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 _____	02/19/2021

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 February 19, 2021. 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 building 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 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: Board and Care for the seven (7) resident sleeping wings and Business or Assembly for central building, second floor, and basement. All resident wings are separated from all other portions of the building by 2-hour fire barriers.	S 000		
S8002	NFPA Life Safety - Nfpa Minimum Construction Req	S8002		

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POC accepted via voicemail with Julie Hoffman, Administrator on 03/09/21 Heather Schauermann

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S8002	Continued From page 1 NFPA 101 Minimum Construction 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 resistance rated assemblies could result in injury or death in the event of a fire. The deficiencies affected six resident sleeping wings on the main floor. The findings were: Observation on 02/19/21 at 11:55 AM and throughout the survey revealed unprotected plumbing penetrations of the fire rated ceiling assembly in the HVAC closets. The facility is Type V(111) construction which requires the ceiling to be 1-hour fire protected to protect the roof structure. All penetrations of the fire rated ceiling assembly shall be protected with an approved fire-stop system. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated awareness of the requirement, but revealed that they were unaware of the condition. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.3.1.3; 2006 NFPA 5000 Table 7.2.1.1; 8.8.2 Observation on 02/19/21 at 12:50 PM revealed the resident wing at the far west end of the	S8002		

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S8002 **3/12/21**

1. No residents were identified as being affected.
2. All Residents have the potential to be affected. All plumbing penetrations in HVAC closets were audited for compliance.
3. Maintenance staff were inserviced on ensuring plumbing penetrations are protected with an approved fire stop system in fire rated ceiling assemblies in all HVAC closets.
4. The Maintenance Director and/or designee will conduct indefinite monthly audits of HVAC closets to ensure ongoing compliance.
5. The Maintenance Director will report results of audits to the Administrator and the Quality Assurance Committee (QAC) for the next 90 days. The Administrator and QAC will evaluate results to determine if current plan of correction is effective or if additional training is needed and will revise plan as necessary to ensure compliance.

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S8002 **3-12-21**

1. No residents were identified as being affected.

2. All residents have the potential to be affected. An audit of all 2 hour fire barrier walls was conducted to verify no other walls were out of compliance Maintenance staff will remove ceiling grid and ceiling tiles in affected area. Staff will use L brackets and other materials, hang sheetrock to cover ceiling penetration and fill in other gaps using foam fire block sealant. Completion date of this repair will be 3/12/21

3. Maintenance staff were in-serviced on the requirement that 2 hour fire barrier walls cannot have unprotected openings.

4. The Maintenance Director and/or designee will conduct monthly audits of all 2 hour fire barrier walls to ensure ongoing compliance. Any walls found out of compliance will be immediately corrected.

5. The Maintenance Director will report results of audits to the Administrator and the Quality Assurance Committee (QAC) for S8002 the next 90 days. The

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S002 **3-12-21**

Administrator and QAC will evaluate results to determine if current plan of correction is effective or if additional training is needed and will revise plan as necessary to ensure compliance.

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S8002	Continued From page 2 building had large portions of the fire rated ceiling assembly removed, exposing the roof structure above. The facility is Type V(111) construction which requires the ceiling to be 1-hour fire protected to protect the roof structure. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated awareness of the requirement, but revealed that they were unaware of the condition. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.3.1.3; 2006 NFPA 5000 Table 7.2.1.1	S8002		
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 means of egress in accordance with the 2006 NFPA 101 Life Safety Code. Failure to maintain means of egress could result in injury or death in the event of an emergency. The deficiency affected one resident sleeping wing on the basement floor. The findings were: Observation on 02/19/21 at 1:00 PM revealed Storage room B in resident wing "Aspen Lane" had a door equipped with a slide bolt latch on the corridor side of the door that is inoperable from	S8003		

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S8003 **3/12/21**

1. No residents were identified as being affected.
2. All residents have the potential to be affected. All other storage rooms were checked to verify no others had incorrect locking mechanisms and none were found. The door handle to storage room B on Aspen Lane was replaced with one that provides safe egress on 3-2-21.
3. Maintenance staff were in-serviced on ensuring that all doors have appropriate locking mechanisms to provide safe egress.
4. The Maintenance Director and/or designee will conduct monthly audits of all facility doors to verify ongoing compliance.
5. The Maintenance Director will report results of audits to the Administrator and the Quality Assurance Committee (QAC) for the next 90 days. The Administrator and QAC will evaluate results to determine if current plan of correction is effective or if additional training is needed and will revise plan as necessary to ensure compliance.

