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 _____	05/17/2007

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

(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. The facility was a fully sprinklered two story building including a basement with grade level discharge of Type II (111) construction built in 1985. The nursing center was separated from the hospital by a 2-hour fire barrier.	K 000	POC MODIFIED & ACCEPTED W/ EPIC Bozzy on 6/19/07 <CED>	
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain 1 of 1 fire barrier as required. The findings were: Observation on 5/16/07 at 9 AM revealed the double corridor doors in the 2-hour fire barrier were blocked open by a wedge.	K 011	Facility will ensure that fire barrier is maintained. The double corridor doors in the 2 hour fire barrier were under construction at the time of the survey on 05/17/07. The wedge will be removed before July 1, 2007 and the door will operate properly. Plant Operations Superintendent will monitor to assure future compliance. Quarterly inspection with results submitted to Performance Quality Indicators/Quality Assurance PQI/QA.	07/01/07
K 025 SS=F	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	K 025	Facility will ensure that unsealed penetrations are sealed. The two unsealed pipe penetrations and one unsealed conduit penetration	

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

E B , CEO — 6/7/07

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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Wyoming Dept of Health

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K 025	Continued From page 1 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 observation the facility failed to seal penetrations in 1 of 1 vertical smoke barrier wall. The findings were: Observation on 5/16/07 between 10:30 AM and 11 AM revealed two unsealed pipe penetrations and one unsealed conduit penetration in the smoke barrier wall located in the facility's ceiling cavity.	K 025	will be sealed before July 1, 2007 Plant Operations Superintendent will monitor to assure future compliance. Quarterly inspection with results submitted to Performance Quality Indicators/Quality Assurance PQI/QA.	07/01/07
K 027 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by:	K 027	Facility will ensure that smoke barrier doors have smoke gasket. The smoke gasket between doors in the vicinity of resident room #101 and in the vicinity of activities department will be replaced before July 1, 2007. Plant Operations Superintendent will monitor to assure future compliance. Quarterly inspection with results submitted to Performance Quality Indicators/Quality Assurance PQI/QA.	07/01/07

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K 027	Continued From page 2 Based on observation the facility failed to maintain 4 of 4 smoke barrier doors in accordance with the code. The findings were: Observation on 5/16/07 between 9 AM and 10 AM revealed the following smoke barrier doors were not smoke resistant because the gasket between the doors had been damaged or removed: a. The double smoke barrier doors in the vicinity of resident room #101. b. The double smoke barrier doors in the vicinity of the activities department.	K 027		
K 052 SS=E	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 requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to test 2 of 9 fire alarm system components as required. The findings were: 1. Review of the fire alarm system testing records revealed the monthly fire alarm receiver test had not been performed for the months of May and November 2006 and February 2007. According to NFPA 72 Table 7-3.2 Section 23 "All Supervising	K 052	Facility will ensure that fire alarm receiver is tested in accordance with code. Fire alarm receiver will be tested monthly as per life safety regulations Batteries in the annunciator panel will be tested at least biannually. Plant Operations Superintendent will monitor to assure future compliance. 07/01/07 Quarterly inspection with results submitted to Performance Quality Indicators/Quality Assurance PQI/QA.	

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K 052	Continued From page 3 station Fire Alarm Systems, Receivers shall be tested on a monthly basis." 2. Review of the fire alarm system testing records revealed the annunciator panel's battery load voltage test had not been performed in the last 6 months. The last test was performed on September 12, 2006. According to NFPA 72 Table 7-3.2 (6) (c) (3) "Fire Alarm Systems, Sealed Lead-Acid Batteries shall have a load voltage test on a semiannual basis." 3. Interview with the Physical Plant Superintendent on 5/15/07 at 6 PM verified that there were no other records to review.	K 052		
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 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain 18 inches of clearance below all installed sprinkler heads. The findings were: Observation on 5/16/07 between 9 AM and 10 AM revealed the following locations had items stored within 18 inches of the sprinkler head deflector: a. The activities department closet. b. The walk-in freezer.	K 062	Facility will ensure clearance for sprinkler heads. Items on the top shelf of the activities department closet and in the walk-in freezer have been moved. Plant Operations Superintendent will monitor to assure future compliance. Quarterly inspection with results submitted to Performance Quality Indicators/Quality Assurance PQI/QA.	06/05/07
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	K 147	Facility will ensure junction boxes are provided with covers. The junction boxes in the bathing	

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K 147	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation the facility failed to provide covers for all junction boxes in 1 of 53 rooms. The findings were: Observation on 5/16/07 at 10:50 AM revealed the bathing room had 2 junction boxes in the ceiling that did have covers.	K 147	room have been covered. Plant Operations Superintendent will monitor to ensure future compliance. Quarterly inspection with results submitted to Performance Quality Indicators/Quality Assurance PQI/QA.	06/05/07