

Healthcare Licensing and Surveys

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>ALF013 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                          |  | (X3) DATE SURVEY COMPLETED<br><br>08/27/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>SHOWBOAT RETIREMENT CENTER |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>150 WYOMING STREET<br>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<br><br>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 08/27/2024.<br><br>The facility was a fully sprinklered, single story building of Type II (000) construction with a basement built in 1957. The building was equipped with a supervised automatic wet sprinkler system and a zoned fire alarm system. The facility had a capacity of 50 licensed beds with a census of 21 residents.<br><br>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.<br><br>All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 1994 Edition, unless otherwise noted. | S 000                                                            |                                                                                                                 |  |                                              |
| S8015                                                          | NFPA Life Safety - Nfpa Prot from Hazards<br><br>NFPA 101<br>Protection from Hazards<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on observation, and staff interview, the facility failed to properly protect hazardous areas in accordance with the 1994 NFPA 101, Life Safety Code. Failure to properly protect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S8015                                                            |                                                                                                                 |  |                                              |

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Jerec Foste*  
STATE FORM

*Manager*  
4USU17

*9/19/24*

If continuation sheet 1 of 6

POC approved via phone call with Manager Jerec Foste on 09/20/24 at 10:15 AM. *Marta Hauermark*

Healthcare Licensing and Surveys

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHOWBOAT RETIREMENT CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>150 WYOMING STREET<br/>LANDER, WY 82520</b> |                                                                                                                 |                                                     |
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| S8015                                                                 | Continued From page 1<br><br>hazardous areas could result in the spread of smoke and fire, resulting in injury or death. The deficiency affected one (1) hazardous area and has the potential to affect all residents, staff, and visitors.<br><br>The findings were:<br><br>Observation on 08/27/2024 at 12:00 PM revealed that the facility failed to maintain the required smoke partition for all hazardous areas. Observation of the clean utility room located in the west resident wing revealed it was being used for storage of combustible supplies and equipment. It was observed that the door to the clean utility room was not equipped with an automatic or self-closing device. Doors protecting hazardous areas shall be self-closing or automatic-closing.<br><br>Interview with the owner and administrator at the time of exit confirmed the deficiency.<br><br>Ref. 1994 NFPA 101 22-3.3.2.2 | S8015                                                                                   |                                                                                                                 |                                                     |
| S8017                                                                 | NFPA Life Safety - Nfpa Det, Alarm & Comm Systems<br><br>NFPA 101<br>Detection, Alarm and Communication Systems<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on document review and staff interview, the facility failed to properly test and maintain the fire alarm system in accordance with the 1994 NFPA 101, Life Safety Code and 1993 NFPA 72, National Fire Alarm Code. Failure to properly test and maintain the fire alarm system could result in                                                                                                                                                                                                                                                                                                                                                                                                                         | S8017                                                                                   |                                                                                                                 |                                                     |

Healthcare Licensing and Surveys

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHOWBOAT RETIREMENT CENTER

150 WYOMING STREET  
LANDER, WY 82520

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|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| S8017                    | Continued From page 2<br><br>malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors.<br><br>The findings were:<br><br>Document review on 08/27/24 starting at 1:10 PM revealed that the facility failed to conduct all required annual and semi-annual testing of the fire alarm system. No documentation was available at the time of the survey to demonstrate that the annual testing of the fire alarm system had been completed, or that the semi-annual inspection and testing of the fire alarm system batteries had been completed in the last twelve (12) months.<br><br>Interview with the owner and administrator at the time of exit confirmed the deficiency.<br><br>Ref: 1994 NFPA 101 22-3.3.4.1, 7-6.1.4; 1993 NFPA 72 Table 7-3.2 | S8017               |                                                                                                                          |                          |
| S8018                    | NFPA Life Safety - Nfpa Extinguishment Req<br><br>NFPA 101<br>Extinguishment Requirements<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on document review and staff interview, the facility failed to properly test and maintain the fire sprinkler system in accordance with the 1994 NFPA 101, Life Safety Code, and 1992 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly test and maintain the fire sprinkler system could result in malfunction or                                                                                                                                                                                                                                                                                                      | S8018               |                                                                                                                          |                          |

Healthcare Licensing and Surveys

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| S8018                                                                 | Continued From page 3<br><br>failure of the system, resulting in injury or death in<br>the event of a fire. The deficiency has the<br>potential to affect all residents, staff, and visitors.<br><br>The findings were:<br><br>Document review on 08/27/24 starting at 1:10 PM<br>revealed that the facility failed to conduct all<br>required annual and quarterly fire sprinkler<br>system testing. No documentation was available<br>at the time of the survey to demonstrate that the<br>annual and quarterly testing of the fire sprinkler<br>system had been inspected and tested in the last<br>twelve (12) months.<br><br>Interview with the owner and administrator at the<br>time of exit confirmed the deficiency.<br><br>Ref: 1994 NFPA 101 22-3.3.5.1; 7-7.5; 1992<br>NFPA 25 Table 2-1 | S8018                                                                                   |                                                                                                                          |                                                        |
| S8022                                                                 | NFPA Life Safety - Nfpa Electric<br><br>NFPA 101<br>Electric<br><br>This State Rule and Regulation is not met as<br>evidenced by:<br>Based on observation and staff interview, the<br>facility failed to properly maintain the electrical<br>system in accordance with the 1994 NFPA 101,<br>Life Safety Code, and 1993 NFPA 70, National<br>Electrical Code. Failure to properly maintain the<br>electrical system could result in a failure or<br>malfunction of the system resulting in injury or<br>death. The deficiency affected one (1) resident<br>room and has the potential to affect the resident<br>in the room and any staff or visitors.                                                                                                                                               | S8022                                                                                   |                                                                                                                          |                                                        |

