and in good working condition. This will be noted on facility inspection reports monthly. • Protection from hazards will be monitored in our Quarterly Quality Assurance Management Meeting.	10.19.18
<u>S8003</u> <u>Means of Egress Components</u>	The facility will ensure that handrail is installed outside old smoking room area. • The Manager will work with maintenance staff to install needed handrail for safe egress. • The Manager will ensure that installation is done in a safe and secure manner to ensure safe egress for residents down the slope. • Resident Safety and egress will be monitored in our Quarterly Quality Assurance Management Meeting.	10.19.18
<u>S8003</u> <u>Means of Egress Components</u> Room 207	The facility will ensure that egress secured for room 207. • The Manager will work with resident, family and housekeeping staff to ensure that items are removed or re-organized in room to ensure safe and easy means of egress. Egress will be continuously maintained free of all obstructions and impediments. • The Manager will ensure monthly apartment checks indicate that room 207 and other rooms are uncluttered and allow safe means of egress for residents and staff. • Apartment Inspection reports will be filed in Building Maintenance records in managers office. • Resident safety and egress will be monitored in our Quarterly Quality Assurance Management Meeting.	10.19.18

	Showboat Retirement Center ALF 013 Life Safety Survey - August 22, 2018 <u>Plan of Correction page 2</u>	
<u>S8010</u> <u>Discharge from Exits</u>	The facility will ensure safe egress from facility to ensure safety of residents, staff and visitors. • The Manager will work with maintenance staff to remove illuminated exit sign to exterior door on north end of facility that exits to grass field with no sidewalk.. • The Manager will ensure that all exit signs on doors allow for safe egress to a public way of egress. • The Manager will inspect exits during regular monthly Apartment Inspection throughout facility and note on monthly inspection report. • Resident safety and egress will be monitored in our Quarterly Quality Assurance Management Meeting.	10.19.18
<u>S8012</u> <u>Emergency Lighting</u>	The facility will ensure that our battery-operated emergency lighting system will be properly tested and maintained for the safety of residents in the event of an emergency. • The Manager will work with maintenance staff to conduct annual test for required 90 minutes. • Maintenance Staff will document 90 minute annual test and record in maintenance records. • The Manager will ensure that proper testing is completed and recorded in maintenance records. • This will be monitored in our Quarterly Quality Assurance Management Meeting.	10.19.18
<u>S8017</u> <u>Detection, Alarm and Communication Systems</u>	The facility will ensure annual testing of our fire alarm system and annunciation panel. • The Manager will work with our fire alarm company, Comtronix and maintenance staff, to ensure we have an annual inspection, apart from other visits for repairs and assistance. • The Manager will continue to maintain our Fire Drill Notebook with monthly fire drills, service records and confirmation of an annual inspection and testing of the annunciation panel. • This will be monitored in our Quarterly Quality Assurance Management Meeting.	10.19.18

	Showboat Retirement Center ALF 013 Life Safety Survey - August 22, 2018 <u>Plan of Correction page 3</u>	
<u>S8018</u> <u>Extinguishment</u> <u>Requirements</u>	The facility will ensure that we test and maintain our automatic sprinkler system for the safety of our residents in the event of a fire. • The Manager will work with maintenance staff, Lander City Plumbing and other outlets to ensure the system is tested. • The Manager will work with maintenance staff, Lander City Plumbing and other outlets to ensure that the pressure gauges at the automatic sprinkler system are replaced or recalibrated. • All safety and fire/sprinkler systems will be monitored in our Quarterly Quality Assurance Management Meeting.	10.19.18

9.13.18