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

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535030	A. BUILDING 01 - NEW HORIZONS CARE CI B. WING ______	11/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS CARE CENTER	1111 LANE 12 LOVELL, WY 82431

(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 the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled two story building of Type II (111) construction built in 1991. The building was equipped with a supervised automatic wet sprinkler system and addressable fire alarm system. The facility has a capacity of 85 certified Medicare and Medicaid beds with a census of 74. The facility meets the Life Safety Code standard based on the acceptance of a plan of correction and a Fire Safety and Evaluation System (FSES). Tag K-017 can be obviated by the Fire Safety and Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write an "F" in the providers Plan of Correction column and Complete Date column to accept the FSES. If the facility wants to fix the deficiency they can fill in the Providers Plan of Correction column with the appropriate information and dates.	K 000		
K 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations,	K 017		"F"

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	CEO LNHA	12-19-11

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.

RECEIVED
Wyoming Dept of Health

Per accepted w/ Rick Schroeder Jr, CEO, on 12/22/11

Office of Healthcare Licensing and Surveys

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K 017	Continued From page 1 waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridor walls were continuous from the floor to the roof above in 6 of 6 smoke compartments. The findings were: Observation of the corridor walls on 11/29/11 between 7 AM and 12:30 PM revealed the first and second floor corridor walls terminated above the lay in ceiling tiles. The open space above the corridors and resident rooms were used as an air plenum for the ventilation system. At 7:30 AM the director of facility services confirmed the ventilation system was not ducted and the open plenum was used to transfer air. This deficiency can be obviated by the Fire Safety and Evaluation System (FSES). If the facility agrees to the conditions of the FSES they can write an "F" in the provider's Plan of Correction column and Completion Date column to accept the FSES. If the facility wants to correct the deficiency they can fill in the Providers Plan of Correction column with the appropriate information and dates.	K 017		

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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 separated from use areas in 1 of 6 smoke compartments. The findings were: Observation of storeroom #3204 on 11/29/11 at 9:32 AM showed the corridor door was equipped with a self-closing device. Further observation showed the closer was not able to latch the door into the door frame with three attempts. At the time of the observation the director of facility services could not explain why the door had not been noticed and repaired during the quarterly inspections.	K 029	A) To insure the safety of residents and staff hazardous areas will be separated from use areas. B) The door will be repaired to latch into the door frame. C) Inspection of the separation and latching hardware will be conducted quarterly and documented on the Preventative Maintenance checklist. D) This checklist will be monitored for completion by the Facility Services Director. E) The results of this checklist will be reported at quarterly Quality Committee meetings.	12/30/11
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable	K 052	A) To insure the safety of residents and staff, manual fire alarm pull stations will be accessible, unobstructed and visible. B) The desk will be moved to provide unobstructed access to pull station.	12/30/1

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K 052	Continued From page 3 requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure pull station were unobstructed in 1 of 6 smoke compartments. The findings were: Observation of the east dinning room on 11/29/11 at 7:50 AM showed a desk had been placed directly below the pull station. At the time of the observation maintenance technician #1 could not explain why the desk had not been noticed and removed during the monthly inspections. Reference: NFPA 101, 2000 Edition, 19.3.4.1; 9.6.2.6* Each manual fire alarm box on a system shall be accessible, unobstructed, and visible.	K 052	C) Monthly inspections will be conducted to insure the fire alarm system is maintained as required and documented on the monthly preventative maintenance checklist. D) This checklist will be monitored for completion by the Facility Services Director. E) The results of this checklist will be reported at quarterly Quality Committee meetings.	
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water	K 056	A) To insure the safety of residents and staff, combustible items will not be stored under non- sprinkled canopies. B) The two 5 gallon propane tanks will be relocated to a hazardous storage area. C) A visual inspection of these areas will be conducted monthly and documented on the preventative maintenance checklist.	12/30/11

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K 056	Continued From page 4 supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure storage canopies were fully sprinkled in 1 of 6 smoke compartments. The findings were: Observation of the activities patio on 11/29/11 at 8:01 AM showed a barbeque grill and two, 5 gallon, propane tanks were stored under the canopy. Observation of the canopy showed it was constructed of metal structural members, was 8 feet by 28 feet, and did not have sprinkler coverage. At the time of the observation maintenance technician #1 reported he was unaware canopies were required to have complete sprinkler coverage if combustible items were stored under them. Reference: NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-13.8.2 Sprinklers shall be installed under roofs or canopies over areas where combustibles are stored and handled.	K 056	D) This checklist will be monitored for completion by the Facility Services Director. E) The results of this checklist will be reported quarterly at the Quality Committee meetings.	
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with	K 074	A) Flame retardant requirements of wall hanging blankets will be maintained for the safety of residents and staff. B) The wall hanging blankets will be removed. C) Housekeeping will inspect for new wall blanket hangings. If found the blankets will be treated with an approved fire retarding chemical and labeled. Any hangings cleaned will be retreated and dated by housekeeping.	12/22/11

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K 074	Continued From page 5 provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure fabric wall coverings were flame retardant in 1 of 6 smoke compartments. The findings were: Observation on 11/29/11 between 9 AM and 10 AM showed a blanket was attached to the wall in resident room #339 and in the corridor near the pod 7 television room. Further observation showed neither of the blankets had flame retardant documentation attached to them. At the time of the observation the director of facility services reported the blankets did not have flame retardant documentation. He further reported that the blankets had not been treated with a flame retardant spray.	K 074	D) Housekeeping will forward a log of all treated items to the Facility Services Director. E) This log will be reviewed quarterly by the Facility Services Director and reported at the quarterly Quality Committee meetings.	12/30/11
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 147	A) Electrical equipment will be maintained according to NFPA 70 for the safety of residents and staff.	

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K 147	Continued From page 6 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 temporary electrical wiring did not replace permanent fixed wiring in 2 of 6 smoke compartments. The findings were: 1. Observation of the gift shop on 11/29/11 at 8:10 AM showed the telephone was plugged into two surge protectors in-line. At the time of the observation maintenance technician #1 reported he was aware chaining of electrical adapters was prohibited. Furthermore, he could not explain why the two surge protectors had not been observed and modified during the quarterly inspections. 2. Observation of resident room #211 on 11/29/11 at 8:44 AM showed the radio was plugged into an extension cord. Reference: NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 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	B) 1: The surge protectors in the gift shop will be modified to not be connected in-line. 2: The extension cord in room #211 will be removed. C) Electrical inspections will be conducted quarterly and documented on the preventative maintenance checklist. D) The preventative maintenance checklist will be reviewed for completion by the Facility Services Director. E) The results of these checklists will be reported at quarterly Quality Committee meetings.	