Healthcare Licensing and Surveys

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| S8022                                                                 | Continued From page 4<br><br>The findings were:<br><br>Observation on 08/27/2024 at 12:00 PM revealed that the facility failed to properly protect electrical receptacles. Observation of resident room 106 had an electrical receptacle located above a counter top less than six (6) feet from a sink. The receptacle was not a ground-fault circuit-interrupter (GFCI) type. Observation of the electrical breaker panel revealed the receptacle was not protected with a GFCI breaker. Receptacles above counter tops within six (6) feet of a sink shall have GFCI protection.<br><br>Interview with the owner and administrator at the time of exit confirmed the deficiency.<br><br>Ref: 1994 NFPA 101 22-2.3.6.1, 7-1.2; 1993 NFPA 70 210.8(a) | S8022                                                                                   |                                                                                                                          |                                                        |
| S8025                                                                 | NFPA Life Safety - Nfpa Emergency Plan<br><br>NFPA 101<br>Emergency Plan<br><br>This State Rule and Regulation is not met as evidenced by:<br>Based on document review and staff interview, the facility failed to train staff on the emergency plan in accordance with the 1994 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration of Assisted Living Facilities. Failure to properly train staff on the emergency plan could result in delayed or improper evacuation, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors.                                                                                             | S8025                                                                                   |                                                                                                                          |                                                        |

Healthcare Licensing and Surveys

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHOWBOAT RETIREMENT CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>150 WYOMING STREET<br/>LANDER, WY 82520</b> |                                                                                                                          |  |                                                        |
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| S8025                                                                 | <p>Continued From page 5</p> <p>The findings were:</p> <p>Document review on 08/27/24 starting at 1:10 PM revealed that the facility failed to train staff on the facility's emergency plan. At the time of the survey no documentation was available to demonstrate that the facility had provided training to staff on the emergency plan. All employees shall be trained when they begin work at the facility, and at least once every twelve (12) months to keep informed with respect to their duties and responsibilities under the plan. Such instruction shall be reviewed by the staff at least every two months.</p> <p>Interview with the owner and administrator at the time of exit confirmed the deficiency.</p> <p>Ref: 1994 NFPA 101 22-7.1; WDH Ch. 12 Section 14(o)(ii)(A)(II)</p> | S8025                                                                                   |                                                                                                                          |  |                                                        |

**Showboat Retirement Center ALF 013**  
**Life Safety code Survey 8/27/2024**  
**Plan of Correction**

**S8015 NFPA Protection from hazards**

The facility will ensure that an auto closure will be placed on the clean utility room, located on the west resident wing door.

\*The manager will oversee maintenance to replace the door closure

\*The maintenance dept will notify the manager of any improper door closures.

**Date Completed: 9/13/2024**

**S8017 NFPA Det, Alarm & Comm Systems**

The facility will ensure that the fire alarm system will be tested and documented monthly. We will also ensure that the Fire alarm system batteries will be tested and documented semi annually.

\* The manager will supervise the testing and inspection of the fire alarm system and the fire alarm system batteries semi annually.

\* The manager will Contact the fire alarm system company for the scheduling of the testing, inspection and documentation of these requirements.

\*The manager will insert a reminder in the fire alarm system log book to ensure all system requirements are met.

**Date to be completed by: 10/10/2024**

**S8018 NFPA Extinguishment Req.**

The facility will ensure that all required annual and quarterly fire sprinkler system testing will be conducted and documented.

\*The manager will oversee that the quarterly and annual fire sprinkler system testing is completed and documented.

\*The manager will ensure system drain is opened to activate the alarm.

\*The manager will insert a reminder sheet in the facilities fire alarm system log book

**.Date to be completed by 10/10/2024**

**Showboat Retirement Center ALF 013**  
**Life Safety code Survey 8/27/2024**  
**Plan of correction**

**S8022 NFPA Electric**

The facility will ensure that the receptacles will be properly protected.

\*The manager will ensure the replacement of the electrical receptacle in room 106, with a GFCI type receptacle.

\*The maintenance dept will complete the removal of the incorrect receptacle and replace it with the correct GFCI type receptacle.

\*The maintenance dept will notify the manager upon finding any others in question.

**Date Completed: 9/14/2024**

**S8025 NFPA Emergency Plan**

The facility will ensure that the Staff will be trained on the facilities emergency plan.

\*The manager will Schedule and hold/document an emergency plan training meeting with the entirety of the staff annually.

\*The manager will hold/document a review meeting of the emergency plan, every two months.

\*The manager will insert a reminder sheet in the fire alarm log book to review regularly.

**Date to be completed: 10/4/2024**