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 _____	01/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSION AT THE VILLA	1445 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 01/17/2024. 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 sprinkler system with a glycol loop and an addressable fire alarm system. The facility had a capacity of 24 licensed beds with a census of 12 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 operating 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 the 2006 NFPA 101, Life Safety Code, New Board and Care unless otherwise noted.	S 000		
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 handle oxygen containers within resident rooms in accordance with NFPA 99, Standard for Health Care Facilities. The failure to appropriately handle oxygen containers as	S8030	**S8030** **Immediate Corrective Action:** Oxygen cylinder was immediately secured into provided oxygen rack All oxygen cylinders and residents have the potential to be affected. **Measures for correction:** Monthly audit of all oxygen cylinders. Education with all staff and residents on proper storage of oxygen. **Who will monitor:** Villa Director and or designee. **How Frequently:** Monthly audits to review all oxygen cylinders. **How will this be incorporated into QUAPI:** Audits will be presented to QUAPI a minimum of quarterly until which time the committee feels that issue has been resolved	1/17/24 3/1/24

PoC accepted via phone call w/Admin on 2/9/24 @ 10:30 AM

Don Cole

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S8030	Continued From page 1 required could result in injury or death. The deficiency affected one (1) of multiple resident rooms in the facility. The findings were: Observation on 01/17/2024 at 2:57 PM in resident room 203 revealed an oxygen container placed freestanding in a closet. Oxygen containers must be secured against damage at all times. Interview with the facility administrator at the time of observation acknowledged the deficiency and indicated that she was aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. Ref: 2005 NFPA 99, Sec. 9.4.3.2, 9.7.2.3 (11), 9.4.3.4, 9.4.4.1	S8030		