Hand delivered 10/12/11 KM

PRINTED: 11/28/2011
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535032	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

(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) COMPLETION DATE
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing and New Health Care, of the National Fire Protection Association (NFPA). The facility was three, single story buildings separated by 2-hour rated fire barrier walls of Type V (111) construction with plan approval in 1987 and 2008. 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 160 certified Medicare and Medicaid beds with a census of 140 residents.	K 000		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were	K 029	K029 The facility will maintain doors that are smoke resistant. A) Unsealed LAUNDRY pipe penetrations above ceiling tile were sealed and maintenance office latch was replaced on 11/15/11. B) Maintenance will randomly audit for pipe penetrations in the ceiling and for improper latching on smoke fire doors to ensure smoke resistance. Any problems will be immediately repaired or replaced. C) Any findings will be reported at Performance Improvement Meeting for three months or until ongoing compliance is established.	~~11/15/11~~ → 11/16/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 12/12/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

POC MODIFIED & APPROVED W/ BRIAN MORRELL, E.H.

12/14/11.

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K 029	Continued From page 1 separated from use areas in 1 of 7 smoke compartments. The findings were: 1. Observation of the laundry soiled linen collection room on 11/15/11 at 2:06 PM showed there were three unsealed pipe penetrations above the ceiling tile. The largest gap measured 2 inches across. At the time of observation the maintenance director could not explain why the penetrations had not been noticed and repaired during the quarterly inspections. The penetrations were sealed during the survey. 2. Observation of the maintenance office/repair shop on 11/15/11 at 2:29 PM showed the corridor door latch bolt did not insert into the strike plate on the door frame. At the time of observation the maintenance director could not explain why the latch had not been noticed and repaired during the last quarterly inspection. The latch was replaced during the survey. NFPA 101, 2000 Edition; 19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2.	K 029		
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	K 046		

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K 046	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the emergency generator was equipped with a remote manual stop station. The findings were: Observation of the emergency corridor lights showed they were supplied with power from the emergency generator. Observation of the generator on 11/15/11 at 3:20 PM showed it was not equipped with a remote stop station external of the weatherproof enclosure. At the time of observation the maintenance director confirmed the generator was not equipped with a remote stop station. He further reported the generator was installed in 2009. Reference: NFPA 101, 2000 Edition, 19.2.9.1, 7.9.2.3, NFPA 110, 1999 Edition; 3-5.5.6 All Level 1 and Level 2 installations shall have a remote manual stop station of a type similar to the break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.	K 046	K046 Emergency lighting of at least 1½ hour duration is provided. A) Emergency generator will be equipped with a remote stop installed ~~by High Country Electric~~. B) Maintenance will randomly audit the remote stop station to ensure its function. C) Any findings will be reported at Performance Improvement meetings for three months or until ongoing compliance is established. D) The facility is requesting a time-limited waiver for a remote stop installation. The facility anticipates having a plan turned into the State of Wyoming for approval by 1/15/12. It is anticipated that the plan will be released by the state by 2/15/11 and completion of the project will occur by 4/1/12.	~~1/1/12~~ 12/12/11
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	K062 The facility will ensure that automatic sprinkler systems are continuously maintained in reliable operating condition.	11/30/11

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K 062	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure sprinklers were unobstructed in 1 of 7 smoke compartments. The findings were: Observation of the south hall mechanical room on 11/15/11 at 2:36 PM showed the ceiling mounted light was located 4 inches for the sprinkler head and extended 3 inches below the sprinkler deflector. At the time of observation the maintenance director reported the system was inspected annually by a sprinkler contractor and the last report, 9/12/11, did not indicated any heads were obstructed. Reference: NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1; NFPA 13, 1999 Edition; Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (Standard Spray Upright/Standard Spray Pendent) Distance from sprinkler to side of obstruction — Maximum allowable distance from deflector above bottom of obstruction Less than 1 ft ..... 0 1 ft to less than 1 ft 6 in. ..... 2 ½ 1 ft 6 in. to less than 2 ft ..... 3 ½ 2 ft to less than 2 ft 6 in. ..... 5 ½ 2 ft 6 in. to less than 3 ft ..... 7 ½ 3 ft to less than 3 ft 6 In ..... 9 ½ 3 ft 6 in. to less than 4 ft ..... 12 4 ft to less than 4 ft 6 in. 14	K 062	A) The sprinkler head in the south hall mechanical room was lowered to the correct height to avoid the ceiling mounted light on 11/30/11. B) Maintenance will randomly audit sprinkler heads to ensure that sprinkler heads are unobstructed and maintained in a reliable operating condition. C) Any findings will be reported at Performance Improvement meeting for three months or until ongoing compliance is established.	
K 147	NFPA 101 LIFE SAFETY CODE STANDARD	K 147		

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K 147 SS=E	Continued From page 4 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure surge protectors were not over electrically overloaded, failed to ensure electrical outlets in wet locations had ground fault circuit interruption (GFCI) protection, failed to replace damaged electrical equipment, and failed to ensure temporary electrical wiring did not replace fixed permanent wiring in 3 of 7 smoke compartments. The findings were: 1. Observation of the payroll office on 11/15/11 at 1:10 PM showed a microwave oven and a coffee maker were plugged into a 15 amp surge protector. Further observation showed the microwave was rated at 10 amps and the coffee maker at 7.5 amps for a total of 17.5 amps. At the time of observation the maintenance director reported he did not routinely inspect surge protectors for appliance load. 2. Observation of the old occupational therapy apartment on 11/15/11 at 2:51 PM showed an electrical outlet was located 32 inches from the sink. Further observation showed the outlet did not have GFCI protection. This was confirmed by tripping the other outlet in the area and the aforementioned outlet was still energized. 3. Observation of resident room #225 on 11/15/11 at 4:10 PM showed the power cord to bed "B" was damaged at the plug with the outer sheath	K 147	K147 Electrical wiring and equipment is in accordance will NFPA 70. A) The coffee maker was removed from the payroll office on 11/15/11. The GFCI outlet was replaced on 11/16/11. The power cord for the bed in room 225B was repaired on 11/15. The extension cord and 3-way adapter in room 221 were removed and replaced with a surge protector on 11/15/11. B) Maintenance will randomly audit surge protectors for appliance load, need for GFCI outlets, power cord to resident beds, and that extension cords and 3-way adapters are not being used in the facility. C) Any findings will be reported at Performance Improvement meeting for three months or until ongoing compliance has been established.	~~11/15/11~~ 11/16/11

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K 147	Continued From page 5 missing and the inner wires exposed. At the time of observation the maintenance director could not explain why the cord had not been noticed during quarterly inspections or by the housekeeping staff. 4. Observation of resident room #211 on 11/15/11 at 4:22 PM showed a fan was plugged into an extension cord which was plugged into a 3-way electrical adapter. At the time of observation the maintenance director could not explain why the electrical adapter had not been noticed and removed during the quarterly inspections. Reference: NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 90-7 Examination of Equipment for Safety. ...It is the intent of this Code that factory-installed internal wiring or the construction of equipment need not be inspected at the time of installation of the equipment, except to detect alterations of damage ... 110-27. Guarding of Live Parts. (b) Prevent physical damage. In locations where electric equipment would be exposed to physical damage, enclosure of guards shall be so arranged and of such strength so to prevent such damage. 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	K 147		

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K 147	Continued From page 6 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection for personnel if interruption or power under fault conditions can be tolerated, or be served by an isolated power system if such interruption cannot be tolerated.	K 147		