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

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
	536048	A. BUILDING 01 - LIFE CARE CENTER OF CA B. WING	03/29/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR CASPER, WY 82601

(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 Surveyor: 05638 This Life Safety Code (LSC) survey was begun the afternoon of March 28, 2005, between 1:00 PM and 4:30 PM, and was concluded the morning of March 29, 2005,between 8:00 AM and 11:30 AM, using the existing section of the 2000 edition of the NFPA 101, Life Safety Code, as per the requirements of the Federal Register at 42CFR 483.70(a). This was a single story facility without a basement. It housed 118 beds and was constructed in 1962. It was of Type V (111) construction with a full automatic sprinkler system. It had appropriate smoke barrier separations. The deficiencies determined during the survey were as follows:	K 000		
K 018	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.3 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities as of March 13, 2006.	K 018	K-18 The facility will provide corridor doors that resist the passage of smoke and are free of impediments to closing by doing the following.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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

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
	535049	A. BUILDING 01 - LIFE CARE CENTER OF CA B. WING _____	03/29/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR CASPER, WY 82601

(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 018	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 05639 Based upon observation and staff interview during the survey, between 8 AM and 11:30 AM on March 29, 2005, it was determined that the facility failed to provide corridor doors that would resist the passage of smoke and were free of impediments to closing. The findings included: 1. It was observed that the doors to resident rooms 104, 108, 113, 118, 121, 122, 123, 125, 126, 127, 131, 228, 205, 209, and the private dining room did not close to resist the passage of smoke. 2. It was observed at 9:30 AM on 3/29/05, that the door to the restorative nursing office was prevented from closing by a small supply cart, and the door was dragging on the floor. The above were verified with the maintenance director at this time.	K 018	1. Resident doors 104, 108, 113, 118, 121, 122, 123, 125, 126, 127, 131, 228, 205, 209, and the private dining room door will be assessed and repaired to ensure the doors resist the passage of smoke and meet the intent of the regulation. 5/5/05 2. The door to the restorative office will be assessed and repaired to ensure the door will close unimpeded. All staff will be inserviced on the importance of clearing the doorway of carts and other items that will impede the closing of the door. 5/5/05 3. Maintenance Staff will monitor all the doors on preventative maintenance rounds monthly to ensure that they can resist the passage of smoke and make repairs as needed. 5/5/05 4. All staff will be inserviced on the need to report doors with gaps to the maintenance department. 5/5/05 5. Trends will be reviewed monthly by QA and Safety Committee and action taken as needed to ensure all doors meet the intent of the regulation. 5/5/05 6. Maintenance Supervisor and Executive Director to monitor. 5/5/05	5/5/05 5/5/05
K 047	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This Standard is not met as evidenced by: Surveyor: 05639 Based upon observation and staff interview during the survey, it was determined that the			

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

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
	535688	A. BUILDING 01 - LIFE CARE CENTER OF CA B. WING _____	03/29/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR CASPER, WY 82601

(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 047	Continued From page 2 facility failed to maintain all exit lights in working order. The findings included: 1. It was observed at 8:20 AM on 3/29/05, that the exit light on the west side of the smoke barrier located near resident rooms 113 and 116 was not working. This was confirmed with the maintenance director at that time.	K 04	K-047 The facility will maintain all exit lights in working order to ensure continuous illumination by doing the following. 5/5/05 1. The exit on the west side of the smoke barrier, located near room 113 and 116, will be assessed and repaired to meet the intent of the regulation. 5/5/05 2 Maintenance Staff will monitor all emergency exit lights to determine their working order, on preventative maintenance rounds monthly. 5/5/05 3. Information and trends will be reviewed by QA and Safety Committee to ensure all exit lights are working and meet the intent of the regulation. 5/5/05 4. Maintenance Supervisor to monitor 5/5/05	5/5/05
K 064	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, 9.7.4.1, NFPA 10 This Standard is not met as evidenced by: Surveyor: 06838 Based upon observation and staff interview during the survey, it was determined that the facility failed to maintain all fire extinguishers in the building. The findings included: 1. It was observed at 9:00 AM on 3/29/05, that 2 of 2 fire extinguishers located in the Special Care Unit were last tagged as to being serviced in 2003. This item was confirmed with the maintenance director at that time and was corrected during the survey.		K-064 The facility will maintain all Fire extinguishers in the buildings by doing the following. 5/5/05 1. Maintenance Staff will monitor all fire extinguishers for timely servicing during monthly preventative maintenance rounds. 5/5/05	5/5/05
K 068	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance			

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

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
	535648	A. BUILDING 01 - LIFE CARE CENTER OF CA B. WING _____	03/29/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR CASPER, WY 82601

