

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
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NAME OF PROVIDER OR SUPPLIER HEARTLAND ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 639 AVENUE H POWELL, WY 82436
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(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 10/23/2024.</p> <p>The facility was a single story, fully sprinklered, building of Type V(111) construction built in 1999. The building was equipped with a supervised automatic wet sprinkler system, with a dry branch, and an addressable fire alarm system. The facility had a capacity of 24 licensed beds with a census of 17 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 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		
S8030	<p>NFPA Life Safety - Nfpa Miscellaneous</p> <p>NFPA 101 Miscellaneous</p> <p>This State Rule and Regulation is not met as evidenced by: Based on observation, and staff interview, the facility failed to properly store oxygen gas cylinders in accordance with the 1994 NFPA 101, Life Safety Code and 2005 NFPA 99 Health Care</p>	S8030		

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

Aspen Beall

Administrator Director

TITLE

11/11/24

(X8) DATE

STATE FORM

6899

QFFR11

If continuation sheet 1 of 3

POC approved via phone call with Administrator Aspen Beall on 11/13/24 at 8:20 AM.

Stacie Hauermann

PRINTED: 11/08/2024
FORM APPROVED

Healthcare Licensing and Surveys

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NAME OF PROVIDER OR SUPPLIER HEARTLAND ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 639 AVENUE H POWELL, WY 82435
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S8030	<p>Continued From page 1</p> <p>Facilities. Failure to properly store oxygen gas bottles could result in the propagation of fire, resulting in injury or death. The deficiency affected two (2) resident rooms and has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Observation on 10/23/2023 starting at 9:45 AM revealed that the facility failed to properly store oxygen gas cylinders. Observation of resident rooms 27 and 16 revealed oxygen gas cylinders being stored in the resident's closet. Several bottles in each resident closet were observed to not be secured in any way. Oxygen gas cylinders shall be properly chained or supported in a cylinder stand or cart.</p> <p>Interview with the administrator at the time of the observation confirmed the deficiency, and indicated that they were aware of the requirement.</p> <p>Interview with the administrator at the time of exit confirmed the deficiency.</p> <p>Ref: 2005 NFPA 99 9.4.3.2, 9.7.2.3</p>	S8030		
S8999	<p>State Miscellaneous Life Safety</p> <p>State Miscellaneous</p> <p>This STANDARD is not met as evidenced by: Based on document review, and staff interview, the facility failed to provide training on disaster and emergency preparedness procedures in accordance with the Wyoming Department of Health Ch. 12 Rules Program Administration of Assisted Living Facilities. Failure to properly train</p>	S8999		

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S8999	Continued From page 2 staff on disaster and emergency preparedness procedures could result in improper response by staff to 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 10/23/2023 starting at 11:00 AM revealed that the facility failed to properly train staff on the disaster and emergency preparedness plan. No documentation was available at the time of the survey to confirm that staff had been trained on emergency procedures in the last twelve (12) months. The facility shall train all employees in the emergency procedures. New staff shall be trained within the first week of employment. The facility shall review the procedures with all staff at least every twelve (12) months, and training records shall be kept. Interview with the administrator at the time of the observation confirmed the deficiency, and indicated that they were unaware of the requirement. Interview with the administrator at the time of exit confirmed the deficiency. Ref: WDH Ch. 12: Section 7(o)(ii)(A)(ii)	S8999		

Powell Valley Healthcare
The Heartland
November - State Life Safety Code Survey
Plan of Correction

Page 1

ID Prefix Tag S8030

The facility shall assure that all apartments with oxygen gas cylinders will be properly supported in a cylinder stand or cart in accordance with the 1994 NFPA 101 Life Safety Code.

- A. The oxygen cylinders found in apartments 16 and 27 were removed by oxygen company. The facility will ensure that any oxygen cylinders will be in a cylinder stand or cart at all times. A task will be added to C.N.A task list to check residents oxygen.
- B. All the residents have the potential to be affected failure to properly store oxygen gas bottles could result in propagation of fire resulting in injury or death
- C. Education will be provided to all Heartland Residents on November 20th and staff via written education by November 20th
- D. Audits to ensure oxygen cylinders will be supported in a cylinder stand or cart every week and aggregated and reported to Quality Council quarterly.

Expected Completion Date: November 29, 2024

ID Prefix Tag S8999

The facility shall assure training on disaster and emergency preparedness procedures in accordance with Wyoming Department of Health.

- A. Education will be provided for all Heartland staff on emergency and disaster planning by November 29, 2024
- B. The facility will ensure all staff is trained properly on disaster and emergency preparedness procedures at New employee orientation and every twelve (12) months during Annual employee training.
- C. All staff have the potential to be affected by the not being properly trained on disaster and emergency procedures that could result in improper response resulting in injury or death.
- D. The facility will ensure all training records are kept for the duration of staff employment. Will audit to ensure all new Heartland staff will be trained within seven (7) days upon hire.

Expected Completion Date: November 29, 2024