PRINTED: 10/04/2005
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
	535036	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/20/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH CENTRAL WY HEALTHCARE &	542 16TH STREET RAWLINS, WY 82301

10/12/05

(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 V (111) with a complete wet supervised automatic wet sprinkler systema nd fire alarm system K6: Date of Plan Approval: 1965 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=90;SNF/NF=90 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	"Preparation and / or execution of this plan of correction does not constitute admission or agreement be the provider of truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law"	
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	K- 018 NFPA 101 Life Safety Code The facility must provide smoke restraint or properly maintained doors. All residents have the potential to be affected. This will be met as evidenced by: The facility will ensure that we provide properly maintained or smoke resistant doors. A.) Door on resident room #4 will have a gap no greater than 1/8 of an inch along the top edge of the door. By: 10-11-2005	

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

Director of Nursing 10/11/2005

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.

ACCEPTANCE OF POC FOR WYO MICKEY HINSIDE, NHA, ON 10/12/05 @ 1400PM VIA TELECONFERENCE

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH CENTRAL WY HEALTHCARE &	542 16TH STREET RAWLINS, WY 82301

10/12/06

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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 protect the corridor system in accordance with NFPA 101 Section 19.3.6.3. The findings were: 1. Observation on 9/20/05 at 9:06 AM revealed resident room #04 had a gap between the top edge of the corridor door and the door frame which was greater than the allowed 1/8th of an inch.	K 018	"Preparation and / or execution of this plan of correction does not constitute admission or agreement be the provider of truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law" K-064 NFPA 101 Life Safety Code The facility will maintain and test portable fire extinguishers in accordance with NFPA 10 table 5.2	
K 064 SS=D	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, NFPA 10 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain and test 1 of 12 portable fire extinguisher in accordance with NFPA 10 Table 5-2. The findings were. 1. Observation on 9/20/05 at 9:25 AM, the K-type portable fire extinguisher in the kitchen was manufactured in 1999 and had not received a five year hydrostatic test as required by the Code.	K 064	All residents have the potential to be affected. This will be met as evidenced by: The facility will ensure that we maintain and test portable fire extinguishers. A.) The K-Type portable fire extinguisher in the kitchen manufactured in 1999 will have a five-year hydrostatic test as required by code. By: 9-30 -2005	

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K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to provide outdoor oxygen storage in accordance with NFPA 99 Section 4-3.5.2.2 and 4-5.1.1.2 respectively. The findings were: 1. Observation on 9/20/05 at 10:17 AM revealed 3,781 cu. ft. of oxygen was stored in an outdoor location in 162 "E" sized oxygen cylinders. There was no protection from direct rays of the sun or accumulation of ice and snow. In addition, the outdoor oxygen was stored within 25 feet of the northwest exit door window. Interview with a member of the maintenance staff at the time of the observation revealed the storage location was new and based on the oxygen supply company coming once a week instead of twice a week, as in the past. Interview on 9/20/05 with a member of administration revealed the facility used more oxygen in one week than the indoor storage locations could hold.	K 076	"Preparation and / or execution of this plan of correction does not constitute admission or agreement be the provider of truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law" K-076 NFPA 101 Life Safety Code The facility must store and administer medical gas storage in protected areas in accordance with NFPA 99 standard for health care facilities. All residents have the potential to be affected. This will be met as evidenced by: Oxygen supplier is being changed to a 2x week delivery this will eliminate the need for the out side storage area. By: 11-10 -2005	

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K 141	Continued From page 3	K 141	"Preparation and / or execution of this plan of correction does not constitute admission or agreement be the provider of truth of the facts alleged of conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law"	
K 141 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observations and staff interview the facility failed to post areas were oxygen was being stored with NO SMOKING signs in accordance with NFPA 99 Section 8.6.4.2. The findings were: 1. Observation on 9/20/05 at 10:04 AM revealed the oxygen storage closets near resident room #37, #42, #46, and #49 were not posted with NO SMOKING signs. A member of the maintenance staff was interviewed at the time of the observation and stated he was not aware that no smoking signage was required in these areas.	K 141	K-141 NFPA Life Safety Code Standard The facility will post non-smoking and no smoking signs in areas where oxygen is used or stored in accordance with 19.3.2.4 NFPA 99 8.6.4.2 All residents have the potential to be affected. This will be met as evidenced by: The facility will ensure that non-smoking and no smoking signs will be posted in areas where oxygen is used or stored in accordance with 19.3.2.4 NFPA 99 8.6.4.2 A.) Oxygen storage closets near resident room # 37, #42, #46 and #49 will be posted with no-smoking signs. By: 10-10 -2005	