

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALF020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEGACY HOMES ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2391 MUDDYSTRING RD 117 THAYNE, WY 83127</b>
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(4) 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)	(X4) COMPLETE OR
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S 000 General Comments

A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 02/06/2024.

The facility was a fully sprinklered, single story building of Type V (000) construction with plan approval in 1997. The building was equipped with a supervised, automatic wet 13R sprinkler system with a fire pump and a hard wired fire alarm system. The facility had a capacity of 16 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 and 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 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

S8012 NFPA Life Safety - Nfpa Emergency Lighting

NFPA 101  
Emergency Lighting

This State Rule and Regulation is not met as evidenced by:  
Based on observation and staff interview, the facility failed to maintain emergency lighting in accordance with the NFPA 101, Life Safety Code. Failure to maintain emergency lighting as required could result in injury or death during an

S8012

S 8012- Emergency lighting will be tested by maintenance person on a monthly basis and documented. Batteries replaced as needed.

The completion date will be April 12, 2024

WYOMING DEPT OF HEALTH, AGING DIVISION, HEALTHCARE LICENSING AND SURVEYS LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>owner</i>	DATE <i>3-18-24</i>
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DATE FORM *6896* FRQC11

*POC accepted via email on 3/25/24 @ 9:00 AM*

*[Signature]*

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S8012 Continued From page 1

emergency. The deficiency affected all residents, staff, and visitors in the facility. The findings were:

Observation on 02/06/2024 at 12:38 PM outside of room 4 revealed an emergency light that failed to operate when tested.

interview with the facility owner at the time of observation acknowledged the deficiency, and indicated that he was aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

Ref: 1994 NFPA 101 Sections 22-3.2.9 and 5-9.1

S8012

S8018: NFPA Life Safety - Nfpa Extinguishment Req

NFPA 101 Extinguishment Requirements

This State Rule and Regulation is not met as evidenced by:  
Based document review and staff interview, the facility failed to maintain fire sprinkler systems in accordance with the NFPA 101, Life Safety Code, the 1994 NFPA 13, Standard for the Installation of Sprinkler Systems, and the 1992 NFPA 25, Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. Failure to maintain fire sprinkler systems as required could result in injury or death during an emergency. The deficiency affected the entire sprinkler system and all residents and staff. The findings were:

Document review on 02/06/2024 starting at 1:15 PM, revealed that there was no documentation available to demonstrate that the fire sprinkler system had been tested.

S8018

S 8018- Sprinkler system will have annual inspection by Thayne Fire Chief and proper documentation filed.

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S8018 Continued From page 2

Interview with the facility owner at the time of observation acknowledged the deficiency, and indicated that he was aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

REF: 1994 NFPA 101, Ch. 32, Sec 2.3.5.7.2; Sections 22-3.3.5.1 1992 NFPA 25, Table 5.1; 1994 NFPA 13, Section 32.1

S8018

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 in-use oxygen containers within resident rooms in accordance with NFPA 99, Standard for Health Care Facilities. The failure to appropriately handle in-use oxygen containers as required could result in injury or death. The deficiency affected one (1) of the resident rooms in the facility. The findings were:

Observation on 02/06/2024 at 12:38 AM in room 2 revealed oxygen cylinders placed freestanding. Oxygen storage containers must be secured against damage at all times.

Interview with the facility owner at the time of observation acknowledged the deficiency, and indicated he was aware of the requirement.

Interview with the facility owner at the time of exit acknowledged the deficiency.

S8030

S 8030- Oxygen bottles will be stored in required containment cages. Oxygen suppliers will be notified and trained on the state regulations.

This Plan of Correction will be completed by April 10<sup>th</sup> 2024

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S8030	Continued From page 3  REF: 1993 NFPA 99, Section 8-3.1.11	S8030		

