Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY9014	A. BUILDING: _____ B. WING _____	03/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT THE VILLA	1446 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 survey was conducted by Healthcare Licensing and Surveys on March 10, 2020. The facility was a two story, fully sprinklered building of Type V (111) with a construction plan review date of 2017. The building was equipped with a supervised, automatic wet sprinkler system with a glycol loop, and an addressable fire alarm system. The facility had a capacity of 27 licensed beds with a census of 16 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 NFPA 101, Life Safety Code, New Board and Care, 2006 Edition, unless otherwise noted.	S 000	**S8019.** **Immediate Corrective Action:** Fire Extinguisher was immediately lowered to be hung at 56". All Fire Extinguishers have the potential to be affected. **Measures for correction:** Monthly audit of all fire extinguishers. **Who will monitor:** Maintenance supervisor and or designee. **How Frequently:** Monthly audits to review all extinguishers. **How will this be incorporated into QUAPI:** Audits will be presented to monthly meeting until which time the committee feels that issue has been resolved	3/11/20
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain portable fire extinguishers in accordance with the 2006 NFPA	S8019	**S8022** **Immediate Corrective Action:** Extension cord was immediately removed and replaced with the approved power strips that meet UL1363.	3/11/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Bolmazel — TITLE: Administrator — (X6) DATE: 9/18/2020

Talked to Susan Crofft, Director of AIF, on 9/21/2020 @ 1:24 PM and advised her of POC acceptance.

Will P. Ahl
38730

Healthcare Licensing and Surveys

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S8019	Continued From page 1 101, Life Safety Code, and the 2002 NFPA 10, Standard for Portable Fire Extinguishers. Failure to maintain portable fire extinguishers as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 03/10/2020 at 2:49 PM in the kitchen revealed a portable fire extinguisher which was hung too high. Further observation revealed the top of the portable fire extinguishers measured at 64" above the floor. Interview with the facility maintenance staff at the time of observation acknowledged the deficiency, and indicated they were unaware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Sections: 32.3.3.5.6; 9.7.4.1 2002 NFPA 10, Section: 1.5.10	S8019	All resident rooms care areas have the potential to be affected. **Measures for correction:** Monthly audit of all resident care areas in observation of properly utilized power strips. **Who will monitor:** Maintenance supervisor and or designee. **How frequently:** Monthly audits to review all power strips in use. **How will this be incorporated into QUAPI:** Audits will be presented to monthly meeting until which time the committee feels that issue has been resolved.	
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain electrical systems in accordance with the 2006 NFPA 101, Life Safety Code and the 2005 National Electric Code. Failure to maintain electrical systems as required could cause a fire resulting in injury or death. The deficiencies affected one (1) of numerous rooms	S8022		

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S8022	Continued From page 2 in the facility. The findings were: Observation on 3/10/2020 at 2:55 PM in room 114 revealed an extension cord. Further observation revealed an electrical device plugged into the extension cord. Interview with the facility maintenance staff at the time of observation acknowledged the extension cord, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Section: 9.1.2 2005 NFPA 70, Section: 400-8	S8022		