STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A051	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/08/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH LINCOLN NURSING CENTER	BOX 390, 711 ONYX KEMMERER, WY 83101

(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 000	INITIAL COMMENTS Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type II (111) two story building with a complete supervised automatic wet sprinkler system with an anti-freeze branch and a fire alarm system. K6: Date of Plan Approval:1998 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=24;NF=24 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000		
K 018 SS=D	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, or 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 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	Facility will ensure that there is no impediment to the closing of doors. 1. Plastic crate has been removed. Plant Operations superintendent will monitor for future compliance. 02/08/06	02/08/06

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

E R C, CEO — 3/7/06

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.

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to prevent doors from being impeded in accordance with NFPA 101 Section 19.3.6.3. The finding was: 1. At 9:01 AM on 02/08/06, the kitchen dry goods store room door was impeded from closing by a plastic crate.	K 018		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observations, the facility failed to seal a penetration in one of one fire barriers in accordance with NFPA 101 Section 19.3.7.3. The finding was:	K 025	Facility will ensure that smoke barriers are protected. 1. Penetration in fire barrier has been repaired. Plant Operations Superintendent will monitor for future compliance. 03/07/06	03/07/06

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K 025	Continued From page 2 1. At 10:27 AM on 02/08/06, the vertical fire barrier wall above the double doors leading to the hospital had an unsealed cable penetration above the ceiling tile.	K 025		
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 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 observations and staff interview, the facility was not fully sprinkled in accordance with NFPA 13 Section 5-13.6.1. The finding was: 1. At 8:30 AM on 02/08/06, the two story elevator in the care center was a hydraulic elevator. Maintenance staff reproted the bottom of the elevator shaft did not have sprinkler coverage as required by the Code.	K 056	Facility will ensure that sprinkling system provides complete coverage for all portions of the building. Please see letter requesting an extension on this deficiency. (attached) 05/31/06	03/25/06
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating	K 062	Facility will ensure that sprinkling system will be able to operate reliably.	

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K 062	Continued From page 3 condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the installed sprinkler system in accordance with NFPA 13 Section 5-6.5.3. The findings were: 1. On 02/08/06, the following locations had storage closer than the allowed 18 inches below the installed sprinkler head deflector: a. At 8:50 AM, the kitchen dry storage room b. At 9:11 AM, the kitchen walk in freezer c. At 9:45 AM, the activities closet	K 062	1.a. Items closer than 18 inches below the sprinkler head deflector have been removed. 02/08/06 1.b. Items closer than 18 inches below the sprinkler head deflector have been removed.02/08/06 1.c. Items closer than 18 inches below the sprinkler head deflector have been removed. 02/08/06 Plant Operations Superintendent will monitor to ensure future compliance.	02/08/06
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 observations, the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 370-28. The finding was: 1. At 10:40 AM on 02/08/06, the electrical junction box over the kitchen hood control box did not have a cover as required by the Code.	K 147	Facility will ensure that electrical wiring and equipment is in accordance with code. 1. A cover has been placed over the electrical junction box over the kitchen hood control box. 03/07/06 Plant Operations Superintendent will monitor to ensure future compliance.	03/07/06