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

PRINTED: 07/25/2012
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
	535040	A. BUILDING _____ B. WING _____	07/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1101 BIRCH STREET DOUGLAS, WY 82633

(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
K000	INITIAL COMMENTS Requirements for the 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 single story building of Type V (111) construction built in 1967, and remodeled in 2010. The building was equipped with a supervised automatic wet sprinkler system with a combination zoned and addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds.	K000		
K018 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.	K018	K 018 Resident rooms #111 and 206 have been adjusted to ensure that the device used shall be capable of keeping the door fully closed if a force of 5LBF is applied at the latch edge of the door. 9/1/12 DCC maintenance will monitor resident room doors quarterly to ensured No more than 5lb force is required to close. Results to be reported to QA quarterly. 8/24/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: AHA — (X6) DATE: 8/27/12

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.

Approved & Changes to TC & Adm on 8/15/12 @ 248PM
CPS 1, 3, 4

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	535040	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1105 BIRCH STREET DOUGLAS, WY 82633

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K 016	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 2 corridor doors were resistant to the passage of smoke in 2 of 6 smoke compartments. The findings were: Observation on 7/11/12 between 11 AM and 3:30 PM revealed the corridor doors to resident rooms #111 and #206 did not close completely in their frames unless force in excess of 6 foot pounds of pressure was applied. The facility administrator verified these findings at the times of the observation. Reference: NFPA 101, Life Safety Code, 2000 edition, Section 19.3.6.3.2. (existing) 19.3.6.3.2 Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5lbf is applied at the latch edge of the door.	K 016		
K 029 SS=D	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	K 029		

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	530040	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/12/2012

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K 029	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 door with a self closure device was operating properly in 1 of 5 smoke compartments. The findings were: Observation on 7/11/12 at 10:48 AM revealed the door to the soiled linen room across from resident room #101 had a self closure device (SCD) attached. However, the door did not latch into its frame with three seperate attempts. Interview with the facility administrator at the time of the observation confirmed the findings. Ref: 2000 NFPA 101 Section 18.3.2.1, 8.4.1.2, 8.2.4.3.5 18.3.2.1 Hazardous Areas. Any hazardous area shall be protected in accordance with Section 8.4. 8.4.1.2 In new construction, where protection is provided with automatic extinguishing systems without fire-resistive separation, the space protected shall be enclosed with smoke partitions in accordance with 8.2.4. 8.2.4.3.5 Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. 7.2.1.8.1 Self Closing Devices. A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic closing in accordance with 7.2.1.8.2.	K 029	K 029 The door going in to the soiled linen room across from resident room #101 that has a self closure device attached that did not latch into its frame has now been adjusted and will close into its frame. 8/14/12 Dec maintenance or designee will monitor all doors & SCD on a quarterly basis and brought to QA on a quarterly basis.	8/14/12
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		

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K 147	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide electrical wiring in accordance with NFPA 70, National Electric Code, in 1 of 5 smoke compartments. The findings were: Observation on 7/11/12 at 11:48 AM revealed an electrical wall outlet was missing its face plate cover in the clean linen room in the special care unit. The facility administrator acknowledged the finding at the time of the observation. Reference: 2000 NFPA 101 Section 19.5.1 (existing), section 9.1.2; Reference: NFPA 70, National Electrical Code, 1999 Edition.	K 147	K147 The face plate that was missing at the electrical wall outlet in the clean linen room in the special care unit has been replaced and now has a electrical face plate. Dec maintenance or designee will monitor all electrical wall outlets on a quarterly basis and report to QA quarterly	8/20/12