

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/30/2024
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 950 HOMESTEAD AVENUE RIVERTON, WY 82501
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S 000	<p>General Comments</p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 04/30/2024.</p> <p>The facility was a single story, fully sprinklered, building of Type V(111) construction built in 1995. The building was equipped with a supervised automatic dry sprinkler system with an anti-freeze branch, and an addressable fire alarm system. The facility had a capacity of 50 licensed beds with a census of 41 residents.</p> <p>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 the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility.</p> <p>All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 1994 Edition, unless otherwise noted.</p>	S 000		
S8000	<p>NFPA Life Safety - Nfpa General Requirements</p> <p>NFPA 101 General Requirements</p> <p>This State Rule and Regulation is not met as evidenced by. Based on observation, and staff interview, the facility failed to properly maintain fire barriers in accordance with the 1994 NFPA 101, Life Safety Code. Failure to properly maintain fire barriers</p>	S8000		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Carly Clausen ADMINISTRATOR TITLE
05/24/2024 (X6) DATE

STATE FORM 2608 R7V511 If continuation sheet 1 of 9

POC approved via phone call with Administrator Carly Clausen on 05/24/24 at 4:20 PM.

Matt Hauerman

Healthcare Licensing and Surveys

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S8000	Continued From page 1 could result in the spread of smoke and fire in the event of an emergency, resulting in injury or death. The deficiency affected at least one fire barrier and has the potential to affect all residents, staff, and visitors. The findings were: Observation on 04/30/24 at 12:22 PM revealed that the facility failed to protect all penetrations of fire barriers. Observation of the attic space, at the fire barrier that separates the south resident room wing from the dining and kitchen area, revealed a large penetration around a sprinkler pipe that was not properly protected. Penetrations of pipes through fire barriers shall be protected by an approved means. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-1.5, 6-2.3.2.4	S8000	S8000 Penetration of the fire barrier around a sprinkler pipe located in the attic space at the area where the south resident room wing meets the dining room and kitchen area was corrected before the end of the day on 04/30/2024. No other penetrations of the fire barrier(s) were observed upon inspection of the attic by REACH/Homestead Maintenance staff. Maintenance Supervisor / Manager will inspect any fire barriers / areas post any maintenance done in attic area.	04/30/24
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 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 two (2) staff room egress doors, and has the potential to	S8004	S8004 Doorknobs on activities storage room and pantry storage room were reversed before the end of the day on 04/30/2024. No other doorknob issues were observed upon inspection of the facility by REACH/Homestead Maintenance staff. Maintenance Supervisor / Manager will inspect any new doors and/or areas post any maintenance or additions.	01/30/21

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 950 HOMESTEAD AVENUE RIVERTON, WY 82601
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S8004	Continued From page 2 affect any staff or visitors that use those rooms. The findings were: Observation on 04/30/24 at 11:29 AM revealed that the facility failed to provide doors that are not equipped with a lock or latch that requires the use of a tool or key from the egress side. Observation of the activities storage room and pantry storage room revealed doors that could be locked from outside of the rooms, which would require a key to egress from the rooms. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-3.2.2.2(c)	S8004		
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain emergency egress lighting in accordance with the 1994 NFPA 101, Life Safety Code. Failure to properly test and maintain emergency egress lighting could result in delayed evacuation of the building in the event of an emergency, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 04/30/24 starting at 12:30 PM revealed that the facility had not conducted	S8012	S8012 Monthly testing of the emergency egress lighting was completed on 05/01/2024. Maintenance Supervisor / Manager will review testing / inspection sheets monthly post inspection and file in fire/emergency 3 ring binder located in the nurses' office.	05/01/24

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S8012	Continued From page 3 the required testing of the emergency egress lighting. No documentation was available at the time of the survey to demonstrate that the facility had conducted the monthly or yearly testing of the emergency egress lighting in the last twelve (12) months. Observation at the time of the survey revealed multiple battery-powered emergency lights located throughout the facility. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-3.2.9, 5-9.3	S8012		
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: 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 hazardous areas could result in the spread of smoke and fire in the event of an emergency, resulting in injury or death. The deficiency affected one (1) hazardous room, and has the potential to affect all residents, staff, and visitors. The findings were: Observation on 04/30/24 at 11:55 AM revealed that the facility failed to protect hazardous areas with self-closing or automatic-closing doors. Observation of the laundry room revealed it was being propped open by a permanently installed kick stop. The door was equipped with an	S8015	8015 Kick stop was removed from laundry room door. No other "permanently installed" kick stops were observed upon inspection of the facility by REACH/Homestead Maintenance staff. Maintenance Supervisor / Manager will inspect any new doors installed in the facility for permanently installed kick stops.	05/01/24