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S8003	Continued From page 3 the egress side of the door. Doors shall be arranged to open readily from the egress side whenever the building is occupied. 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 32.3.2.1, 7.2.1.5.1	S8003		
S8020	NFPA Life Safety - Nfpa Corridors & Sep of Slpg Rm NFPA 101 Corridors and Separation of Sleeping Rooms This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the separation of corridors and sleeping rooms in accordance with the 2006 NFPA 101 Life Safety Code. Failure to properly maintain the separation of corridors and sleeping rooms could result in injury or death in the event of a fire. The deficiency affected five resident sleeping wings on the main floor. The findings were: Observation on 02/19/21 at 12:15 PM and throughout the survey revealed resident room doors with door-closing devices that were not adjusted correctly to securely close the door upon release. Walls separating resident sleeping rooms from the corridors shall be constructed to resist the passage of smoke and have	S8020		

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S8020 **3/12/21**

1. No residents were identified as being affected.
2. All residents have the potential to be affected. All resident doors were audited to check for proper closing of door closing device and all doors found to be out of compliance were corrected.
3. Maintenance staff were in-serviced on correct functioning of door closing devices.
4. The Maintenance Director and/or designee will conduct monthly audits of all resident doors to ensure proper functioning of door closing devices. Any found not functioning correctly during audits will be adjusted immediately to correct closure function.
5. The Maintenance Director will report results of audits to the Administrator and the Quality Assurance Committee (QAC) for the next 90 days. The Administrator and QAC will evaluate results to determine if current plan of correction is effective or if additional training is needed and will revise plan as necessary to ensure compliance.

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S8020	Continued From page 4 door-closing devices. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and indicated awareness of the requirement, but revealed that they were unaware of the condition. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 32.3.3.6.5	S8020		
S8030	NFPA Life Safety - Nfpa Miscellaneous NFPA 101 Miscellaneous 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 resistance rated assemblies 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 02/19/21 at 12:50 PM revealed an unprotected opening above the ceiling in the 2-hour fire barrier separating the far west resident wing from the remainder of the building. Fire barriers shall be continous from floor to roof deck including through concealed spaces. Interview with maintenance staff at the time of the observation acknowledged the deficiency, and	S8030		

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S8030	Continued From page 5 indicated awareness of the requirements, but revealed that they were unaware of the condition. Interview with the administrator at the time of exit acknowledged the deficiency. Reference: 2006 NFPA 101 8.2.2.3	S8030		

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S8030 **3/12/21**

1. No residents were identified as being affected.
2. All residents have the potential to be affected. An audit of all 2 hour fire barrier walls was conducted to verify no other walls were out of compliance Maintenance staff will remove ceiling grid and ceiling tiles in affected area. Staff will use L brackets and other materials, hang sheetrock to cover ceiling penetration and fill in other gaps using foam fire block sealant. Completion date of this repair will be 3/12/21
3. Maintenance staff were in-serviced on the requirement that 2 hour fire barrier walls cannot have unprotected openings.
4. The Maintenance Director and/or designee will conduct monthly audits of all 2 hour fire barrier walls to ensure ongoing compliance. Any walls found out of compliance will be immediately corrected.
5. The Maintenance Director will report results of audits to the Administrator and the Quality Assurance Committee (QAC) for

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S 8030

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the next 90 days. The Administrator and QAC will evaluate results to determine if current plan of correction is effective or if additional training is needed and will revise plan as necessary to ensure compliance.