(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 069	Continued From page 3 with 9.2.3; 19.3.2.6, NFPA 96 This Standard is not met as evidenced by: Surveyor: 05638 Based upon record review, observation and staff interview during the survey, it was determined that the facility failed to provide protection of cooking facilities in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 1998 Edition. The findings included: 1. During review of the safety record documentation at 2:00 PM on 2/28/05, it was observed that the kitchen range hood fire extinguishing system had not been checked on a semi-annual basis. This was confirmed with the maintenance director at that time.		2. Facility is assessing contracts with a new fire safety system company to ensure fire extinguishers are serviced timely. 5/5/05 3. Information and trends will be reviewed by QA and Safety Committee. 5/5/05 4. Maintenance Supervisor to monitor. 5/5/05 K-069 The facility will provide protection of cooking facility in accordance with NFPA-96 by doing the following. 5/5/05 1. The facility has hired a new maintenance supervisor who has revamped all the documentation systems to ensure all fire safety systems are checked and serviced timely. 5/5/05 2. The facility is assessing contracts with a new fire safety system company to ensure all fire safety systems including the kitchen hood are checked and serviced timely 5/5/05 3. Information and trends will be reviewed by QA and Safety Committee. 5/5/05 4. Maintenance Supervisor to monitor during preventative maintenance rounds. 5/5/05	5/5/05
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Surveyor: 05638 DUE TO COMPUTER PROGRAM PROBLEMS K108 (ILLUMINATION OF THE GENERATOR SET AND RELATED EQUIPMENT) IS BEING REPORTED AT K130. The findings included: 1. Observation at 3:30 PM on 2/28/05, indicated			

EPARTMENT OF HEALTH AND HUMAN SERVICES
ENTERS FOR MEDICARE & MEDICAID SERVICES

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
	530049	A. BUILDING 01 - LIFE CARE CENTER OF CA B. WING	03/29/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR CASPER, WY 82601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 130	Continued From page 4 that emergency lights, to provide lighting in the event that the generator failed to start, were not provided at the generator and the automatic transfer switch. This was verified with maintenance staff and administration at the time of the exit interview.		K-130 (K-108) The facility will ensure that emergency lighting is provided at the generator and the automatic transfer switch by doing the following. 5/5/05 1. Maintenance Supervisor has ordered battery operated emergency lights to place in generator room to provide emergency lighting. 5/5/05 2. Maintenance will monitor on preventative maintenance rounds to ensure emergency lights are working. 5/5/05 3. Maintenance Supervisor to monitor. 5/5/05	5/5/05
K 143	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 9.6.2.5.2 This Standard is not met as evidenced by: Surveyor: 05838 Based upon observation and staff interview during the survey, it was determined that the facility failed to transfer oxygen in accordance with NFPA 99. The findings included:		K-143 The facility will ensure that transfer of oxygen is done in accordance with NFPA 99 by doing the following. 5/5/05 1. Maintenance Supervisor will consult with facility consultant to assess the possibility of repair or need to order new door. The door will be repaired or replaced by 5/5/05.	5/5/05

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

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
	530048	A. BUILDING 01 - LIFE CARE CENTER OF CA B. WING _____	03/29/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR CASPER, WY 82601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 143	Continued From page 5 1. It was observed at 3:30 PM on 3/28/05, that the door to the oxygen transfer room had been damaged in the door knob area. This damage nullified the required one hour fire rating of this room. This was confirmed with the maintenance director at this time.		1. Maintenance Supervisor will monitor the integrity of the door during preventative maintenance rounds to ensure the door meets the intent of the regulation. 5/5/05	
K 147	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Surveyor: 08638 Based on observation and staff interview during the survey, it was determined that the facility failed to provide electrical wiring and equipment in accordance with NFPA 70 and CMS policy. The findings included: 1. Two of two surge protectors located in the front lobby were observed to be hooked in tandem at 11:00 AM on 3/29/05. 2. It was observed and verified by staff during the survey that electric wheelchairs were being charged in resident rooms 113 and 208. It could not be determined whether the batteries on these wheelchairs were the sealed or gel type. The above were verified with the administrator and the maintenance director.		K-147 The facility will provide electrical wiring and equipment in accordance with NFPA 70 and CMS policy by doing the following. 5/5/05 1. The two surge protectors in the lobby have been removed and reception staff inserviced on the importance of following the intent of the wiring and equipment regulation 5/5/05 2. Maintenance Supervisor will assess the battery type of both electric wheelchairs in room 113 and 208. An alternate area to charge the wheelchair batteries will be designated for the battery that does not meet the safety code. 5/5/05 3. Maintenance will implement a preventative maintenance procedure to assess any new admits with electric wheelchairs as to the safety of recharging batteries. 5/5/05	5/5/05

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

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
	A1004D	A. BUILDING 01 - LIFE CARE CENTER OF CA B. WING	03/23/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR CASPER, WY 82601

(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
			4. QA and Safety Committee to review to ensure the intent of the regulation is being met. 5/5/05	