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S8016	Continued From page 4 automatic door closing device. Doors in walls separating hazardous areas from the corridor shall be self-closing or automatic-closing. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-3.3.2.2; 22-3.3.6.6	S8015		
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: 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 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. The findings were: Document review on 04/30/24 starting at 12:30 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, including the annunciator panels, alarm notification devices, pull stations, smoke detectors, heat detectors, or that the	S8017	S8017 Documentation for the testing of the fire alarm system was requested from testing company and was filed in the fire/emergency 3 ring binder located in the nurses' office. Maintenance Supervisor / Manager will inspect all documentation from testing company post testing.	05/22/24

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NAME OF PROVIDER OR SUPPLIER
HOMESTEAD ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**960 HOMESTEAD AVENUE
RIVERTON, WY 82501**

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S8017	Continued From page 5 semi-annual inspection and testing of the fire alarm system batteries had been completed in the last twelve (12) months. Interview with the administrator at the time of exit acknowledge the deficiency. 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 NFPA 101 Extinguishment Requirements This State Rule and Regulation is not met as evidenced by. 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 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. The findings were: Document review on 04/30/24 starting at 12:30 PM revealed that the facility failed to conduct all required quarterly, annual, and three-year sprinkler system testing. No documentation was available at the time of the survey to demonstrate that the annual testing of the fire sprinkler system, including main drain, backflow preventer, and	S8018	S8018 Documentation for the testing of the fire alarm system was requested from testing company and was filed in the fire/emergency 3 ring binder located in the nurses' office. Maintenance Supervisor / Manager will inspect all documentation from testing company post testing.	05/22/24

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S8018	Continued From page 6 valve trip test, had been completed in the last twelve (12) months, or that the three-year full flow test of the dry sprinkler system had been completed in the last three (3) years. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-3.3.5.1; 7-7.5; 1992 NFPA 25 Table 2-1	S8018		
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by: Based on document review, observation, and staff interview, the facility failed to properly inspect and maintain portable fire extinguishers in accordance with the 1994 NFPA 101, Life Safety Code, and 1994 NFPA 10, Standard for Portable Fire Extinguishers. Failure to properly inspect and maintain portable fire extinguishers could result in malfunction or failure of the extinguishers, resulting in injury or death in the event of a fire. The deficiency had the potential to affect all residents, staff, and visitors. The findings were: Observation on 04/30/24 starting at 11:15 PM and throughout the survey revealed that the facility failed to conduct all required monthly inspections of the portable fire extinguishers. Observation of the portable fire extinguishers in the facility revealed that they were not tagged or marked in	S8019	S8019 Monthly testing of the portable fire extinguishers was completed on 05/01/2024. Maintenance Supervisor / Manager will review testing / inspection sheets monthly post inspection and file in fire/emergency 3 ring binder located in the nurses' office.	05/01/24

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S8019	Continued From page 7 anyway for monthly inspections. No documentation was available at the time of the survey to demonstrate that monthly inspections had been completed. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-3.3.5.3, 7-7.4.1; 1994 NFPA 10 4-4.1	S8019		
S8027	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr NFPA 101 Emergency Egress and Relocation Drills This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to conduct evacuation drills 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 conduct evacuation drills 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. The findings were: Document review on 04/30/24 starting at 12:30 PM revealed that the facility failed to conduct all required evacuation drills. At the time of the survey the available evacuation drill documentation included two (2) drills in February of 2024, two (2) drills in December of 2023, one	S8027	S8027 Monthly testing paperwork for fire drill / evacuations were located and sent via email on 05/13/2024. All testing paperwork will be filed in the fire/emergency 3 ring binder located in the nurses' office. Administrator will check monthly to make sure that paperwork is filed in the correct location/binder.	05/01/24

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S8027	Continued From page 8 (1) drill in November of 2023, and one (1) drill in June of 2023. No other documentation was available to demonstrate additional evacuation drills had been conducted. Evacuation drills shall be conducted every month, including two during the night when residents are sleeping. The drills shall involve actual evacuation of all residents to an assembly point as specified in the emergency plan and shall provide residents with experience in egressing through all exits. Interview with the administrator at the time of exit acknowledge the deficiency. Ref: 1994 NFPA 101 22-7.3; WDH Ch. 12 Section 7(o)(l)	S8027		