

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2024
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NAME OF PROVIDER OR SUPPLIER: **WYOMING PIONEER HOME**
STREET ADDRESS, CITY, STATE, ZIP CODE: **141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443**

(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	<p>General Comments</p> <p>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 06/27/2024.</p> <p>The facility was a fully sprinklered, two-story building of Type V(111) construction built in 2009, 2011, and 2012. The building was divided by 2-hour fire rated barriers into fourteen (14) smoke compartments. The building was equipped with a supervised automatic wet sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 61 licensed beds with a census of 47 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, 2006 Edition, unless otherwise noted. Note: Board and Care for the seven (7) resident sleeping wings and Business or Assembly for central building, second floor, and basement. All resident wings are separated from all other portions of the building by 2-hour fire barriers.</p>	S.000	<p><u>RESPONSE/CORRECTIVE PLAN:</u></p> <p><u>S8018</u></p> <ol style="list-style-type: none"> No residents were identified as being affected. All residents have the potential to be affected. A quarterly test of the fire sprinkler system and testing of the water flow alarm/ supervisory devices was conducted on 7-16-24 and documented. Maintenance staff were in serviced on 7-16-24 by the maintenance supervisor on how to conduct quarterly fire sprinkler system checks and document testing of the water flow alarm device and supervisory devices. The Maintenance supervisor will conduct an indefinite quarterly audit of the quarterly fire sprinkler system check and documentation. This was added to the Maintenance checklist for QAPI Maintenance Quarterly tracking. The Maintenance Manager will report to the QAPI team and Administrator Quarterly. The Administrator and QAPI will evaluate results to determine if 	7-16-24
S8018	<p>NFPA Life Safety - Nfpa Extinguishment Req</p> <p>NFPA 101 Extinguishment Requirements</p>	S8018		

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

Julie Hoffman
STATE FORM

TITLE: *Administrator*

(X6) DATE: *7-18-24*

9809 S5MT11

If continuation sheet 1 of 5

POC approved via voicemail on 07/18/24 at 1:15PM with Administrator Julie Hoffman.

Matthew Shaw

Healthcare Licensing and Surveys

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S8018	<p>Continued From page 1</p> <p>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 2006 NFPA 101, Life Safety Code, and 2002 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.</p> <p>The findings were:</p> <p>Document review on 06/27/24 starting at 1:40 PM revealed that the facility failed to conduct all required quarterly fire sprinkler system testing. Documentation revealed that the quarterly testing of the water flow alarm device and supervisory devices were conducted once (1) in the last twelve (12) months. No additional documentation was available to demonstrate that testing of the water flow alarm device was tested the other three (3) quarters of the last twelve (12) months.</p> <p>Interview with maintenance personnel at the time of the observation confirmed the deficiency, and indicated that they were unaware of the requirement.</p> <p>Interview with the administrative assistant at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 32.3.3.5.1; 2002 NFPA 25. 6.3.3</p>	S8018	current plan of correction is effective or if additional training is needed and will revise plan as necessary to ensure compliance.	

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S8024	Continued From page 2.	S8024		
S8024	<p>NFPA Life Safety - Nfpa Elev, Dumbwtrs & Vert Conv</p> <p>NFPA 101 Elevators, Dumbwaiters and Vertical Conveyors.</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly test the elevator fire fighters' emergency operation in accordance with the 2006 NFPA 101, Life Safety Code. Failure to properly test the elevator fire fighters' emergency operation could result in a malfunction of the system, resulting in injury or death in the event of an emergency requiring evacuation. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 06/27/24 starting at 1:40 PM revealed that the facility failed to conduct the required testing of the elevator fire fighters' emergency operation. No documentation was available at the time of the survey to demonstrate that the facility was conducting the required monthly tests of the fire fighters' emergency operations.</p> <p>Interview with maintenance personnel at the time of the observation confirmed the deficiency, and indicated that they were unaware of the requirement.</p> <p>Interview with the administrative assistant at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 32.3.6.3.1, 9.4.6</p>	S8024	<p><u>RESPONSE/CORRECTIVE PLAN:</u></p> <p><u>S8024</u></p> <ol style="list-style-type: none"> 1. No Residents were identified as being affected. 2. All residents, staff and visitors have the potential to be affected. WPH completed the required test for July on 7-15-24. 3. WPH maintenance staff were trained and documentation established on 7-15-24 to ensure that the required testing of the elevator fire fighters emergency operation in taking place monthly. 4. The Maintenance supervisor will conduct an indefinite monthly audit of the elevator fire fighters emergency operation. This was added to the Maintenance checklist for QAPI Quarterly tracking. 5. The Maintenance Manager will report to the QAPI team and Administrator Quarterly. The Administrator and QAPI will evaluate results to determine if current plan of correction is effective or if additional training is needed and will revise plan as necessary to ensure compliance. 	7-15-24

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S8027	<p>NFPA Life Safety - Nfpa Emergency Egress & Rel Dr</p> <p>NFPA 101 Emergency Egress and Relocation Drills</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly conduct emergency egress and relocation drills in accordance with the 2006 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to properly conduct emergency egress and relocation drills could result in delayed or improper evacuation of the building in the event of a fire, resulting in injury or death. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 06/27/2024 starting at 1:40 PM revealed that the facility had not conducted all required emergency egress and relocation drills. At the time of the survey, documentation was available to demonstrate that the facility had conducted an emergency egress and relocation drill every month for the last twelve (12) months. Document review revealed that the emergency egress and relocation drills were conducted on the first of three (3) shifts for six (6) of the last twelve (12) months. No additional documentation was available to demonstrate that the other two (2) shifts had conducted emergency egress and relocations drills in those two quarters. Document review also revealed that the facility was not recording the residents who participated in the drills. Emergency egress and relocation drills shall be conducted monthly with a minimum of one drill conducted each quarter on each shift,</p>	S8027	<p><u>RESPONSE/CORRECTIVE PLAN:</u></p> <p><u>S8027</u></p> <ol style="list-style-type: none"> 1. No residents were identified as being affected. 2. All residents and staff have the potential to be affected. An emergency egress and relocation drill were conducted on third shift on 7-16-24 and residents/staff that participated were documented. 3. Maintenance staff were in serviced on 7-16-24 by the maintenance supervisor on how to conduct emergency egress and relocation drills on each shift quarterly and document participants in each drill. 4. The Maintenance supervisor will conduct an indefinite quarterly audit of the quarterly egress and relocation drills to ensure that each shift is addressed and participation is documented. This was added to the Maintenance checklist for QAPI Maintenance Quarterly tracking. 5. The Maintenance Manager will report to the QAPI team and Administrator Quarterly. The Administrator and QAPI will evaluate results to determine if 	7-16-24

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S8027	<p>Continued From page 4</p> <p>including two at night while residents are sleeping. The drill shall be recorded and include the date, time, type of drill, time required to evacuate all residents and staff, list of residents who participated including staff and family members, list of anyone who did not evacuate in the required time allowed, and signature and date of person completing the form. The facility shall meet an evacuation capability rating of either prompt or slow.</p> <p>Interview with maintenance personnel at the time of the observation confirmed the deficiency, and indicated that they were unaware of the requirement.</p> <p>Interview with the administrative assistant at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 32.7.3; WDH Ch. 12 Section 7, (o)</p>	S8027	current plan of correction is effective or if additional training is needed and will revise plan as necessary to ensure compliance.	