

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/18/2023
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NAME OF PROVIDER OR SUPPLIER HEARTLAND ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 639 AVENUE H POWELL, WY 82435
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(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)	(X6) COMPLETE DATE
S 000	General Comments A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 10/08/2023. The facility was a fully sprinklered single story, fully sprinklered, building of Type V(111) construction built in 1999. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 24 licensed beds with a census of 21 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 and Regulations for Healthcare Facilities applies (II) Assisted Living Facilities in operation prior to the effective date of those rules shall meet the Life Safety Code of 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, 1994 Edition, unless otherwise noted.	S 000		
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to properly utilize locks and latches	S8004		

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

TITLE

(X8) DATE

STATE FORM

6899

1YFU11

If continuation sheet 1 of 2

Nicole K Ostermiller RN, MBA, LHA 11/1/2023
POC approved via voicemail with Interim Director Nicole Ostermiller
on 11/03/23 at 3:55 PM *Matthew Schauermann*

PRINTED: 10/24/2023
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/18/2023
NAME OF PROVIDER OR SUPPLIER HEARTLAND ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 639 AVENUE H POWELL, WY 82436		
(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	
S8004	Continued From page 1 on doors in accordance with the 1994 NFPA 101, Life Safety Code. Failure to properly utilize locks and latches on doors could result in the delay or inability to egress from the building, resulting in injury or death. The deficiency affected one (1) exterior door, and has the potential to affect all residents, staff, and visitors. The findings were: Observation on 10/18/2023 at 9:37 AM revealed that the facility failed to provide an acceptable latching device. Observation of the exterior egress door from the visitation room, adjacent to the dining area, revealed that the door was equipped with a latch that when locked required two (2) releasing operations to open the door. Door shall be operable with not more than one releasing operation. Interview with plant operations personnel at the time of the observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the COO at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-2.2.2, 5-2.1.5.3	S8004			

Powell Valley Healthcare
The Heartland
October 18, 2023 Life Safety Survey
Plan of Correction

Page 1

ID Prefix Tag S8004

The facility will shall assure that the lock and latch on doors will be in accordance with the 1994 NFPA 101 Life Safety Code.

- A. The facility will ensure that the locks on the exterior egress door from the visitation room, adjacent to the dining area will be replaced to a single action locking mechanism lock.
- B. All residents have the potential to be affected by inability to egress from the building, resulting in injury or death.
- C. Education related to changing of the door handle to a single action locking mechanism lock to assure egress from the building will be provided at to Heartland Resident Council on November 15th and staff via written education by November 15th.
- D. Random audits to assure doors with locks have single action locking mechanism will be conducted monthly and aggregated and reported to Quality Council quarterly.

Expected Completion Date: November 20, 2023